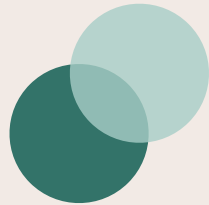
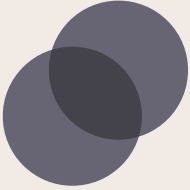


Strategies to Tackle Gender-Based Violence in Ethnic Minority Communities

A TOOLKIT



Content

Chapter 1 What is Gender-Based Violence

- 1.1 Types of Gender-Based Violence
- 1.2 Prevalence of Gender-Based Violence in the World

Chapter 2 Gender and Culture

- 2.1 Family Honour
- 2.2 GBV and South Asian Women
- 2.3 Misconceptions about Gender-Based Violence and South Asian Culture
- 2.4 Approaches to Working with Ethnic Minority Communities Around Gender-Based Violence
 - 2.4.1 Diversity within Cultures
 - 2.4.2 Communication and Language
 - 2.4.3 Trust
 - 2.4.4 Confidentiality
 - 2.4.5 Awareness of Other Interpretations/Approaches
 - 2.4.6 Peer Support
- 2.5 Strategies to Working with and Supporting Women in Situations of Honour-Based Violence
- 2.6 Best Practice Guidance on Tackling Forced Marriage

Chapter 3 Gender and Islam

- 3.1 The Main Elements in Islam – a Basic Introduction
- 3.2 Islamic Perspectives on Gender Roles
 - 3.2.1 Various Schools of Thoughts
 - 3.2.2 Does Islam Prescribe Male Authority Over Women?
 - 3.2.3 Does Islam Allow a Man to Marry Many Wives?
 - 3.2.4 Does Islam Allow for a Man to Hit His Wife?
 - 3.2.5 Can a Muslim Woman Divorce Her Husband?
 - 3.2.6 Can Men Divorce Their Wives by Saying 'Talaq' Three Times?
 - 3.2.7 Can Muslim Women Work?

Chapter 4 Helping the Victim

- 4.1 Hong Kong Laws and Regulations
- 4.2 Immigration Issues
- 4.3 Barriers to Help-Seeking

Chapter 5 Skills

- 5.1 Qualities of a Good Service Provider
- 5.2 Trauma-Informed Practice
- 5.3 Risk Assessment
- 5.4 Display of Information and the Use of Appropriate Language
- 5.5 Recording Case Information

Chapter 6 Collaborating with the Community

- 6.1 The Changing Demographic of Migrant Communities – Issues to Anticipate
- 6.2 Empowering Communities by Supporting Existing Community Assets: Maslaha Case Study and Discussion

Introduction

Gender-Based Violence (GBV) has remained as one of the most prevailing social problems which causes serious long- and short-term damage to the victims. The United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) defines GBV as any form of violence that targets individuals and groups of individuals on the basis of their gender. It is widely accepted that GBV is a manifestation of gender inequality and serves to maintain unequal power between genders (Watts and Zimmerman, 2002).

Minority and migrant women often possess limited knowledge on GBV and low initiation in help-seeking (The Women's Health Council, 2009; Tonsing, 2014; Leung and Rainlily, 2015).

It has been found that help-seeking tendency is low for minority women in Hong Kong, due to their cultural and religious traditions, as well as financial and immigration dependency on their husbands, services generally are unfavourable for minority women (Kapai, 2015). Frontline social workers and researchers have criticized the services for their lack of cultural sensitivity. Minority women, due to their limited language proficiency in both Chinese and English languages, have less understanding towards the services available (Association for Concern for Legal Rights of Victims of Domestic Violence, 2015). Police, in general, possess limited cultural sensitivity; and discriminatory treatment has been experienced by minority victims in police stations.

According to the Census and Statistics Department, there was a total of 580 000 ethnic minorities in Hong Kong in 2016. For Hong Kong policy formulation purpose, the term 'ethnic minority' in fact only refers minorities with Indian, Pakistani and Nepalese ethnic backgrounds, as they face most challenges in terms of economic and social integration in Hong Kong (HKSAR Legislative Council, 2006; Baig, 2012). For this reason, this toolkit focuses on South Asian women's experiences of GBV.

Due to the lack of tried and tested resources to tackle GBV in Hong Kong's EM communities, we turned to overseas expertise and partnered with UK-based organisation Maslaha to produce this toolkit. Some of the examples used in this toolkit are from the UK, to provide a guide and model for best practice which we can adapt to the HK context.

We must be very careful not to fall into thinking that violence against women should not be reproached because it is somehow legitimised by religion or culture. This toolkit introduces a range of perspectives from Islam. The aim of this is to delineate cultural practices from religion, which are so often confused with one another. It is important to highlight that GBV has, and continues to, exist in many cultures (including Chinese and European). We included an exploration on some of the perspectives from Islam due to constraints on time and resources, and access to appropriate expertise such as Maslaha. For future ventures, we aim to expand our exploration to present the perspectives from other major religions such as Christianity, Hinduism, Buddhism, Sikhism.



Chapter 1

What is Gender-Based Violence?

1.1 Types of Gender-Based Violence

Definitions

Gender-Based Violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. (UNDP, 2009)

Around the world, Gender-Based Violence almost always has a greater negative impact on women and girls. For this reason the term "Gender-Based Violence" is often used interchangeably with the term "Violence against Women" (VAW). The term "Gender-Based Violence" highlights that acts of violence are done to individuals because of their gender.

The Declaration on the Elimination of Violence against Women (DEVAW) further defines "Violence against Women" to encompass, but not be limited to, the following:

- (a) Physical, sexual and psychological violence occurring in the family; including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.
- (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

- (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs” (Article 2 DEVAW)

Six Core Types of GBV

In 2006, the UN Population Fund (UNFPA), the International Rescue Committee (IRC), and the UN High Commissioner for Refugees (UNHCR) developed a new GBV classification system, categorising GBV into six core types:

1. **Rape:** non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.
2. **Sexual Assault:** any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. FGM/C is an act of violence that impacts sexual organs, and as such should be classified as sexual assault.
3. **Physical Assault:** an act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.
4. **Forced Marriage:** the marriage of an individual against her or his will, or made to consent under duress. Note: **this is not the same as an arranged marriage**, in which the families take a leading role in arranging the marriage but the young people are still able to exercise freedom to choose whether or not to accept the arrangement. In forced marriage, one or both of the marriage suitors do not consent, or they are pressured into agreeing to it.

5. **Denial of Resources, Opportunities or Services**: denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. General poverty should not be recorded.

6. **Psychological / Emotional Abuse**: infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

Honour-Based Violence

This toolkit was developed with a specific focus on providing frontline workers with better understanding of the GBV experiences of South Asian women; therefore for the purposes of this toolkit, the discussions will describe some of the commonly observed phenomena specific to South Asian women. However, GBV and HBV is not restricted to SA communities, and can occur in many other cultures.

“Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code” (Crown Prosecution Service, UK)

According to the Honour Based Violence Awareness Network, the following are examples of common reasons that might trigger HBV to take place:

- Refusing an arranged marriage
- Having a relationship outside the approved group
- Loss of virginity
- Pregnancy
- Spending time outside without the supervision of a family member
- Reporting domestic violence
- Attempting to divorce
- Petitioning for custody of children after divorce
- Refusing to divorce when ordered to do so by family members

Example

Minu was born in a region of south Asia to a family of 3 siblings. Her father was an office worker and her mother was a housewife. Minu and her 2 brothers and 1 sister all went to school together. When Minu was in primary 5 she wrote an essay about her dream to become an engineer, but her teacher told her that she should not think about such things because it is not appropriate for a girl. By form 5, Minu really loved, and excelled, in science. She still hadn't given up on her dream to become an engineer and was looking forward to going to study in university. However, one day her parents announced that she would be leaving school at the end of the term as they had found her a suitor for marriage. They told her there was no point in continuing her education as she would get married soon. She protested to her parents about this; she did not want to get married yet and wanted to go to university, but rather than understanding, they took away her mobile phone and computer, and would not permit her to leave the house. When she protested, they locked her in her room and refused her food as a punishment. They threatened to kick her out and disown her if she did not comply. 3 months later, she was married to the man her parents had chosen.

In this story, Minu experiences 3 of the 5 core types of gender based violence:

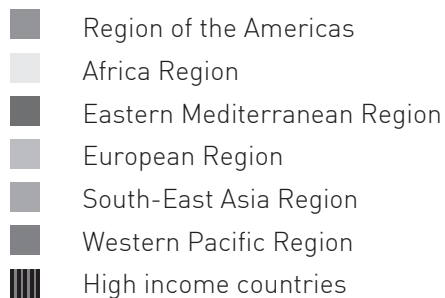
1. Denial of resources, opportunities: When she protested against her parents' wishes, Minu's parents denied her the opportunity to go to school and continue her studies. They also denied her food and freedom of movement and communication with the outside world.
2. Forced marriage: Minu's parents forced her to get married, even though she didn't want to
3. Psychological abuse: Minu was cut off from communications and interaction with the outside world. Her parents also used threats to control and coerce her into the marriage.

1.2 Prevalence of GBV in the world

According to a report published by World Health Organization in 2013, it is estimated that over one third (35.6%) women have experienced either physical or sexual violence, or both, globally. It is estimated that physical and sexual violence are common in many women's lives.

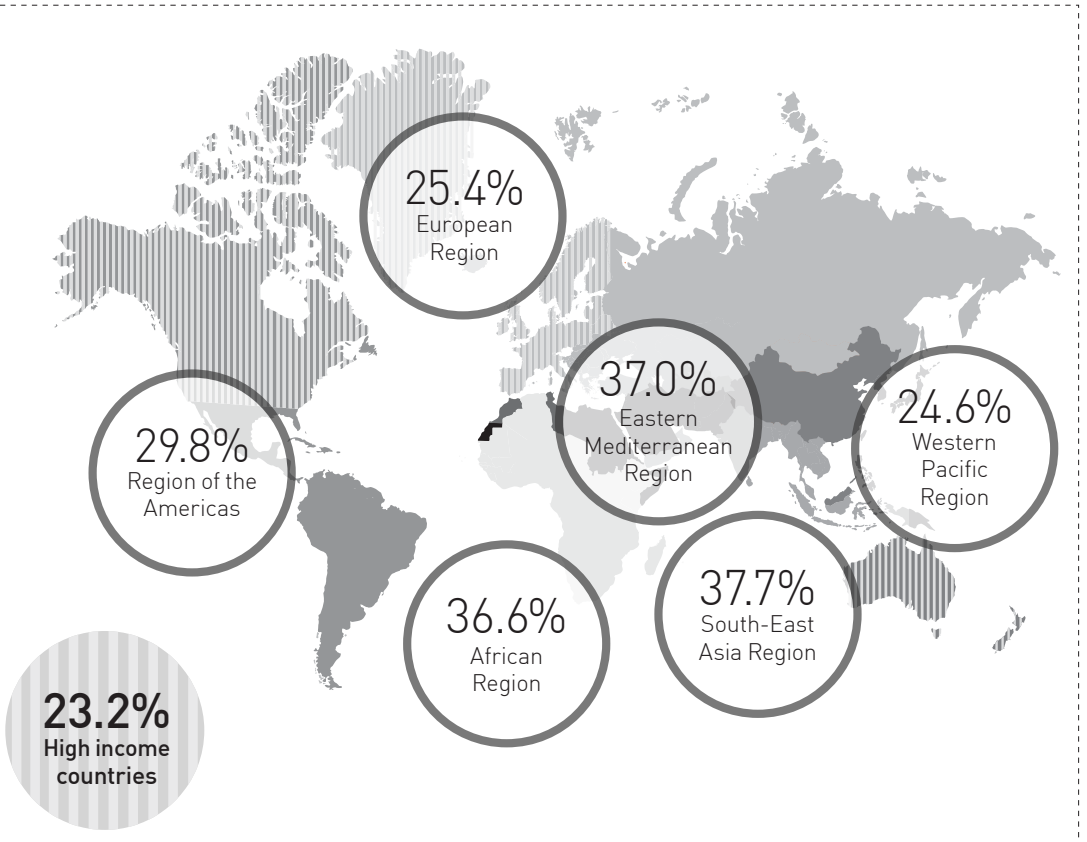
1 in 3 Women | Throughout the world will experience physical and/or sexual violence by a non-partner

Map showing prevalence of intimate partner violence by WHO region



http://www.who.int/reproductivehealth/publications/violence/VAW_Prevalence.jpeg?ua=1

Source: Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence, by the World Health Organization, the London School of Hygiene & Tropical Medicine, and the South African Medical Research Council.



1 WHO: "Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence", 2013: http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1

The global prevalence of physical and/or sexual intimate partner violence

WHO region	Prevalence, %	95% CI, %
Low-and middle-income regions		
Africa	36.6	32.7 to 40.5
Americas	29.8	25.8 to 33.9
Eastern Mediterranean	37.0	30.9 to 43.1
Europe	25.4	20.9 to 30.0
South-East Asia	37.7	32.8 to 42.6
Western Pacific	24.6	20.1 to 29.0
High income	23.2	20.2 to 26.2

CI= confidence interval.

Lifetime prevalence of non-partner sexual violence

WHO region	Prevalence, %	95% CI, %
Low-and middle-income regions		
Africa	11.9	8.5 to 15.3
Americas	10.7	7.0 to 14.4
Eastern Mediterranean	-	-
Europe	5.2	0.8 to 9.7
South-East Asia	4.9	0.9 to 8.9
Western Pacific	6.8	1.6 to 12.0
High income	12.6	8.9 to 16.2

CI= confidence interval.

- a Results adjusted for interviewer training, whether the study was national and whether response options were broad enough to allow for different categories of perpetrators or were limited to a single category of perpetrator.
- b No data were found for countries in this region, therefore a prevalence estimate is not provided

Prevalence of GBV in Hong Kong

Since 2005, the Social Welfare Department set up a central information system for compiling statistics on physical and sexual violence on spouse/cohabitant and child.

	2011	2012	2013	2014	2015	2016
Newly reported intimate partner violence	3174	2734	3836	3917	3382	3321
Newly reported rape case	78	82	97	109	107	101
Newly reported indecent assault	242	142	557	966	734	729
Newly reported other sexual violence	21	14	27	30	30	31

Source: <http://www.swd.gov.hk/vs/english/stat.html>

According to Hong Kong Women's Coalition on Equal Opportunities in 2013², one in seven women have experienced sexual assault (sexual harassment excluded), and one in four women have faced domestic violence in their lifetime. When comparing the figures from the Social Welfare Department and the above-mentioned report, we can see that the seriousness of GBV in Hong Kong is greatly underreported.

² <https://issuu.com/hkaaf/docs/201305> (Chinese only)

GBV and EM communities in HK

According to the submission from Association for Concern for Legal Rights of Victims of Domestic Violence to the Legislative Council (2015), in the year of 2013 nearly one fifth of the total complaints of domestic violence recorded by the Social Welfare Department and the Family and Child Protection Services Unit have been of ethnic minority background.

However, the true number of ethnic minority victims of domestic violence is difficult to determine, as many cases go unreported due to complex and numerous reasons discussed in later chapters.

Chapter 2

Gender and Culture

2.1 Family Honour

Violence Against Women and Girls (**VAWG**) exists in all communities, however it can manifest in a variety of forms within EM communities. Some forms of VAWG that are experienced disproportionately by EM women are included within the United Nations definition of 'harmful practices:'

"Forms of violence that have been committed against women in certain communities and societies for so long that they can be considered part of accepted cultural practice. These violations include female genital mutilation or cutting (FGM), dowry abuse, so-called 'honour killings,' and early marriage. They lead to death, disability, physical and psychological harm for millions of women annually" (UNFEM 2007)

So called "honour" can be the motivation, excuse or justification behind a range of violence against women and girls, including the forms mentioned in the definition above. Men and boys can also be victims of such violence. It is important to make the distinction between the prevalence of so called "honour-based violence" (**HBV**) in certain cultures, and religious beliefs. "Honour" can often be justified by or conflated with religion. However, **HBV is widely condemned by religious figures**. As quoted in a safeguarding report in the UK:

"Every major faith group, including Islam, Sikh, Hindu and Christian, condemns forced marriage and all require freely given consent as a prerequisite for a valid marriage to take place."

Onjali Rauf, founder of the group *Making Her Story* and a long-term campaigner against Gender-Based Violence (GBV) said, in an interview with Maslaha:

*“It is very important for social workers to **make the distinction between cultural practice and religious belief.** If a social worker is in the position of understanding this, it can be revolutionary for the situation of the woman sitting opposite them.”*



Izzat — the concept of maintaining the ‘honour’ of a family, person or institution



The definition of HBV is laid out in the ‘Types of GBV’ section of this toolkit.

A common misconception is that HBV is specific to Muslim or South Asian communities. In reality, HBV disproportionately affects a wide range of communities including Turkish, Kurdish, Roma, Irish, Middle-Eastern, Latin American, European and some African communities.

The word honour is described differently in different places. A common term is the Urdu word *izzat* — used across Hindu, Muslim and Sikh communities — which refers to the concept of maintaining the ‘honour’ of a family, person or institution. HBV occurs when a perpetrator believes that an individual has shamed or violated their family’s reputation, and they believe that punishing or killing the individual will redeem the honour of the family. There are strong links between HBV, domestic violence and forced marriage.

Other key terminology associated with ‘honour’ is:

- Namus (used very often in a Middle Eastern Context) — interpreted as honour as it directly relates to women’s virtue and overall sexual integrity
- Ird (Bedouin) — code of honour for women, linked to sexual integrity ‘protected by men’ and linked to sharaf
- Ghairat (Urdu/Pashto) — honour
- Sharaf (Bedouin) — general honour code which includes responsibility for protecting “IRD”
- Sharam (used mainly in South Asian communities) — shame
- Diss (used mainly in a Western urban context) — from disrespect

List drawn from ‘Honour Based Violence: To Love and Cherish?’ (2011)
Women’s Resource Centre and Women & Girls Centre

A study of EM girls’ experiences of Gender-Based Violence carried out by CUHK & Rainlily (2017) reflects some ideas about family honour:

The notion that family honour is based on public image
(what other community members say and think about them)

“even if she gets the consent of her husband, he might be influenced by the in-laws or the in-laws might not agree to her getting like going to work because they may be afraid that their social reputation might be tarnished by it, you know, I just know that people from my country are more concerned what the society thinks”

[My father told me about going out without a male companion]"You are disrespecting me. You are my respect. And if you do something like that, you are actually degrading, or disagreeing with my values and you are...doing disrespectful acts and making me embarrassed in front of the society."

It is also commonly perceived that in order to preserve family honour, problems should not be discussed with people outside of the family:

"I think older people will try to resolve it within the family, they wouldn't want people knowing that their daughter or someone is getting abused because it will bring humiliation to them and they really care about how the society thinks of them and they are really afraid of people's judgements."

An EM girl described the situation of her mother being beaten by her father:

"even I told her [my mother] that I want to say this to someone and get help, and I should go to government or police, so I just told her that, and then she said, "You should never do like this." Like, "You should always keep quiet." And then I told her, "Why?" And then she said, "Because of respect. If people know that your husband or someone is beating you, they will think of

you very low... She matters opinions of others first so that's why she didn't seek help. So, I think when my father beat her and she keeps quiet, and my cousin also...what our mothers were thinking was that the opinions of others. They matter the most. So, if there's someone says that they're like really disrespectful or something, then they will feel hurt. And then, that's why I think the opinions of others”

The notion that females should not interact with males who are not family members also appears to represent family honour:

“girls, like, we can't be friends with boys, because from where I come from in India, it's like that, like even though we are just friends with someone, and the whole family doesn't really like us being friends with the other gender.”

A 2013 report by Muslim Women's Network, describes how while HBV is not specific to Asian and Muslim communities, that cultural and religious issues can perpetuate abuse, and can prevent victims from accessing help.

“It is important to stress that sexual exploitation is not more of a problem in Asian and / or Muslim communities. Sexual grooming is not about race but about vulnerability, the exploitation of that vulnerability and opportunism.”

Additional cultural attitudes and beliefs which are used to maintain GBV in South Asian communities can include:

- Girls are taught from birth not to challenge male authority
- A woman is taught that she must be a perfect mother, a perfect wife and a perfect daughter-in-law
- Girls are taught from an early age “Don’t take your problems outside the home”
- The view that it’s a stigma to talk about violence with strangers
- The view is that domestic violence is normal and justified if a woman steps outside of expected role
- Women are taught that men are superior and thus “your husband has the right to beat you”
- The view that it is bad karma (against religious beliefs) to leave; and suffering is a part of spiritual life. Whatever happens, it is your destiny
- A woman can lack support from her immediate family as well as her extended family
- A woman married into a different culture and asked to convert to a different faith can feel even more scared and isolated
- If women do try to disclose, not being believed is a barrier
- The view that marriage determines reputation, respectability and status. Women are considered the upholders of the honour of the family and it is their behaviour which becomes the mark of family honour ¹

1 Toolkit for health professionals, EACH UK (2009)

2.2 GBV and South Asian Women

In their toolkit for health professionals, EACH UK (2009) provides insightful description of some the distinguishing dynamics of GBV experienced by South Asian women (as compared with non-South Asian women):

- Multiple perpetrators who collude together against the victim: parents, siblings, in laws, other wives, partners
- Threats of abandonment or deportation (e.g. divorce, disowning by family, threat to send victim back to country of origin)
- Victim is subjected to rigid gender roles (e.g. women must stay at home, women must obey men)
- Victim exists within a patriarchal family belief system (e.g. the belief that children belong to the father, and that women are possessions)
- Divorced women are more severely ostracized and blamed
- Forced Marriages
- Family members threatening to kill the victim if she attempts to leave
- Language and cultural barriers to accessing mainstream support services
- Lack of awareness of legal rights

Physical violence can mean

- A range of homicides, including 'honour' killing, contract killing, dowry-related deaths
- Sending the victim back to home country to be killed or injured
- Physical assault, stalking or being tracked by many people
- Kidnapping of the victim's children, or forced separation of children from the victim
- Being required to carry out household labour under slave-like conditions
- Withholding proper nourishment
- Withholding health care or medication

Sexual violence can mean

- Trafficking, including mail order brides, and forced sex work
- Sex following forced marriage
- Rape
- Forced unprotected sex resulting in STIs, including AIDS and forced pregnancy
- Single women being sexually harassed by family, work colleagues
- Victim being blamed for rape, incest; being forced to marry the rapist
- Being ostracised for sexual orientation in a community where homosexuality is considered unacceptable
- Being kept in ignorance about sex and sexual health

Psychological abuse can mean

- Severe isolation including removal of all support systems
- Perpetrators making false declarations to immigration; withholding/ hiding passports
- Control of income

Warning signs can include

- History of domestic violence within the family
- Mental illness
- Poor academic performance
- Frequent absence from school or withdrawal of a student from school
- Student not returning from an overseas visit
- Self-harm, substance use and misuse
- History of older siblings leaving school and marrying early
- Vague disclosure of 'family problems'
- Running away from home
- Early (teenage) pregnancy

- Sudden announcement of engagement to a stranger
- Unreasonable restrictions – e.g. not having permission to leave the house or being unable to leave home unless escorted
- Financial restrictions – not having access to money/a bank account

2.3 Misconceptions about GBV and South Asian Culture

Myth GBV is more serious in the Muslim communities than in other communities

Facts Research from all over the world has repeatedly shown that GBV exists in all communities, irrespective of religion, location, or socioeconomic factors. In fact, such violence is not part of religion, but is more a function of cultural norms and practices which is often confused with, but not a part of, religion.

Myth Islam allows a husband to physically beat or mentally harass his wife

Facts In their publication *Are Muslim Men Allowed to Beat Their Wives?* (2009), *Sisters in Islam* addresses this issue...

“Islam does not allow a husband to act cruelly to his wife, either physically or mentally. The Qur’an stresses love, kindness and justice in family relationships and prohibits cruelty of all kinds:

And among His signs is this that He created for you mates from among yourselves, that you may dwell in tranquillity with them, and He has put love and mercy between your (hearts): behold, verily in that are signs for those who reflect (Surah ar-Rum 30:21)

O you who believe! You are forbidden to inherit women against their will. Nor should you treat them with harshness,...on the contrary live with them on a footing of kindness and equity. If you take a dislike to them it may be that you dislike a thing which God brings about through it a great deal of good (Surah an-Nisa' 4:19)

The Hadith, which is a record of the sayings of the Prophet (saw), and the second source of Muslim law and practice, records the Prophet (saw) as saying: *The best of you is he who is best to his wife*"

Myth Honour based violence is only found in Islamic societies
Facts The Honour Based Violence Awareness Network highlights that HBV occurs across religions, citing the example of honours killing in India:

"There are currently around 1000 honour killings per year in India alone, and these occur across all the major faiths of the region, including Hindus and Sikhs. Crimes against women motivated to maintain or restore 'honour' can be found in a variety of cultures and historical periods; a law that allowed for 'honour' killing was part of the Italian penal code right up until 1980"

In an interview with Maslaha UK-based Imam, Shaykh Ibrahim Mogra, condemned HBV and emphasised the importance of education in tackling this:



...if people believe that enacting violence on women in the name of 'family' or 'community' honour is in any way religiously endorsed this must be corrected



“Respect for women is central to any Islamic practice and it should be a top priority of Muslim community leaders and religious figures to rally together in order to eliminate and eradicate sexual exploitation of women from all of our communities. Education is key, if people believe that enacting violence on women in the name of 'family' or 'community' honour is in any way religiously endorsed this must be corrected through rigorous education, this is all of our responsibility. In the case of, for example, a daughter or family member having a relationship outside of an 'approved' group, or losing their chastity before marriage - physical violence and control is not the answer to this. God is most compassionate and merciful and as Muslims it is our obligation to be merciful and forgiving even towards those who we know have sinned.”

Myth: It is against religious beliefs or ‘bad karma’ to leave, or that suffering is a part of spiritual life or ‘your destiny.’

Facts: When discussing experiencing violence or abusive relationships in the home, many South Asian Muslim women say that they must show **sabr** (translated as patience or perseverance) to struggle through hardship.

- (a) This interpretation relates to verses in a Surah al-Baqara from the Holy Qur’an where it is written that: “Oh you who believe! Seek help in patience and prayer. Truly, Allah is with al-sabirin [the patient ones]”.
- (b) This has the potential of prolonging women staying in abusive relationships because they believe they must be patient.

Zlakha Ahmed from Apna Haq told Maslaha that she has previously pointed out to women who mention sabr in this context that it is a Muslim’s duty to take themselves out of situations that are unsafe or violent.

Nour Domestic Violence, a charity in East London that works to tackle domestic violence in Muslim communities, say:

“Many Muslims have so far been reluctant to come forward and seek advice and help in regards to domestic violence for many reasons, including the self belief that they are compromising their faith. However, sabr does not equate to suffering in silence.”

Similarly, imams and religious leaders advise that sabr does not mean putting up with a bad situation and not seeking help:

sabr in this context...is a Muslim’s duty to take themselves out of situations that are unsafe or violent.



Screenshot from Maslaha DVD 'Talking From the Heart' with Imam Shams Adduha Muhammad

The Muslim Women's Network cite the following Quranic verse as inspiration and encouragement to seek justice even if it means speaking out against people you are close to:

"O you who believe! Stand firmly for justice, as witnesses to God, even though it be against yourselves, or your parents, or your kin, be they rich or poor" (Quran 4:135)

Myth Females do not have a choice in who they marry

Facts Marriage without the full, expressed consent of either party, or is against the will of either party, is considered to be forced marriage. It is important to highlight that this is different to arranged marriage, which refers to when the parents or family choose the spouse of their child or relative.

Forced marriage is widely condemned by religious leaders. Maslaha spoke with a range of Imams who all strongly condemned the practice and emphasised the importance of consent and equality in marriage:

Mufti Muhammad Arshad (Hong Kong):

“Islam has given equal rights to couples in accepting marriage contracts. If a girl/woman rejects marriage, her parents can't force her to marry. If there is a marriage conducted forcefully it is not acceptable in Islamic jurisprudence. Women have the same authority to accept or reject marriage as men do.”

Shaykh Ibrahim Mogra (UK)

*“Many verses in the Qur'an talk about the importance of responsibility for children - we have to always strive to protect them from harm and evil. There is a distinct parental responsibility in Islam to ensure that whoever our daughters or sons may want to marry, is a person who is caring, loving and will ultimately support them spiritually, emotionally and financially. **To force our children to marry a person they don't want to is therefore completely un-Islamic.** Forced marriages completely contradict the central ethos of justice and kindness endorsed by Islam.”*

Haram is used to refer to any act that is forbidden by Allah

Shaykh Haytham Tamim (UK):

“Forced marriages are forbidden for both women and men. During the time of the Prophet Muhammed, peace be upon him, a young woman called Khansa came to the Prophet to ask his advice. She said: ‘My father is trying to get me to marry someone against my will’. Taking the Prophet’s advice she refused to marry and highlighted the right of women to choose their husband in Islam. It was a very courageous act and was supported by the Prophet.”

Shaykh Michael Tamim (UK)

*"There is a consensus among all Islamic schools of law (madhhabs) and fuqaha (jurists), that **forced marriages are ḥarām**. A majority of Islamic jurists and madhhabs say that such marriages are invalid right from the beginning. In other words, they are not worth the paper they are written on. The couple are not recognised as legally married. According to Ḥanafī jurists, if a couple are forced into a marriage, such a marriage should be annulled immediately since it is ḥarām. If it is not annulled, on paper, the couple will be regarded as legally married in order to protect the rights of any children born out of such a marriage. So there is no such a thing as ‘forced marriage’ in Islam. It’s strongly condemned and rejects under Islamic laws."*

"Similarly, ‘honour’ based violence has absolutely nothing to do with Islamic teachings. It’s a cultural practice. So you’re not going to find any ḥadīth or verse of the Qur’ān which specifically refers to this practice."

2.4 Approaches to working with ethnic minority communities around GBV

2.4.1 Diversity Within Cultures

We have discussed some forms of GBV — for example, honour-based violence and forced marriages — and how they can affect EM women in particular. It is important that while we understand the specifics of how different communities and groups can experience GBV, and that there is **no generalised experience of GBV**, we make sure not to further marginalise EM women by making the assumption that some communities are more prone to violence, or simplifying their experiences of GBV down to, for example, religion.

Making generalisations about religion and culture, or treating EM women as one group — as opposed to individuals from different communities with difference in language, histories and service needs - can stop women speaking out, or coming back for further support.

Onjali Rauf (LimeHouse Project, UK): “It is important to remember that any kind of patronising tone can be very damaging in turning a victim away — they may not trust you again, or they may be scared to seek help again. Cultural respect and awareness is so important; it is critical to remember that not every Muslim woman’s experience will be similar, and will differ as much as between any other women on grounds such as class, race and cultural background. The experience of a middle-class expat Muslim woman in Hong Kong, for example, would differ massively from that of a domestic worker with insecure immigration status and finances.”

2.4.2 Communication and language

Women accessing domestic violence services often do not label their experiences as “violence” until accessing a “specialist service”.

The Newcastle Safeguarding Children Board states that “cases rarely present as forced marriage and/or honour based violence and the victim (especially children and young people) will usually not mention either forced marriage or honour-based violence”.



...effective communication is much more than having an interpreter present



It is important to look out for signs and behaviour as mentioned above in 2.5. “Strategies to working with and supporting women in situations of HBV”. It is also good practice to keep a note of a client’s physical body language during meeting, as this can help to alert frontline workers if the client’s body language becomes inconsistent with, or appears strange, compared with previous encounters.

When speaking to Maslaha, Onjali Rauf (LimeHouse Project, UK) mentioned a tragic case: after one woman’s murder by her violent partner, it transpired that she had given her doctor a lot of signs, but he didn’t know how to interpret them.

Case study of good practice in understanding & communicating GBV (Apna Haq)

Apna Haq stated that gathering and using case studies (with consent) from women within Muslim and South Asian communities is highly effective. They have shared such case studies in workshops, with clients, and taking them to mosques and other religious and cultural community spaces.

The impact of taking culturally specific case studies is that women from relevant EM communities recognise these cases and contexts. This way, support workers are able to show that issues of GBV do happen within these communities, even if they are not openly discussed. Apna Haq has worked over the years with older Muslim women to encourage them to anonymously disclose their experiences of GBV, particularly those who do not want to or can no longer report these incidents to the police.

2.4.3 Trust

Onjali Rauf (LimeHouse Project, UK) discussed with Maslaha the importance of service workers building up trust with women experiencing GBV.

Example of good practice to build up trust amongst support workers and service users (Onjali Rauf, The Limehouse Project)

The LimeHouse Project stressed the importance of the same support worker working with women over multiple sessions, and building up trust before even addressing issues of GBV. In their services, sessions last an

hour, as it can take a long time for service-users to feel comfortable at the start of a session.

These sessions can consist of:

1. **First session:** A simple assessment, including a discussion of any worries a woman may face (for example, health or financial) and asking whether they have children, whether they work and/or have any education or are attending any courses.
2. **Next two sessions:** A focus on addressing any “other” problems a woman might be facing, such as debt.
3. **Follow-on sessions:** An opportunity for the support worker to highlight to the woman that they are there to help with any issues the woman may be facing. This usually encourages women to open up or disclose about GBV, and can empower women to try to take control over their lives.

This is a long-term project. Normally, it can take 3-4 months for a woman to improve her situation. Many women who go through these sessions are strong and empowered by the end, and often are able to be supportive towards other women experiencing GBV.

2.4.4 Confidentiality

Zlakha Ahmed from Apna Haq described in an interview with Maslaha how some South Asian Muslim women worry about coming forward about abuse, particularly when perpetrated by well-known figures within the community or family members, because of the impact this might have on their family’s izzat.

1. Izzat may contribute to a woman not disclosing abuse or violence or seeking safety, as she may fear being rejected from her community, not being believed, or potentially putting her life at risk
2. Outside of the context of cultural practice, izzat can be likened to the shame and stigma anyone may feel around experiencing abuse.

Due to izzat and the potential for HBV, confidentiality is extremely important.

Case study of the impacts of izzat as related by a sector worker at Apna Haq

“Seven years ago, I was made aware that my brother was being sexually abused by his mosque teacher. His mosque teacher was also a family friend. Used to come over to my parents’ house with his wife and kids. I feel sick because he used to come over to take my little brother over to his house, or out and about with him.

We trusted him and used to persuade my brother to go with him, even though he did not want to go. Feel so bad for not seeing the signs.

When we found out, my parents just texted the guy to say that never come here again. My brother did not want anyone knowing and made my parents promise not to tell anyone... I don’t feel at peace. I feel this isn’t right and justice should be done.

What if other children are affected... he still owns a mosque. He still teaches kids. This guy took my brother and locked him in the mosque to abuse him. I’m too scared to send my kids to mosque. I can’t do it. What can I do though? How can I go about getting justice?”

In the above case study, one concern for the family was confidentiality (*“My brother did not want anyone knowing...”*). Maslaha interviewed Roxana Rais from the Muslim Women’s Advisory Council in London, and she spoke about the importance of confidentiality when supporting EM women.

Examples of good practice around confidentiality from Roxana Rais

Roxana Rais cited the practices at the EM domestic and Gender-Based Violence service Aanchal Women’s Aid. Their first step, after making sure women and any children are immediately safe, is to ***make the service’s stance on confidentiality very clear to all women***. Frontline workers let women accessing the service know that they will never discuss cases, or any details of cases (including identity) with anyone outside the room – not family, the wider community, or media. They have ***confidentiality agreements typed on paper with official letterheads***, and after women read these, they make sure these agreements are authenticated and ***signed by the chairpersons***. The frontline workers then make sure to tell women that they need to tell their whole stories in order to get the best support.

This transparent and official approach to confidentiality in the earliest parts of Aanchal’s processes ensures that women gain trust for the organisation and front-line workers, and the case moves forward more swiftly and safely from there.

2.4.5 Awareness of other interpretations/approaches

Many women may not know that there is a diversity of schools of thought or interpretations when it comes to the rights of women in Islam, as outlined in the 'Islamic Perspectives to Gender Roles' section 3.2. Service-users should be signposted to the list of organisations and groups included at the end of this section. This could be very transformative for many women who may have previously only experienced the practice of their family and close community.

However, as with all religions and beliefs, there are a huge variety of interpretations. A woman may or may not respond positively to different guidance from imams due to this diversity in interpretations and schools of Islam, so it is important not to judge a woman for their particular beliefs.

2.4.6 Peer support

Onjali Rauf (LimeHouse Project, UK) highlighted the importance of having safe spaces where they can meet and discuss their issues with other women who understand their experiences, to support and learn from each other.

Peer support sessions can:

- Provide a space for a woman to take herself away from violence temporarily.
- Show that other women are experiencing similar issues, and potentially break the isolation and silence of those facing GBV.
- Enables women to process and come to a decision on their own terms, rather than just being told by the worker
- Help to build trust between women and between service-users and support workers.

Example of good practice of peer support from Apna Haq

Apna Haq held workshops with a group of Yemeni Muslim women about what sexual abuse is and whether it had happened to them. The women said they didn't think this would happen in the UK, but would in other countries. They came up with the example of a Yemeni girl in Qatar. The girl had developed a trusting relationship with an imam, who later took her to a flat where multiple men raped and assaulted her.

Using the example that the women had thought of, the Apna Haq support worker then encouraged them to think about why this couldn't happen in the UK, and after some discussion the women agreed that it could. Importantly, they came to this decision on their own terms, in doing so were breaking down taboo around talking and thinking about what sexual abuse and GBV might be.

Example of good practice of culturally sensitive peer support from Apna Haq

In order to create a safe space for women to discuss issues specific to their communities or to themselves, Apna Haq set up peer support groups that meet once a month or every two months. These groups are for women from particular EM communities to meet and discuss issues they are facing and have been "transformative" for those attending.

To facilitate this happening with support workers, Apna Haq makes sure they provide an interpreter.

This was instigated by one of Apna Haq’s Malaysian board members, who wanted to set up a group for women from the local Chinese community to come together. Zlakha Ahmed from Apna Haq believes that it is important to try to find workers and board members from a number of EM communities in order to build trust and develop linguistic and cultural understanding. Their management committee is made up of EM Muslim and non-Muslim women.

These peer support groups show women in the community that the service really cares about their well-being, and that the service is willing to go beyond mainstream professional services.

2.5 Strategies to working with and supporting women in situations of HBV

- **Education:** Often, an important part of the leaving process will be giving women their own tools; introducing them to helpful opinions from community or religious leaders or women’s groups that they can relate to, so they can come to terms with their own situation and understand what might work best for them to do.
- **Trust:** It is incredibly important in such cases to work with the utmost sensitivity to build up trust, and not make a client feel that she has to make a decision she doesn’t want to, or at a pace she is not happy with. As in all cases of GBV, there are no black and white solutions with forced marriage. The approach should never be “if you don’t take this step, we can’t help you”. Onjali (LimeHouse Project, UK) said that an approach that has worked well at in such situations would be to say “we completely understand — what can we do in the meantime?” This could be

money for food for children, or a safe space to meet up. Onjali stated that “The Limehouse Project get women coming back twenty years later to volunteer, and saying ‘you saved me’.”

- **Language:**
 - Remember that victims will often not use the words “forced marriage” or “honour-based violence” to describe their situation, and that is ok.
 - Remember that women in such situations, like many other women seeking help, will often be highly stressed and may respond very defensively. Social workers should be reminded that this should not be taken personally and should not be seen as a sign that nothing is wrong, or that the client does not want to be helped

- **Signs:** specific signs for social workers to look out for that may indicate that a woman could be experiencing honour-based violence or forced marriage include:
 - History of domestic violence within the family
 - Mental illness
 - Poor academic performance
 - Frequent absence from school or withdrawal of a student from school
 - Student not returning from an overseas visit
 - Self-harm, substance use and misuse
 - History of older siblings leaving school and marrying early
 - Vague disclosure of ‘family problems’
 - Running away from home
 - Early (teenage) pregnancy
 - Sudden announcement of engagement to a stranger
 - Unreasonable restrictions – e.g. not having permission to leave the house or being unable to leave home unless escorted

- Financial restrictions – not having access to money/
a bank account
- Community education: HBV or forced marriage can often involve multiple perpetrators who collude together against the victim. This could include parents, siblings, in laws, other wives and neighbours. Community training is therefore also very important.
- Provide communities with education about how to look out for the signs above, along with information on what to do and who to contact if they think something might be wrong.
- This can be done through workshops, as well as distributing flyers, posters, or having short videos in local community spaces such as doctor’s waiting rooms, internet cafes and hair salons.
- Content could include a number of key signs, a statement on what the impact of such violence could be on the life of some affected, and importantly the contact details of places such as Rainlily, to go to for help.

2.6 Best practice guidance on tackling forced marriage

Adapted from guidance from a national safeguarding board

Meeting a client + disclosures of forced marriage:

- Explain all options to the client, but respect their desires, and ensure their safety is taken into account at all times
- See the client alone, even if they state that they want others present; explain that this is general procedure
- Explain confidentiality to them (i.e. what it means, what information will be known to who)
- Do not approach the client's relatives, friends, neighbours or those who have influence within their community without the express permission of the client, and do not call them in a bid to reach the client
- Do not use the client's relatives, friends, neighbours or those who have influence in the community as interpreters even if they give you reassurances of their support to the client
- Do not attempt mediation, reconciliation or family counselling; in cases of forced marriage and HBV, **some of the principles and guidance for working with children and families may inadvertently place a client at greater risk of harm.** This includes the principle that the best place for a young person is with their family.
- Do not dismiss the need for immediate protection.

If a woman is being taken overseas

In some forced marriages — but not all — a woman is taken abroad (usually to the “country of origin” of either the woman or the man she is to marry). In this case, it is often education or health-care professionals who hear about the travel plans, as opposed to social care staff or police. This highlights the importance of education of

public sector workers and of community education [outlined in the section below.] If foreign travel becomes unavoidable for a client, if possible, consider these steps:

- Get a copy of their passport
- Advise them to take emergency cash in the local currency, and a hidden mobile phone if possible
- Gather information about their travel plans: dates, places where they will be staying, full names of who they will be travelling and staying with (including the potential spouse and any family members), and any phone numbers
- Find out their return date, and ask them to contact you as soon as they return to Hong Kong. In addition, ask them for a written statement stating that they want the police, Social Welfare services, a teacher, or other third party to act on their behalf if they do not return by a certain date

ENDING THE SILENCE
Stop child sexual exploitation

Hannah has just told me she's got a boyfriend.

I've always told her I'm her best friend and to talk to me.

Now that she has told me, I'm scared! What do I do with this information?

Shall I say to her you must STOP! It's haraam Or you must marry him.

What do I do?

What is her dad going to say?

My mother in law and sister in laws are going to blame me.

OMG! She just told me he's been threatening and blackmailing her to have sex.

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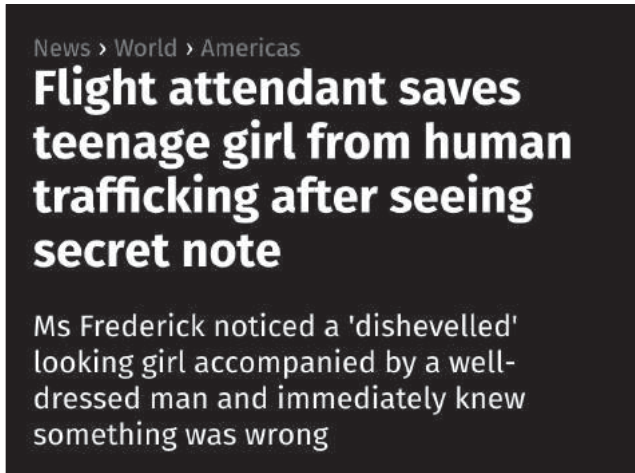
Shall I say to her you must STOP! It's haraam Or you must marry him.



Apna Haq Black Minority Ethnic
Initiative Against Women and Girls (IAMWG)
Resource Centre
Tel: 0756 192210 Email: apna@apna.org.uk Website: www.apna.org.uk

Left is an excerpt of a poster campaign by Apna Haq. The focus of the campaign was to present a scenario to encourage people to come forward and seek help from Apna Haq if they sense someone might be in trouble.

Below is an example of someone picking up the signs of GBV and acting upon it. This is a case of trafficking — however, the signs could be very similar in a case of forced marriage and may be useful for social workers to look out in workshops or sessions:



In this recent widely publicised example of a flight attendant recognising that one of her passengers was a trafficked teenage girl, the signs she noticed were:

1. The age gap between the teenage girl (who is described as appearing around 14-years-old) and the well-dressed man with whom she was travelling
2. The girl's presentation: she is described as looking dishevelled and upset
3. The girl's silence and avoiding eye contact when directly spoken to.



Chapter 3

Gender & Islam

3.1 The main elements in Islam - a basic introduction

Basic principles of Islam

Muslims believe that there is only one God and that the Prophet Muhammed Peace Be Upon Him (PBUH)¹ is God's messenger and the last prophet. Muslims believe in and revere all the other Abrahamic prophets such as Jesus, Moses and David, who come before the time of Prophet Muhammad. Islam is an Abrahamic religion alongside two other major religions Judaism and Christianity, which means that Muslims trace their common origin to the prophet Abraham. Acceptance of this belief is one of the Five Pillars of Islam (the Shahada).

It is widely accepted that there are five pillars of Islam for Muslim believers to abide by:

- shehada (declaration of faith)
- salah (prayer)²
- sawm (fasting)³
- zakat (charity)
- Hajj (pilgrimage): something many Muslims will try to do in their lifetime.

1 Muslims mark their respect for the Prophet Muhammad by using the phrase, 'peace be upon him,' following his name.

2 For more information on prayer in Islam, see bottom of this section.

3 For more information on fasting in Islam, including when this takes place, see bottom of section.

Diversity in Islam

There are almost 2 billion Muslims in the world today, making up nearly one third of the global population. It is reported that there are nearly 1.1 billion Muslims in the Asian continent.

The two main strands in Islam are Sunni and Shi'a, though there are many different subsections and strands of thought and belief. These strands of thought and belief can be very varied and result in differences that might lead to conflict, whether interpersonal, within communities or on a state level.

The differences in belief and thought can also lead to different practices amongst the diverse strands. The implications of this on gender relations are explored in the Islamic Perspectives on Gender roles section of the toolkit.

Qur'an and Hadith

Qur'an	Hadith
Described as a divine revelation, the unmediated word of God as revealed to the Prophet Muhammed.	Described as stories of the actions and life of the Prophet Muhammed as reported by his companions.
The Qur'an is highly revered within Muslim communities because it is the 'unmediated' word of God. Children will often study and memorise the Qur'an at home or in lessons in mosques, and adults may read and refer to the Qur'an often.	The Hadith is open to interpretation as it is not considered to be the word of God, but instead stories or anecdotes about the life of the Prophet Muhammed. This has led to different schools of thought interpreting the Hadith in different ways, with Islamic scholars differing about meanings and principles to be taken from these stories.

As such, in theory the Qur'an as the main holy text is thought to be a text that should be more closely followed. In practice, both the Hadith and Qur'an are studied as a roadmap by which some Muslim communities abide by.

The Hadith in particular are very open to interpretation, and many more specific cultural practices are linked to the Hadith, for example, interpretations of the practice of hijab (modesty).

What is Sharia law?

Sharia refers to a collection of moral and broad ethical principles drawn from the Quran and the practices and sayings (hadith) of Prophet Muhammad. Sharia is not considered to be the direct, divine word of Allah, but rather, it was created by religious scholars who interpreted the Qur'an and the words and actions of the Prophet Muhammad.

The set of rules that emerges from the interpretation of Sharia law is commonly referred to as Islamic law, or as "fiqh" in Arabic. It is the result of human intellectual activity and is therefore, by definition, fallible and changeable.

Islamic Law is always based on someone's interpretation of the Sharia (which is itself an interpretation of the Qur'an and Hadith). Because it is a human interpretation, Islamic Law can mean different things in different places and at different times in history.

Some countries, such as Saudi Arabia base their legal system on Sharia, but it is important to iterate that Sharia is not a legal system in itself. Some people may use Sharia law as reasoning for certain practices in family and/or justification for GBV.

Islam and social justice

It is believed by many Muslims that the practice and messages of Islam (through the Qur'an and the Hadith) encourage different aspects of mutual social responsibility within society and communities.

Ramadan and Zakat are interpreted by some Muslims to be examples of this mutual social responsibility: both are believed to bring believers closer to consciousness of God (Taqwa) through abstinence. Zakat itself translates as 'that which purifies' and is not considered to be a charitable act but instead compulsory, giving a percentage of one's worldly wealth that could be regarded wasteful or superfluous to need.

This idea of self-purification through abstinence and giving relates to reports within the Hadith of the Prophet Muhammed (PBUH) for example saying "He is not a believer whose stomach is filled while the neighbor to his side goes hungry" (Sunan AL-Kubra 18099) and within the Qur'an: "Worship Allah and associate nothing with Him, and to parents do good, and to relatives, orphans, the needy, the near neighbor, the neighbor farther away" (Surah An-Nisa 4:36).

Practicalities of following Islam

Muslims follow the lunar calendar, and consequently the months are not fixed. The Islamic calendar also differs from the Western/Gregorian calendar in that it starts from what is considered to be the Islamic New Year - 622 AD.

Ramadan is one month of the year in which Muslims traditionally fast (do not drink or eat) from sunrise (Fajr prayer) to sunset (Maghreb prayer), and also abstinence from sexual relations is practiced. Fasting is considered to be an outward expression of inward spiritual discipline and purity, and is also practiced in other religions such as Hinduism and Christianity.

→ This might impact when clients would be able to attend events, and thus these times should be taken into account when planning programmes.

Below, you can find the approximate dates that Ramadan is likely to fall on over the next five years:

2018	May 16	June 14
2019	May 6	June 4
2020	April 24	May 23
2021	April 13	May 12

Fasting

Ramadan is the ninth month of the Islamic calendar, and is observed by Muslims worldwide as a month of fasting (Sawm) to commemorate the first revelation of the Quran to Muhammad according to Islamic belief.

- Fasting lasts from dawn until sunset
- During fasting, Muslims refrain from consuming food, drinking liquids, smoking, and engaging in sexual relations.
- A pre-dawn meal is eaten daily before the fasting period. This is called "Suhur"
- After sunset, Muslims will have a meal referred to as "Iftar"
- Exemptions to fasting are travel, menstruation, severe illness, pregnancy, and breastfeeding

Action points:

→ Clients may find it hard to attend activities and appointments which require much physical or mental exertion during Ramadan. If possible, schedule appointments outside of the month of Ramadan, or keep to a minimum

- Avoid inviting clients to any activities or meetings which involve eating and drinking during the month of Ramadan

Prayer

Many Muslims pray five times a day. These prayers consist of:

- (1) Fajr/subuh - morning prayer
- (2) Dhuhr - afternoon prayer
- (3) Asr - late afternoon prayer
- (4) Maghrib - evening prayer
- (5) Isha - night-time prayer

The times of each prayer change on a daily basis depending on the time of year: in June, for instance, when the day is longer, Fajr prayer becomes earlier and in Hong Kong can begin at 3:15AM, while Isha prayer gets later to 9:15PM. In December, Fajr prayer can begin at 6AM, while Isha prayer can be as early as 6:10PM. This again is linked with the lunar and seasonal calendar.

You can often find up-to-date prayer timetables through local mosques.

Some Muslims prefer to do these prayers soon after the prayer has been called.

Action points:

- Be aware that your client might need a space for prayer. Try to accommodate by identifying a quiet, private spot that you can offer as a prayer space, if needed
- Try to accommodate appointment and meeting times around prayer times so that your client will not need to go out in the middle of a meeting for her prayer time

Many Muslim men and boys from different schools of Islam go to pray Dhuhr (afternoon) prayer at the mosque on Fridays (called Jumu'ah). Women can go but it is much less common.

Halal Food

“Halal” refers to meat prepared as prescribed by Islamic law.

The Halal Food Authority states that in order to make meat halal or permissible, an animal or poultry must be slaughtered in a ritual way known as Zibah or Zabihah.

Zabihah states the following requirements:

1. Animals must be alive and healthy at the time of slaughter
2. The jugular vein, carotid artery and windpipe must be severed by a razor sharp knife by a single swipe, to incur as less a pain as possible
3. A Muslim must recite tasmiya or shahada, which fulfills the requirement of dedication
4. All the flowing blood must be drained out of the carcass

It is forbidden to eat the meat of an animal that has been killed by strangling or by a violent blow, or by a headlong fall. Consumption of pork is forbidden.

Action points

- Be aware to ensure either halal and/or non-meat food options are provided where programmes involve meals and snacks
- Be aware that although pork might not be the main ingredient of food products, it may still contain pork-based ingredients, such as pork fat (some pastries, buns, pies) or gelatin (common in candy, jelly, marshmallows etc.)

Islam & Muslim communities in Hong Kong

There are approximately 300,000 Muslim in Hong Kong, a majority of whom as Sunni. This makes the Muslim community in Hong Kong the second largest religious community. Approximately 40% of Muslims in Hong Kong are of Indonesian origin. 93% of Indonesian Muslims in Hong Kong are women, the vast majority of whom are domestic workers (The Power to Change Muslim Women's Rights, p. 202).

The Muslim population in Hong Kong is also made up of ethnic Chinese Muslims, South Asians, majority Pakistani, and Nepalese Muslims.

See section 'The changing demographic of migrant communities in Hong Kong' for more information.

Mosques in Hong Kong

There are 6 major mosques, or Muslim places of worship, in Hong Kong. These are:

Jamia Mosque (些利街清真寺)

Kowloon Mosque (九龍清真寺)

Ammar Mosque (愛群清真寺)

Stanley Mosque (赤柱清真寺)

Chai Wan Mosque (柴灣清真寺)

Ibrahim Mosque (亞伯拉罕清真寺)

Muslim children may go to religious classes in mosques or mosque-owned schools after school or on the weekend.

Where do Muslims go to seek advice on life issues?

While Muslims may go to imams (leaders of mosques and Muslim community leaders) for certain advice, for example regarding marriage, career choices or family issues, they also importantly seek advice elsewhere.

While Muslims may go to imams (leaders of mosques and Muslim community leaders) for certain advice, for example regarding marriage, career choices or family issues, they also importantly seek advice elsewhere.

This may be:

- Counselling sessions
- Local district or community run advice and help sessions
- Hospitals and GPs, for both physical and mental health issues
- Friends and family both in Hong Kong and in their 'home countries'

You can find a list of organisations that focus on support and advocacy for Muslim women and domestic workers in the section 'Islamic Perspectives on Gender roles.' These organisations could be good options to signpost clients to as an alternative to always going to their local mosque or imam for advice, and as a way of showing them a range of perspectives.

3.2 Islamic perspectives on gender roles

Much misunderstanding about Islam is due to lack of direct knowledge about Quran, and also a lack of exposure to the range of interpretations which exist throughout the religion. First, it is important to delineate cultural practices from religious teaching, as very often the two are wrongfully assumed to be the same thing.

As a frontline worker, gaining an understanding of which practices are prescribed by religion, and which are just a product of the norms and popular culture of the region will greatly inform how you can respond to GBV in your work.

3.2.1 Various schools of thought

Male and female Muslim scholars from a wide range of standpoints, such as Fazlur Rahman, Khaled Abou El Fadl, Abdullahi An-Na'im, Azizah Al-Hibri, Ziba Mir-Hosseini, Shuruq Naguib and Amina Wudud have worked to show how the interpretation of Qur'anic revelation into laws by medieval jurists was heavily influenced by the patriarchal context of the time.

The next section looks at the roots of these 'Islamic' family laws and how important work is being done in Muslim countries and communities across the world to separate patriarchy from religion.

This is followed by looking at practical implications of Islam on women's everyday lives and advice to working with women around specific issues

It is important to remember that the inequalities that Muslim women experience are complicated, multi-layered and informed by many other factors than religion.

There is a diversity of stances on gender issues amongst Muslims, ranging from traditional to progressive.

The traditionalist position would closely observe Fiqh practices such as male guardianship. Those taking this position perceive men are as decision makers, providers and protectors, and women as carers and in need of protection. For example, in Saudi Arabia, all females must have a male guardian (wali), typically a father, brother, husband or uncle (mahram). Girls and women may need permission from their male guardians before marriage and divorce, travel or opening a bank account.

Fiqh:

Islamic scholars' interpretation of God's will into legal rulings

The Reformist position would tend to reconcile Islam with universal notions of gender equality, based on the notion that Fiqh is a man-made interpretation of Shariah (God's divine will), and can therefore be contested. For example, in Morocco there is no requirement for a male guardian [wali].

Key points

- While much reform of Muslim family laws has taken place over the past few decades, the idea of male guardianship and authority will still be very common in certain communities.
- Therefore if a woman is experiencing GBV that is being justified in religious terms, it is important to develop a relationship and trust before suggesting that there may be other interpretations of her religion. To immediately begin this conversation may alienate a client and make her feel like she is being patronized or that her beliefs are not being respected.
- It is important to note that there has never been a single unitary Islamic law – as demonstrated in the diagram above rulings differ between countries, communities and sects of Islam. This is a useful demonstration to refute claims that there is a definitive position on for example, 'male authority' over women.
- If a client feels that it is her husband's right to hit her – it is useful to emphasise Islam's core ethos of peace, equality, kindness and justice. The issue of 'hitting' specifically is addressed further below.

3.2.2 Does Islam prescribe male authority over women?

Two key concepts lie at the heart of justifying patriarchal family laws and the idea that men are superior to women:

- Wilayah (guardianship)
- Qiwwamah (authority)

The concept of qiwwamah is derived the word qawwamun in Qur'anic verse 4:34:

*Men are the maintainers or guardians (qawwamun) of women because Allah has made some of them to excel others and because they spend out of their property; the good women are therefore obedient [...].*¹

Mir-Hosseini and other scholars have questioned why verse 4:34 and not other Qur'anic verses, became the cornerstone for the legal construction of marriage:

*“This is the only appearance in the Qur’an of the word qawwamun. The abstract term qiwwamah (protection, maintenance) based on it does not appear at all. In relation to marriage and relations between spouses, two other terms appear over twenty times: ma’ruf (good way, decent) and rahmah wa muwaddah, (compassion and love). The closely related term wilayah does occur in the Qur’an, in the sense of friendship and mutual support, but never as endorsing male authority over women, which is the interpretation of the term enshrined, alongside qiwwamah, in juristic rulings on marriage.”*²

1 Muhammad Habib Shakir translation of the Qur'an

2 Mir-Hosseini and Anwar, Decoding the DNA of patriarchy in Muslim family laws, Open Democracy (2012)

ma'ruf (good way, decent) and rahmah wa muwadah (compassion and love) appear over twenty times in relation to marriage. From this, we can see that the emphasis is far more heavily weighted toward compassion and love, rather than ideology about male guardianship

In their 'Toolkit for Advocates: Equality, Justice and the Muslim Family' ³ Musawah remind that:

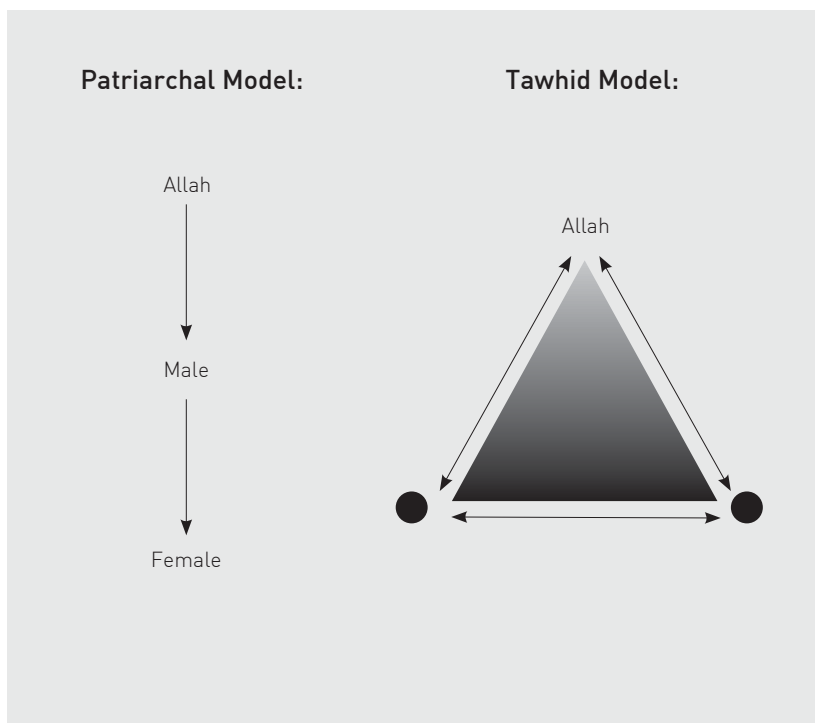
- For the jurists who developed Muslim family laws in the past, gender equality was not part of their social experience – in the same way that it was also not part of other religious traditions and societies.
- Islam's message of justice requires equality in the family too: Islam calls for equality, justice, compassion and dignity between all people.
- Family laws and practices must therefore fulfil this call by promoting these principles and by responding to the lived realities of Muslim women and men today.

Tawhid 'the oneness of God'

The scholar Amina Wadud argues persuasively that the concept of 'male authority' or superiority over women is actually un-Islamic because it violates the fundamental Islamic notion of Tawhid. **Tawhid means the oneness and pre-eminence of God.**

“As long as Allah (God) is the greatest and is unique, according to Tawhid, then there can be no other relationship between any two persons except the one of horizontal reciprocity and co-operation.”

“In the patriarchal model, man is superior to woman, which can be seen as a relationship on a vertical plane in the diagram below. Under tawhid, this is not possible, because the presence of Allah must remain as the highest focal point.”⁴



3 To view the full toolkit see: <http://www.musawah.org/get-involved/toolkit>

4 'Islam Beyond Patriarchy Through Gender Inclusive Qur'anic Analysis' Amina Wadud (2009) <http://www.musawah.org/sites/default/files/Wanted-AW-EN.pdf>

3.2.3 Does Islam allow a man to marry many wives?

An example of the validity of an 'accepted practice' being contested in the interest of reclaiming and upholding Islam's ethos of justice and equality can be seen with the example of the practice of Polygamy. Polygamy is mentioned in the Qur'an prominently in two verses, the first of which has typically been interpreted to justify men having multiple wives.

Surah an-Nisa 4:3 *'...marry women of your choice, two, three, or four; but if you fear that you shall not be able to deal justly then only one...'*

Surah an-Nisa 4:129 *'Ye are never able to be fair and just as between women, even if it is your ardent desire.'*

While classical jurists saw polygamy as permissible, a reading of these two verses together has since been used to argue that polygamy is in fact un-Islamic because it is impossible to treat multiple wives justly.

This argument was advocated for example by 19th century jurist Muhammad Abduh and in turn has been invoked by some Muslim states to ban or restrict polygamy; for example in Tunisia polygamy was banned in their 1956 Tunisian Code of Personal Status.⁵

Such an understanding fits with many of the lived realities of women in polygamous marriages, for example, the results of a study conducted by the group Sisters in Islam found that nearly sixty-five percent of first wives were unaware of their husbands intentions to marry another woman' and that while eighty per cent of husbands thought they could be fair to all their wives and children, only thirty per cent of first wives agreed this was possible.⁶

Musawah make the argument that:

“Polygamy existed before Islam, and the Qur’an restricted it to a maximum of four wives. This was done in order to set the trajectory for reforming this pre-Islamic practice in the direction of justice. If this trajectory had been followed, polygamy would have been abolished by now.”⁷

Action points for social workers in cases of polygamy:

- Remember that it is important to develop a relationship and trust before suggesting that there may be other interpretations of her religion. To immediately begin this conversation may alienate a client and make her feel like she is being patronized or that her beliefs are not being respected.
- After a relationship of mutual trust and respect has been established, introduce your client to helpful opinions from community or religious leaders or women’s groups which provide alternative perspectives which are doctrinally sound.
- A woman should not feel obliged to accept her husband taking another wife. A woman’s consent is critical and without this the marriage would not be lawful, see section of marriage and divorce for more information on this.

5 1956 Tunisian Code of Personal Status Article 18

6 ‘CEDAW and Muslim family laws, In Search of Common Ground’ Sisters in Islam (2011) p.35

7 Musawah Knowledge Building Briefs - 01

- As laid out in the example above many religious leaders and legal provisions have restricted or abolished the right to polygamy. This could be useful to share with service-users who may not be aware of practice beyond their own community.
- At the same time social workers should be advised that some women may consent to polygamous marriages, and firmly believe that it is a God-given right for her husband to have more than one wife. In such cases social workers should not try to persuade the client that she is wrong or misled to think this – as this may make the client feel alienated and prevent her from returning – but instead to listen to her concerns and try to understand how she might be supported within her current situation.
- Social workers should also be advised that another wife or wives may be complicit in abuse in a polygamous relationship. In such a situation it is again important not to judge a client's situation and their potential willingness to have entered into it, but to appreciate the complexity of the situation and work to build a trusting relationship.

3.2.4 Does Islam allow for a man to hit his wife?

All the factors that lead to male violence in any context, of course heavily inform male violence in Muslim contexts. However the interpretation of one particular Qur'anic verse (Surah al-Nisa' 4:34) is cited at times to justify men being violent towards their wives.

There are strong ways that this can be countered and many Muslim leaders have condemned any form of male violence based on this verse, both historically and in contemporary societies.

In an interview with Maslaha, Shaykh Ibrahim Mogra made the following statement:

“It is commonly thought by many Muslim husbands that the Qur'an allows them to hit their wives in response to any disobedience. No one understood and practiced the Qur'an better than the messenger Muhammad (peace be upon him.) Yet when we look at his family life there is not a shred of evidence that shows that he ever raised his hand to beat any of his wives or to beat any woman for that matter. Therefore it is important for Muslims to follow his example and not to misuse the Qur'an to legitimise their cruelty towards their wives and women.”

Imam Usama Hasan in the UK offers the following commentary.⁸

“A holistic reading of the Qur'an, Sunnah and Hadiths, taking into account the socio-historical context of the revelation of the Qur'an and of the Prophetic guidance preserved in authentic hadiths, shows clearly that God and Muhammad wished to ban wife-beating and domestic violence completely.

The evidence for this interpretation is overwhelming, from the 8th-century AD Mufti of Mecca who ruled that “a man may not hit his wife” to the 20th-century Mufti of the Zaytuna in Tunis who ruled that the State may ban domestic violence and punish any man who assaulted his wife.

As a temporary measure, and as a step on the way, an extremely limited, reluctant concession was given that only allowed minimal violence as a symbolic gesture of displeasure

8 Usama Hasan, ‘Have you stopped beating your wife?’ <http://www.musliminstitute.org/upfront/religion/making-reform-real-usama-hasan-asks-have-you-stopped-beating-your-wife>

on a husband's part. This was in a strongly patriarchal society that used to bury baby girls alive because of their gender and where sons would inherit their fathers' wives. Such practices were outlawed by Islam."

An examination of Hadith – [a Hadith is a report describing the words, actions, or habits of the Islamic prophet Muhammad]

"The value of the work of expert Hadith scholars throughout the ages who meticulously sifted genuine narrations from the weak ones, may be seen as crucial.

Al-Albani, a 20th century Hadith scholar, confirmed that all the hadiths banning wife-beating or only allowing a limited concession are authentic whereas all those justifying it absolutely are weak."

The Prophet continued to admonish men against wife-beating in order to minimise its occurrence and eliminate it completely. Hence the numerous hadiths with advice such as *"How can you beat your wife like a slave and later make love to her in the evening?"*

The insistence of the Companions and Followers upon minimising wife-beating, e.g. by demanding that it must never leave any bruises or marks and by reducing it to a largely symbolic act by recommending the use of a toothbrush-sized implement, actually supports the view that the long-term Islamic objective was to eliminate wife-beating completely, as per the Prophet's wish.

3.2.5 Can a Muslim woman divorce her husband?

In Islam it is completely permissible for both men and women to apply for a divorce from their partner.

The process of going through a divorce however will depend on the type of marriage that a couple have.

A “niqah” is an Islamic marriage. A niqah is separate from a civil marriage, and does not provide women with the same rights they would receive under state law. While it is common practice for couples to have a niqah as well as a civil marriage - meaning husband and wife have the same rights as anyone else under state law - some couples may only have a niqah.

This is important to understand in terms of gender-based and domestic violence, should a woman want to divorce her husband.

Type of marriage/ union	Definition/explanation	Potential implications
Niqah	A niqah — the legal contract between a bride and groom recognising an Islamic marriage. Both the man and woman must agree to the contract of marriage, and therefore consent plays a key part in the niqah.	<ul style="list-style-type: none"> - No recognition under state law meaning limited legal rights and protection. - It can be harder for a woman to access justice, for example legal or financial - as she cannot go to civil courts. - A woman can take her case forward for a divorce through official proceedings in a mosque or ‘Shariah council.’ There are three types of divorce if a wife takes her case forward: <ol style="list-style-type: none"> 1 Khula - the husband also agrees to the divorce and it goes ahead. 2 Tafreeq - the husband does not agree but arbitrators [at a mosque or council] agree the marriage should be dissolved. 3 Faskh - a council pronounces that the marriage is fundamentally flawed - for example in the case of a forced marriage.

Civil marriage	A marriage recognised by the state. This gives you certain rights and protection by the state.	<ul style="list-style-type: none"> - Rights and protection granted by the state - An official legal divorce can be obtained without having to get permission from the husband.
Niqah and civil marriage	This is the most common scenario - couples have both a Niqah and are married under civil law.	If a woman has a Niqah and a civil marriage, she can obtain a state divorce like anyone else. Once she has a civil divorce, it is not necessary to obtain an Islamic divorce, too. If women do want an Islamic divorce, it is good to support them with this – but it is useful to point out that it is not necessary.

Case study of a niqah without a civil marriage from Apna Haq

Zlakha Ahmed at Apna Haq told us about two 27-year-old South Asian Muslim women who had arranged marriages of their own choices. Both had niqahs but didn't have UK civil marriages. Subsequently, both experienced abuse within their in-laws' families, and were incorrectly told by their families that they have to go through shariah courts to be able to legitimately divorce.

To respond to this particular recurring issue, Apna Haq are working on encouraging Muslim women to get civil marriages as a form of protection.

Mufti Muhammad Arshad the Chief Imam at Kowloon Mosque in Hong Kong said that while he does not have exact figures, that 'there are no doubt some people in Hong Kong who have niqah marriages but are not registered with the marriage registry'

- Mufti Arshad recommends that all couples get a civil marriage as well as a niqah marriage.
- He said: 'Personally I don't encourage people to do niqah without registering through the marriage registry'
- The Mufti advised that if couples only have a niqah marriage in Hong Kong then 'there is no protection from a legal point of view' and couples would get the same protection as an unmarried couple.

Nour Domestic Violence in London offer the following advice to service users:

“A divorce may also be sought if a woman feels life with her husband has become intolerable. It is permissible for a woman to seek nullification of her marriage if the husband is abusive, if he is impotent, if he refuses to have sexual relations with her or if he becomes afflicted with an illness/disease whereby she doesn't desire him thereafter.”

Further, Birmingham Central Mosque in the UK apply 16 grounds of Islamic divorce⁹, these include:

- Desertion
- Polygamy without a wife's consent
- Intolerance of a husband's consumption of alcohol and/or drugs.

It is clear therefore that a woman in an abusive situation should be reassured that she is entitled to leave her husband and under no interpretation of Islam should she have to endure this situation.

9 <http://www.familylawweek.co.uk/site.aspx?i=ed95364>

3.2.6 Can men divorce their wives by saying ‘Talaq’ three times?

A disputed practice that has been enshrined in many Muslim family laws is that a man can divorce his wife unilaterally (without going through official procedures) by pronouncing talaq (divorce) three times either consecutively or on three separate occasions (depending on the Islamic school of thought by which the married couple abide.) According to juristic understandings, once talaq has been pronounced, the wife enters what is known as the idda period which lasts for three months. Within this three months the couple can decide to reconcile or not.¹⁰

The unrestricted ‘triple talaq’ is highly controversial in the way it has often been practiced; frequently resulting in women being divorced on the spot, and left completely destitute. The practice has now been abolished in over 20 Muslim-majority countries including Pakistan, Bangladesh, Tunisia, Algeria and Egypt.

The scholar Ziba Mir-Hosseini comments that:

“There are numerous moral injunctions that could have limited men’s power to terminate marriage; for instance, there are sayings from the Prophet to the effect that Talaq is among the most detested of permitted acts, and that when a man pronounces it, God’s throne shakes. Yet classical jurists made no attempt to restrict a man’s right to Talaq. He needs neither a reason nor his wife’s consent.”¹¹

¹⁰ Definitions adapted from: <http://www.curtislaw.co.uk/latest-news/islamic-divorce/>

¹¹ Ziba Mir Hosseini, ‘Decoding the DNA of Patriarchy in Muslim Family Laws’ Open Democracy (2012)

Case study: India law reform around ‘triple talaq’

Currently in India ‘triple talaq’ is being debated since the government proposed banning the practice in October 2016 on the grounds of gender equality. The law as it stands in India has allowed men to divorce their wives by simply uttering talaq three times over the phone, by text message or even on social media.¹²

The spiritual head of the Ajmer Sharif Dargah, Zainul Abedin Khan, has come out saying that the triple Talaq is against Sharia; “It is inhuman, anti-Islamic, against gender equality and it should be shunned without any further delay.”

While the wife of the Vice-President Salma Ansari has urged women to read the Qur’an stating: *“If you’ve read the Quran then you can find the solution there itself. There is no such rule in Quran. They have just made it up. There is no such thing.”*¹³



[Al Jazeera, “Indian Muslim feminists: We are reformists not traitors” Nov 2016]

In cases where a woman has experienced a divorce by an instant ‘triple talaq’ clients should be advised that:

- There is incredibly strong religious precedent that this is not acceptable at all in Islam and clients should not be frightened to pursue legal proceedings.
- This ‘worst case scenario’ can be avoided by women ensuring, as the Mufti Arshad in Hong Kong has recommended above, that they get a civil marriage.

3.2.7 Can Muslim women work?

Islam places a great emphasis on education and places a responsibility to seek knowledge on every person, female or male.

Prophet Muhammed is reported to have stated: “Whosoever follows a path to seek knowledge therein, Allah will make easy for him/her a path to Paradise.”¹⁴

Omar Ibn Al Khattab, one of the companions of Prophet Muhammad and one of his most powerful and influential Caliphs [successors] said - *“Acquire knowledge and teach people. Learn along with it dignity and tranquility and humility for those who teach you and humility for those whom you teach.”*

Historically Muslim women have played central roles as scholars and leaders. For example, Fatima Al-Fihri established the first degree-granting university in the world, The University of al-Qarawiyyin, in Morocco in 859 CE.



The University of Al Qaraouiyyine

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- 12 IWB Post, “5 Major Muslim Countries that abolished Triple Talaq Long Before’ (June 2016), Zee Media Bureau “If triple talaq has Sharia’s approval, why have THESE Islamic countries banned it?” (April 2017)
 - 13 Hindustan Times, “Triple talaq: Vice President’s wife Salma Ansari urges Muslim women to read Quran,” (April 2017)
 - 14 Sahih Muslim Hadith Collection, Book 35 Number 6518

Khadijah Binte Khuwaylid – a successful businesswoman and Prophet Muhammad’s wife

The first wife of Prophet Muhammad, Khadijah Binte Khuwaylid, was a successful tradeswoman and the richest woman in Mecca at the time. In a highly patriarchal society she managed a team of mostly male employees, including Prophet Muhammad himself. In a typically self-empowered act, she was the one to propose marriage to the Prophet¹⁵. She is revered as a central figure in the history of Islam and was the second person to convert to the religion after Prophet Muhammad himself.

Al Muhaddithat – Women scholars in Islam

Up until the 16th century, women were among the most respected, well travelled and prolific of Muslims scholars. A 40-volume dictionary published in 2007, reveals a rich history dating back 1, 400 years of female scholars, the Al Muhaddithat, across the Muslim world. Accounts of over 8,000 women teaching hadith classes to men and women in important mosques and colleges, issuing fatwas (religious orders/decisions), interpreting the Qur’an and debating with and criticising rulers. These women, who taught and practised across the world from Syria and India to Egypt, Morocco, Iraq and Spain, were applauded and respected by their male and female peers alike.¹⁶

The rich history of Muslim women leaders, workers and pioneers shows that Islam not only encourages, but prescribes for women to have the opportunity for full participation in public life and to live their lives with autonomy in an ever evolving world. To claim that women should not work or be educated cannot be supported at all in an Islamic context.

Musawah point out that lived realities in Muslim countries and communities also show how ‘traditionalist’ or ‘neo-traditionalist’ notions of gender relations clash with the reality that women are often providers and bread-winners in their families.

Directory of relevant organisations providing resources and practical advice on tackling GBV in EM and Muslim communities

- Musawah www.musawah.org - a global movement for equality and justice in the Muslim family based in Kuala Lumpur
 - Musawah 'knowledge-building' briefs available in English, Arabic and French <http://www.musawah.org/what-we-do/knowledge-building>
 - Making Waves - <https://vimeo.com/88043539> - a short practical film exploring 'Expressions of Gender Equality in the Sacred Texts and Islamic Tradition'

- Sisters in Islam <http://www.sistersinislam.org.my/> - founded in Malaysia, Sisters in Islam is dedicated to promoting women's rights throughout the Muslim world

- Aawaaz-e-Niswaan (Voice of Women) <http://www.niswaan.org/> - a Mumbai-based NGO that provides educational opportunities and a safe environment to marginalised Muslim girls and women

- Karma Nirvana <http://www.karmanirvana.org.uk/> a UK registered Charity that supports victims and survivors of Forced Marriage and Honour Based Abuse.

- Project Sakinah: awareness & support amongst the Muslim community
<http://www.projectsakinah.org/>

- Shakti Women's Aid: resources & support for black & minority ethnic (BME) women
<http://www.shaktiedinburgh.co.uk/>

15 <http://icanbeshe.org/forgotten-heritage/individual-women/khadija-bint-khuwaylid>

16 <http://www.islamandfeminism.org/al-muhaddithat.html>

- I Can Be She <http://icanbeshe.org/> - a Maslaha resource challenging stereotypes of Muslim girls and women
- Islam and Feminism www.islamandfeminism.org - a Maslaha resource exploring Islam and feminism historically and today
- Imkaan www.imkaan.org.uk - a UK-based, black feminist organisation providing resources and training to address violence against women and girls from EM communities
- Nour Domestic Violence <http://www.nour-dv.org.uk/> - a UK based charity tackling domestic violence in Muslim communities
- Shakti Women's Aid <http://shaktiedinburgh.co.uk/> - a Scotland based service providing practical online advice for EM women in a range of languages including Mandarin, Punjabi, Urdu and Arabic
- Wise Muslim Women directory <http://www.wisemuslimwomen.org/activism/>
 - a directory of Muslim women's organisations and campaigns across the world

Chapter 4

Helping the Victim

4.1: HK Laws and Regulations

The laws relevant to various GBV can be found in the following chapters of Hong Kong Law:

- Cap. 179 Matrimonial Causes Ordinance
- Cap 189 Domestic and Cohabitation Relationships Violence Ordinance
- Cap 200 Crimes Ordinance
- Cap 210 Theft Ordinance
- Cap 212 Offences Against the Person Ordinance (OAPO)
- Cap 221 Criminal Procedure Ordinance
- Cap 228 Summary Offences Ordinance
- Cap 245 Public Order Ordinance
- Cap 480 Sex Discrimination Ordinance

Rape & Sexual Assault

CRIME	DEFINITIONS	MAX. PENALTY
Rape Cap. 200 s118 (3)	<p>Rape is committed by a man having non-consensual sexual intercourse with a woman. A man commits rape if:</p> <ul style="list-style-type: none"> i) he has unlawful sexual intercourse with a woman who at the time of the intercourse does not consent to it; and ii) at that time he knows that she does not consent to the intercourse or he is reckless as to whether she consents to it. <p>Meaning of “sexual intercourse”: Penetration of the male’s penis into the female’s vagina.</p> <p>Meaning of “consent”: The prosecution must prove either that the defendant knew the victim did not consent or he was reckless whether the victim consented or not.</p> <p>Situations under which consent is vitiated: being abused, under coercion or verbal threat, mentally incapacitated, being intoxicated, asleep, or under the adverse influence of medication, etc.</p>	Life imprisonment

Indecent Assault Cap. 200 s122	Indecent assault refers to any act which causes another person to apprehend the infliction of immediate physical touch which is capable of objective indecency, without another person's consent.	10 years' imprisonment
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The key element of any kind of sexual crime is “consent”. Any sexual act involving any other person without “consent” from her/him should be defined as “unlawful”, no matter what the relationship between victim and perpetrator is. The perpetrator can be the victim’s friend, teacher, senior or even family member. Everyone should own their physical autonomy. In other words, no one can touch another person if she/he does not want those touches.

1.Marital Rape

Marital rape is non-consensual sexual intercourse in which the perpetrator is the victim’s spouse or female partner. Everyone has the right to decide whether or not sexual intercourse shall occur. A wife does not, by entering into a marriage with her spouse, give an open ended commitment to sexual intercourse at all and any time with her spouse. In a marital relationship, if the husband has sexual intercourse with the wife by force, he can also be charged with rape with maximum penalty of life imprisonment under section 118(1) of the Crimes Ordinance [Cap. 200].

2.Domestic Violence

5 years after the Kim Shuk-Ying case occurred, the Domestic and Cohabitation Relationships Violence Ordinance [Cap. 189] was amended in 2009. The ordinance does not define what domestic violence is, but is only about granting injunctions to restrain molestation by spouses and former spouses, other relatives, cohabitants and former cohabitants.

Injunction Orders

Cap 189 Domestic and cohabitation Relationships Violence Ordinance District Court or the Court of First Instance may grant an injunction according to an application made by an eligible person which either (s.3):

- (1) restrains the offender from using violence against the applicant or a child living with the applicant; or
- (2) excludes the offender from the matrimonial/shared home or from a specified area, regardless of ownership of the property

The Power of Arrest is attached to the injunction which means police can arrest the offender where the offender is reasonably suspected of breaching the injunction by reason of violence or by entering into or remaining in the area specified in the injunction order.

Apart from spouses, former spouses, cohabitants and former cohabitants, the following categories of persons are also within the scope of injunction orders:

- a. The applicant's father, mother, grandfather or grandmother (whether natural or adopted);
- b. The applicant's step father, step-mother, step-grandfather or step-grandmother (whether natural or adopted),
- c. The applicant's father-in-law or mother-in-law who is the natural parent, adoptive parent or step-parent of the applicant's spouse;
- d. The applicant's son, daughter, grandson or granddaughter (whether natural or adoptive);
- e. The applicant's step-son, step-daughter, step-grandson or step-granddaughter;
- f. The applicant's son-in-law or daughter-in-law who is the spouse of the applicant's natural child, adoptive or step-child;
- g. The applicant's grandson-in-law or granddaughter-in-law who is the spouse of the applicant's natural grandchild, adoptive grandchild or step-grandchild;
- h. The applicant's brother or sister (whether of full or half blood or by virtue of adoption) ;
- i. The brother or sister (whether of full or half blood or by virtue of adoption) of the applicant's spouse;
- j. The applicant's step-brother or step-sister;

- k. The step-brother or step-sister of the applicant's spouse;
- l. The applicant's uncle, aunt, nephew, niece or cousin (whether of full or half blood or by virtue of adoption);
- m. The uncle, aunt, nephew, niece or cousin (whether of full or half blood or by virtue of adoption) of the applicant's spouse; or
- n. The spouse of any person mentioned in paragraph of (i) (j) (k) (l) (m) or (n); Other points and comments:

- Maximum length of the injunction order is 24 months

2.1. Underage Marriage Cap. 179 Matrimonial Causes Ordinance

If either party is under the age of 16 [s.20 (1)(a)(ii)] at the time of the marriage (other grounds of a null and void marriage: <https://goo.gl/BSmt5u>), it is not a valid marriage. The Court of First Instance and the District Court have jurisdiction to declare the marriage null if:

- (1) either parties to the marriage was domiciled in, or had a substantial connection with, Hong Kong at the date of the petition;
- (2) either parties to the marriage was habitually resident in Hong Kong throughout the period of three years immediately preceding the date of petition;
- (3) both parties to the marriage were residents in Hong Kong at the date of the petition;
- (4) the respondent in the proceedings was resident in Hong Kong at the date of the petition;
- (5) the marriage was celebrated in Hong Kong.(s.4)

2.2. Early withdrawal from education: 9-year compulsory education

For any child who is under the age of 15, or has not yet completed Form 3 of secondary education, the Permanent Secretary may serve

upon a parent of the child an attendance order. (s.74, Cap.279)
Any parent who without reasonable excuse fails to comply with an attendance order shall be guilty of an offence. (s.78)

2.3. Unlawful sexual intercourse with a girl under 13/16 years' of age (s.123 & 124, Cap. 200) Buggery with a girl under the age of 21 (s.118D, Cap. 200)

Unlawful sexual intercourse with a girl under 13/16 years' of age is an offence with the maximum punishment of life imprisonment and 5 years' imprisonment accordingly. The offence is complete upon proof of penetration of the vagina by the penis; it is not necessary to prove ejaculation. It is an absolute liability offence. The girl consented and/or that the defendant believed the girl was over 16 years' of age are not viable defenses to this charge.

However, if the man believes (or has reasonable cause to believe) that the girl to be his wife, this can be used as a defense to a charge under section 124. Even if the "marriage" is invalid because the "wife" is under 16 years of age, it is not enough for the man simply to claim a belief in a marriage without any reasonable cause. The burden of showing reasonable cause for the claimed belief is upon the defendant.

2.4. False Imprisonment (Common Law)

False imprisonment is an offence contrary to common law, whereby the victim has been unlawfully prevented from leaving the place where they are. A person who uses threats, force, and intimidation to make the victim remain where they are commits the offence of false-imprisonment.

Some examples would include:

When a wife is forbidden to leave the matrimonial home unless she first agrees to sexual intercourse. The demand for sexual activity is not a pre-condition for a conviction of false imprisonment. It is enough that there is a total and unlawful prevention of the victim leaving the place where they are.

A spouse or cohabitee who is prevented from leaving the home because the defendant does not want them to go out on an evening with friends, perhaps out of concern they might develop a friendship with someone new.

The maximum penalty is seven years' imprisonment and a fine. (s1011, Cap 221)

2.5. Criminal Intimidation (s24, Cap 200)

Anyone who threatens another person with injury to their body, reputation or property; or threatens another with any illegal act with intent to alarm the person so threatened; or with intent to cause the threatened person to do an act they are legally entitled to do, commits an offence. The threat can also be to injure the body, reputation or property of a third party, for example a family member, if it is done with the intent specified in this section.

This section addresses what may be referred to as intimidatory conduct by a perpetrator directed towards domination of the victim. This is not an offence which can be used frequently because it is often difficult to get evidence of the offence, but it is available in appropriate cases.

This offence punishable upon summary conviction by a fine of \$2,000 and imprisonment for 2 years, and upon indictment by imprisonment for 5 years.

2.6. Common Assault (s40, Cap 212)
Assault occasioning actual bodily harm (s39, Cap 212)
Wounding with intent to do grievous bodily harm (s17, Cap 212)
Wounding or inflicting grievous bodily harm (s19, Cap 212)

The above four offenses are battery related in different level in terms of seriousness.

CRIME	DEFINITIONS	MAX. PENALTY
Common Assault	An act of battery is committed when there is an actual infliction of a non-consensual unlawful physical contact. It is not necessary to prove that the abuser intended to injure or that the contact has caused or threatened any physical injury. Mere touching without consent or unlawful excuse is therefore enough to be considered battery. The spouse or cohabitee who strikes at the victim, threatens her/him with an item, or punches her/him therefore commits a common assault whether or not there is any injury or harm.	1 year
Assault occasioning actual bodily harm	Any person who is convicted of an assault occasioning actual bodily harm shall be guilty of an offence triable upon indictment.	3 years
Wounding with intent to do grievous bodily harm	Any person who unlawfully and maliciously wounds or causes any grievous bodily harm to any person with intent to maim, disfigure, or disable any person, or to do some other grievous bodily harm A wound is defined as an injury where the continuity of the skin is completely divided. Grievous bodily harm is a serious injury.	Life imprisonment
Wounding or inflicting grievous bodily harm	Any person who unlawfully and maliciously wounds or inflicts any grievous bodily harm upon any other person, either with or without any weapon or instrument, shall be guilty of an offence triable upon indictment.	3 years imprisonment

2.7. Murder

Murder is the unlawful killing of a person where the perpetrator had the intention to kill or cause grievous bodily harm. The perpetrator commits murder if the victim dies under common law.

Murder is a common law offence but punishable under section 2 of the Offences Against the Person Ordinance. The only penalty for murder is life imprisonment. (s2, Cap.212)

2.8. Manslaughter

Manslaughter is any unlawful killing which is not murder. Where violence is inflicted with no intent to kill or to cause grievous bodily harm but the victim dies.

The punishment for manslaughter is any sentence up to and including life imprisonment.

Guideline for workers:

Procedural Guide for Handling Intimate Partner Violence Cases by Social Welfare Department (Revised 2011)

http://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_fcwprocedure/id_1450/

3. Stalking

There is currently no criminal offence of stalking under Hong Kong Law. The Law Reform Commission Report (2000) variously referred to stalking as “the pursuit by one person of what appears to be a campaign of harassment or molestation of another, usually with an undertone of sexual attraction or infatuation” and “behavior which subjects another to a course of persistent conduct, whether active or passive, which taken together over a period of time amounts to harassment or pestering”. The 2011 Consultation Paper issued by the Constitutional and Mainland Affairs Bureau proposed anti-stalking legislation which would be designed “to protect the innocent from being pursued in any way that places the victim in constant fear or anxiety”.

The common factor in stalking is unwelcome, persistent and debilitating conduct directed towards the victim. The motive for such conduct is irrelevant. Many stalkers are obsessed with “love” for their victims. The stalker may make declarations of love, or threats of suicide or intent to inflict self-harm to attract the victim’s attention, particularly when the victim is known to be alone and afraid. These expressions of intent to inflict self-harm can be made directly, through fax messages, e-mail, social networking sites, or phone. Unwanted presents can be left at the victim’s home, workplace or school. This can lead to severe disruption in the victim’s personal and work life.

Criminal offences under the Offences Against the Person Ordinance (Cap. 212), the Crimes Ordinance (Cap. 200), the Theft Ordinance (Cap. 210), the Summary Offences Ordinance (Cap. 228) and the Public Order Ordinance (Cap. 245) may be committed, depending upon the particular facts and the intention of the stalker.

4. Sexual Harassment (s2(5) & s2(8), Cap. 480)

In Hong Kong, sexual harassment is classed as a form of sex discrimination according to the Sex Discrimination Ordinance. It is not a criminal offense but a civil one. However, if it involves any criminal elements such as sexual assault, the victim can also report to police as criminal case.

Sexual harassment is any unwelcome or uninvited sexual behavior which is generally regarded as offensive, humiliating or intimidating. This includes unwelcome sexual advances or unwelcome requests for sexual favours. The harasser may incur legal liabilities and may be liable to pay compensation to the victim. The ordinance also protects men and applies to homosexual relations.

Acts of sexual harassment may be carried out directly or indirectly in physical or verbal forms. Here are some examples:

- unwelcome physical contact (e.g. hugging, kissing or touching);
- staring or leering;
- brushing up against the body;
- intrusive question about one's private life;
- sexually offensive gestures.

Sexual Harassment in the Workplace:

Sexual harassment under the Sex Discrimination Ordinance covers situations in employment, education, and provision of goods, facilities or services contexts. Thus, sexual harassment also includes the creation of a sexually hostile or intimidating work environment by engaging in unwelcome or uninvited sexual behavior, for example

- sexually suggestive comments or jokes;
- displaying sexually explicit pictures or posters;
- insults or taunts based on sex;
- wolf-whistling

Employer Vicarious Liability:

An employer is liable for sexual harassment committed by their employee to another person (under SDO) with, or without, the employers' knowledge or approval. The employer is under obligation to prove that they have taken reasonable steps to prevent employees from committing such acts.

See http://www.clic.org.hk/en/topics/antiDiscrimination/sex_discrimination/q6.shtml for further information.

The Victims of Crime Charter

A victim is a person who suffers physical or emotional harm, or loss or damage to property, as a direct result of a criminal offence.

Rights and duties of a victim

- 1** The duty to help maintain law and order
- 2** The victim's right to be treated with courtesy and respect
- 3** The victim's right to have a proper response to complaints of crime
- 4** The victim's right to information – reporting the crime
- 5** The victim's right to information – investigation and prosecution
- 6** The victim's right to proper facilities at court
- 7** The victim's right to be heard
- 8** The victim's right to seek protection
- 9** The victim's right to privacy and confidentiality
- 10** The victim's right to prompt return of property
- 11** The victim's right to support and after-care
- 12** The victim's right to seek compensation

4.2 Immigration issues

Dependent Visa

A Hong Kong permanent resident, or a resident who is not subject to a limit of stay, can be the sponsor to apply for a dependent visa for:

- His/her spouse
- His/her unmarried dependent child under the age of 18,
- His/her parent aged 60 or above

The dependents are allowed to take up employment in Hong Kong (except for dependents of persons who have been admitted into Hong Kong to study). Dependents may apply for the right of abode if they

have resided in Hong Kong for a continuous period of not less than 7 years.

The dependents normally need to renew the visa in 3-3 years pattern. In all cases, the Director of Immigration is vested with very wide discretion in accordance with the Article 154(2) of the Basic Law and the Immigration Ordinance.

The dependent visa policy is not a general family reunion policy, and the key consideration is dependency, according to a verdict of the Court of appeal ([2016] HKCU 1462). Therefore, the sponsor has a determinative role in dependent visa application and renewal.

Implications

Under the current immigration policy, dependent visa holders are totally reliant on his/her sponsor in terms of financial support and visa renewal. When a dependent visa holder is facing domestic violence and/or sexual abuse by his/her family member, especially when the abuser is the sponsor, reporting the offence becomes an incredibly complex and difficult decision. Cultural and religious values may also cause the victim to refrain from reporting or making complaints against the abuser (see chapter 1, part 1 and chapter 2)

The dependent visa holder is faced with the threat of deportation, and potentially permanent separation from her children if her sponsor (who might also be the perpetrator) refuses to sign for the renewal of the visa.

Apart from low awareness of rights, cultural traditions, and lack of social support, the immigration policy poses a huge structural constraint on the victim to step forward to seek help. It is a typical negative example of gender mainstreaming: how policy implementation without consideration of the impact on different sexes can serve to further GBV in the EM community.

4.3 Barriers to Help-Seeking

The reasons why a woman may not seek help (or feel inhibited to do so) after a being victimised are numerous, and varies from person to person. It is important to avoid stereotyping of clients. Every case should be considered by its own unique combination of causes and effects, and care should be taken to explore each client's individual reasoning and circumstances.

Below are some barriers to help-seeking which we have come across in previous cases involving EM women:

Practical Issues

- Language barrier (not confident to communicate in English/Chinese)
- Lack of knowledge about where to go for help
- Lack of confidence in dealing with statutory organisations
- Risk to immigration status; threat of deportation (see chapter 4 section II)
- Fear of separation from her children
- No recourse to public funds and therefore unable to access refuges (e.g. dependent visa holders)
- Lack of social support in HK
- Bad experience of services in the past
- Fear of breach of confidentiality, particularly if the family find out
- Threat of being sent abroad
- Threat of being excluded from, or shamed, by the community
- Threat of being tracked and killed, by the husband, family or other community members
- Fear of becoming a hindrance to siblings' marriages (causing the family to have a bad reputation, thus harming the chances of marriage for siblings)
- Fear coping without the financial or practical support of their family, especially if they have children

Due to practical issues such as lack of childcare, household duties, or possible restrictions on movement, some clients may miss appointments. It should not be assumed that your client does not want help. Workers should explore other ways to engage with the client which are easier for her to carry through, such as meeting near her home, or at a café near her children's school before she picks them up, or even home visits if the client feels there is a safe time to do so.

Language

Unfortunately, we have found that it is not uncommon for children, partners, or other family members to be called upon to interpret. This is not recommended as doing so effectively silences women in circumstances of GBV, and also has adverse effects including:

- Traumatization to the children
- Placing the victim in a situation in which s/he is unable to speak freely due to conflict of interests
- Fear of disapproval/negative repercussions from other family members

Cultural pressures

- Fear of bringing shame to and going against the family tradition and cultural norms
- Religious belief that marriage is sacred
- The concept that a woman's respectability, status and honour is dependent on her marital status
- Some girls are conditioned from birth with values and traditions that reinforce male superiority and make it very difficult for females to challenge male authority
- Pressure from family and community that a woman has to be a perfect mother, a perfect wife, and a perfect daughter-in-law
- The belief that personal problems should never be talked about outside home

- The view that domestic violence is normal and justified if a woman steps outside of expected role
- The notion that it is bad karma (against religious beliefs) to leave, and that suffering is a part of spiritual life
- The justification of rape if it will produce a son or “heir”
- Reprisals from her own family and extended family, as well as surrounding community
- Pressure from own family to stay with/return to violent partner in order to maintain social status
- Pressure from in-laws to stay with/return to violent partner in order to hide their/their son’s behaviour
- Pressure from religious or community leaders to stay with/return to violent partner to protect the standing of the temple or community
- Perception that service providers are culturally insensitive and lack of understanding of South Asian values

Workers may come across situations in which the client is clearly being harmed, but she refuses help. This may not always mean that she does not need/want any help at all. Be aware that culture/family may place a huge amount of pressure on her to pretend nothing is wrong, or to change her story. In these situations, “don’t want help” may mean that she feels too trapped and fearful to be ready to leave or report to the police at that time, but workers can help by taking steps such as making a safety plan (see chapter 10) together with the client, to help her be prepared to know exactly what to do should the safety risk suddenly increase, or she if she decides at a later stage that she wants to take action.

Confidentiality

Since the size of EM communities in HK is relatively small, we must take extra care to safeguard confidentiality. Workers must never disclose the identity, address (even the area in which the client lives),

names of any of her children, spouse, or any other details which might indicate who she is, without the client's express consent. Should the need to refer your client to other services arise, be sure to discuss with your client the implications including:

Who will know that she has sought help?

- Will the worker share information with other people who work in the organisation that you are making referral to? e.g. interpreters, or other people in the EM communities

What will the organisation you are referring to know about your client?

- Check that your client is comfortable with sharing the details you need to provide to make the referral
- If she feels that there is some information that is not safe to share, liaise with the organisation to see if you can omit this information from the referral

Where will she be required to go to receive the services you are referring to?

- Is it safe for her to go there?
- Are you able to arrange for her to be accompanied if necessary?

Given the dynamics of GBV which often involves family and other community members, the repercussions of exposing a client's identity can be very serious. It is strongly recommended that you obtain written consent from the client before divulging any personal details to third parties.

Repercussions

Leaving does not necessarily end the violence. It is not your role to encourage a woman to leave her partner or home. Women are in fact at increased risk of death or serious injury when they separate from, or after leaving, a violent partner (EACH, 2009).

In 2005, the World Health Organisation (EACH, 2009), in a review of domestic violence homicides in London, found that 76% of the victims were killed after they had ended the relationship.

It is essential that a careful and thorough risk assessment (see chapter 5 part III) is carried out, which helps to identify and weigh up the various options she has. The first priority is always to ensure that the client remains safe.

The effects on children

Women often struggle with the implications of leaving as it might be perceived as breaking up the family, or causing disruption to the lives of her children.

The physical, emotional and mental health of children is affected by exposure to domestic violence. Research has shown that these children have psychosocial maladaptation and adverse effects on brain development (Tsavoussis, et al., 2014).

The specific effects of witnessing domestic violence vary for each child according to many factors, including levels of violence, age, class, gender, stage of development, role in the family, relationship with parent(s) and availability of support outside the family. Nevertheless, research shows common themes indicating that children witnessing domestic violence need medical attention (EACH, 2009)

As well as the impact on children's development, domestic violence is also often correlated with abuse of the children themselves, both in and outside of the home. Research has revealed that children who were exposed to violence in the home are several times more likely to be physically and/or sexually assaulted than the national average. This link has been confirmed around the world, with supporting studies from a range of countries including China, South Africa, Colombia, India, Egypt, the Philippines, and Mexico (UNICEF, 2006)

A large proportion of people responsible for children's deaths are father figures with a history of domestic violence.

Children may be in danger when they try to minimise the violence or call for help. Children of all ages intervene to protect their mother

- Even if children are not the direct target, by being exposed to abuse their mental health often suffers, evident in age-related emotional, cognitive, and behavioural difficulties including withdrawal, depression, fear, anxiety, aggression and PTSD.⁵⁹

Never blame a woman for failing to protect her children - it is the abuser's violence that puts them at risk. The most effective form of child protection is to empower and support the mother to make herself and her children safe.

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Tsavoussis, A., Stawicki, S.P., Stoicea, N., & Papadimos, T.J.(2014). Child-Witnessed Domestic Violence and its Adverse Effects on Brain Development: A Call for Societal Self-Examination and Awareness. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4193214/>

UNICEF (2006). Behind Closed Doors: The Impact of Domestic Violence on Children

Chapter 5

Skills

5.1 Qualities of a Good Service Provider

A good service provider...

Gives respect & empowerment

- Sees the clients as “experts of themselves”, with insights and knowledge to share, rather than seeing himself or herself as the only expert in the room
- Thinks of everyone as equals, all learning from each other, and thinks of himself or herself as guiding the process
- Does not minimize or ignore the client’s feelings (e.g. “Oh never mind, it’s over now. You should move on”)
- Does not try to distract or divert the participant’s attention from his or her feelings
- Does not tell the participant how to feel (e.g. “You should be happy that you got away”)
- Give the client choices; asks what the client would like to do

Example: If the client gets distressed during a meeting, ask if s/he would like go home, not participate in the session but remain in the room, or not participate in the session and sit outside (or in another location within the room). Help the client carry through with whatever he or she decides.

Remains flexible

- Recognises that there are many possible answers to a situation/question, rather than only one right answer
- Believes it is important for all to participate and be involved in the learning process; and that this is more important than controlling the process and having everything go to plan

- Has a range of methods to deliver information (e.g. leaflets, videos, talking, role-play) – not stick rigidly to a one way. Understands that people take in information in different ways – visual, auidial, kinaesthetic – and most people are a combination of all of these

Is culturally competent

- Aware of the diversity within ethnic groups of perspectives toward gender roles and sex
- Does not try to change a client’s religious beliefs or value system to align with your way of thinking
- Remember that it is important to develop a relationship and trust before suggesting that there may be other interpretations of her religion. To immediately begin this conversation may alienate a client and make her feel like she is being patronized or that her beliefs are not being respected.
- After a relationship of mutual trust and respect has been established, introduce your client to helpful opinions from community or religious leaders or women’s groups which provide alternative perspectives which are doctrinally sound (see chapters 2 & 3 for in-depth discussion)
- Willing to assist all clients with their issues, offer non-judging support and resources to victims, even if they do not recognize the full extent of their victimization
- Awareness and willingness to provide resources in forms that are accessible to clients (e.g. languages)
- Safety priority over any cultural/ not use culture as an excuse for behaviours which endanger or cause harm: be equipped to explain – use legal premise rather than arguing culture e.g. it is illegal under HK law

Example: Marital Rape

If a person's belief system does not include the possibility of husbands raping their wives, she will not answer affirmatively to the question, "Have you been raped by your husband?", regardless of the circumstances.

We need to change our language to be more easily relatable to the client: "Has your husband ever made you have sex when you didn't want to?" or, "Has your husband ever held you down to make you have sex?" or "Has your husband ever made you do something sexually that you did not want to do?"

This will help to provide more accurate picture of the actual victimization she may be experiencing. Remember they may not self-identify as a rape victim/ survivor.

A good service provider...

Is non-judgmental

- Provides support and information to the client regardless of your personal feelings, beliefs or attitudes
- Listens to what the client is saying. Provides the client with understanding, support and assistance and does not attempt to tell the client how he or she should feel

Maintains confidentiality

- Does not discuss client's situations around the office, unless absolutely necessary for the client's safety or legal case

Is aware of limitations

- Works within the scope of their knowledge and training, and makes referrals for specialist services such as counselling and psychotherapy
- Seeks to ensure they possess a thorough knowledge of the issues relevant to their work, through continuous professional learning and development
- Recognises and acknowledges how their personal values, attitudes, beliefs, emotions, and past experiences affect their thinking, behaviour, and relationships. This relates closely to counter-transference. Pay particular attention to any assumptions you might have about your client group e.g. “All Pakistani people speak Urdu”, or “All Muslims read Arabic”, and seek to increase your knowledge through research and self-learning

Uses a trauma-informed approach

See 5.2 Trauma-Informed Practice

5.2 Trauma-Informed Practice

What is Trauma?

Trauma is best understood in terms of how it is experienced by the person it happens to, rather than by the type of event.

Traumatic events create the sense of loss of control, and contain the following 3 elements:

- It was unexpected
- The person was unprepared

The TIP Guide (2013) provides the following classification of types of trauma:

Single incident trauma - an unexpected and overwhelming event such as an accident, natural disaster, a single episode of abuse or assault, sudden loss, or witnessing violence.

Complex or repetitive trauma - ongoing abuse and violence (e.g. war, intimate partner violence); often involving being trapped emotionally and/or physically.

Developmental trauma - exposure to early ongoing or repetitive trauma (as infants, children and youth) involving neglect, abandonment, physical abuse or assault, sexual abuse or assault, emotional abuse, witnessing violence or death, and/or coercion or betrayal.

Intergenerational trauma - can occur when someone is living with a trauma survivor; the coping and adaptation patterns developed in response to trauma can be passed from one generation to the next.

Historical trauma – the accumulation of emotional and psychological harm inflicted on a group across a lifespan and across generations e.g. genocide, colonialism, slavery and war. Intergenerational trauma is an aspect of historical trauma.

Service providers often see hyperarousal and hypervigilance behaviours in clients, but may not relate it back to trauma and it could be misinterpreted. This misinterpretation or misunderstanding of behaviour, and failing to recognize fight, flight and freeze responses, can contribute to judgmental behaviour on the part of a service provider

Misinterpretation of behaviour, and failing to recognize fight, flight and freeze responses, can contribute to judgmental behaviour on the part of a service provider

The ACE (Adverse Childhood Experiences) study that identified the direct connection between adverse childhood experiences and the increase in serious physical and mental health problems (1998).

The ACE study identified that the more adverse the experience, the greater the increase in risk for the following:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Foetal death
- Illicit drug use
- Ischemic heart disease (IHD)
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking & early initiation of smoking

- Suicide attempts
- Unintended pregnancies & adolescent pregnancy
- Early initiation of sexual activity

Emotions:

- Depression
- Feelings of despair, hopelessness and helplessness
- Guilt, shame, self-blame
- Self-hatred
- Feeling damaged
- Feeling like a “bad” person
- Anxiety
- Extreme vulnerability
- Panic attacks
- Fearfulness
- Feeling out of control
- Irritability, anger and resentment
- Emotional numbness
- Frightening thoughts

Behaviours:

- Self-harm such as cutting
- Alcohol & other substance abuse
- Gambling
- Compulsive and obsessive behaviours
- Self-destructive behaviours
- Isolation
- Choosing friends that may be unhealthy
- Suicidal behaviour
- Violence and aggression toward others

Cognitive:

- Memory lapses, especially about the trauma
- Loss of time
- Being flooded by and overwhelmed with recollections of the trauma
- Difficulty making decisions
- Decreased ability to concentrate
- Feeling distracted
- Withdrawal from normal routine
- Thoughts of suicide
- Compulsions and obsessions

Spiritual:

- Feeling that life has little purpose and meaning
- Questioning the presence of a power greater than ourselves
- Questioning one's purpose
- Questioning "Who am I," "Where am I going," "Do I really matter"
- Thoughts of being evil, especially when abuse is perpetrated by clergy
- Feeling disconnected from the world around
- Feeling that as well as themselves, the whole race or culture is bad

Relational:

- Difficulty feeling love, trusting in relationships
- Decreased interest in sexual activity
- Emotional distancing from others
- Relationships may be characterized by anger and mistrust
- Unable to maintain relationships
- Parenting difficulties

In order to deliver effective help and support to clients who have experienced trauma such as GBV, practitioners need to first equip themselves with an understanding of the vulnerabilities or triggers of trauma survivors.

Our 20 + years of service at Rainlily have shown us that traditional service delivery approaches may exacerbate a client's trauma symptoms, sometimes causing re-traumatization. Our common goal as helping professionals is to facilitate our clients in the process of healing and recovery with care and compassion, and not to do more harm for lack of knowledge about our clients' experiences and condition.

Trauma-informed care recognises the significant impact that trauma has on a client's perceptions of physical and emotional safety, relationships, and the resulting behaviours (Huckshorn & Lebel).

Without a thorough understanding of the impact of trauma on a person, it can be difficult to understand a client's behaviours or attitudes, and a social worker may be tempted to classify the client as noncompliant or difficult (Richardson, 2014) . However, once seen through the lens of trauma, what might otherwise be considered as bizarre/uncooperative attitudes and behaviours, can be properly understood and addressed as a legitimate response to being provoked by a trigger

As Richardson (2014) asserts, the trauma-informed approach asks clients, "What happened to you?" instead of "What is wrong with you?" This is a far more engaging and respectful approach, especially when working with a person who already may feel broken, unwanted, or unlovable.

Trauma-informed practice recognizes that symptoms are coping strategies that the client developed in response to traumatic event(s). Validating resilience is important, even when past coping behaviours are now causing problems. Understanding a symptom as an adaptation to trauma can help to remove the guilt and shame that is so often associated with trauma. It also increases a person's capacity for self-compassion, and provides a guideline for developing new skills and resources so that new and better adaptations can be developed for the current situation (Elliot et al., 2005)

Symptoms are coping strategies that the client developed in response to traumatic event(s)

“Trauma-informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the individual's safety, choice, and control” through creating “an environment where service users do not experience further traumatization or re-traumatization (events that reflect earlier experiences of powerlessness and loss of control) and where they can make decisions about their treatment needs at a pace that feels safe to them (TIP Guide, British Columbia Centre of Excellence for Women's Health, 2013)

In the Trauma toolkit by Manitoba Trauma-Informed Information & Education Centre (2013), a description of the key principles of trauma-informed practice is provided:

- Acknowledgement – recognizing that trauma is pervasive
- Safety
- Trust
- Choice and control
- Compassion
- Collaboration
- Strengths-based

When systems and organizations are committed to integrating these principles at every level, they should consider the following (Poole, 2013):

- Power and control – whose needs are being served? Are you empowering the client or just making things easier for the service provider/s (e.g., is emphasis being placed on control rather than the comfort of those being served)?
- Doing with and not doing to
- Explaining what, why, and how about every step to the client
- Flexibility
- Understanding and being able to identify fight, flight and freeze responses
- Focusing on strengths, not deficits : avoid problem-laden language and focus on what the client has/does that IS helpful and healthy
- Examining power issues within the organization and promoting democratic principles

Fight-Flight-Freeze (F-F -F) (also called hyperarousal, or the acute stress response) is a physiological reaction that occurs in response to a perceived danger

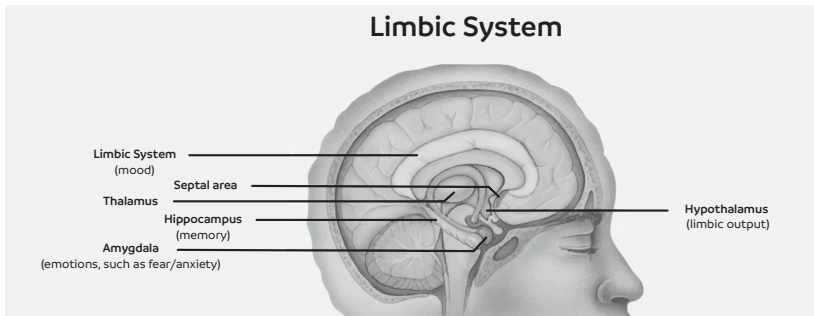
Fight	Flight	Freeze
<ul style="list-style-type: none"> • Crying • Hands in fists, desire to punch, rip • Flexed/tight jaw, grinding teeth, snarl • Fight in eyes, glaring, fight in voice • Desire to stomp, kick, smash with feet • Feelings of anger/rage • Homicidal/suicidal feelings • Knotted stomach/nausea, burning stomach 	<ul style="list-style-type: none"> • Restless legs, feet / numbness in legs • Anxiety/shallow breathing • Big/darting eyes • Leg/foot movement • Fidgety-ness, restlessness, feeling trapped, tense • Sense of running in life-one activity-next • Excessive exercise 	<ul style="list-style-type: none"> • Feeling stuck in some part of body • Feeling cold/frozen, numb, pale skin • Sense of stiffness, heaviness • Holding breath/restricted breathing • Sense of dread, heart pounding • Decreased heart rate

Application to case: Woman who didn't "fight back"

Neurological Effects of Trauma

Neuroscience shows that trauma affects activity in the prefrontal cortex and the limbic system of the brain.

In times of high stress, The Hypothalamic-Pituitary-Adrenal (HPA) axis becomes activated. This causes the brain to direct its resources towards our body's most basic survival activities, such as maintaining heart rate, blood pressure, and muscle tension, and in doing so, processes such as digestion and higher cognitive functions not involved in fight or flight are minimized.

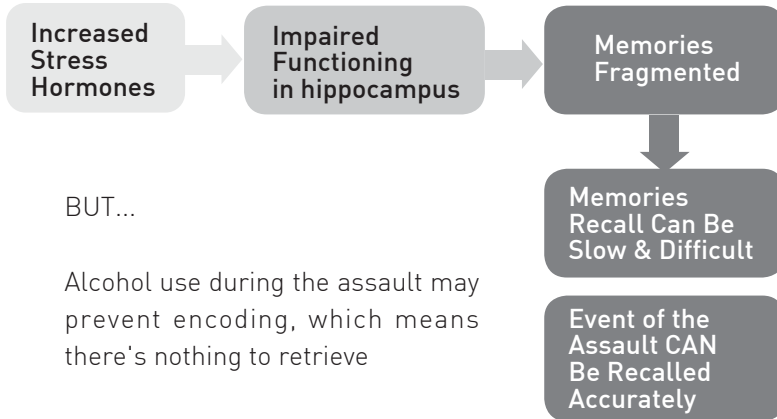


The hippocampus is responsible for encoding and storing contextual information and time sequencing information. When a threat/danger is perceived, the function of the hippocampus becomes impaired so that contextual information (e.g. the colour of the walls) and time sequencing (e.g. whether the attacker ripped off the victim's shirt first, or pinned her to the floor first) is not properly encoded to memory.

When a threat/danger is perceived, the function of the hippocampus becomes impaired so that contextual information (e.g. the colour of the walls) and time sequencing (e.g. whether the attacker ripped off the victim's shirt first, or pinned her to the floor first) is not properly encoded to memory.

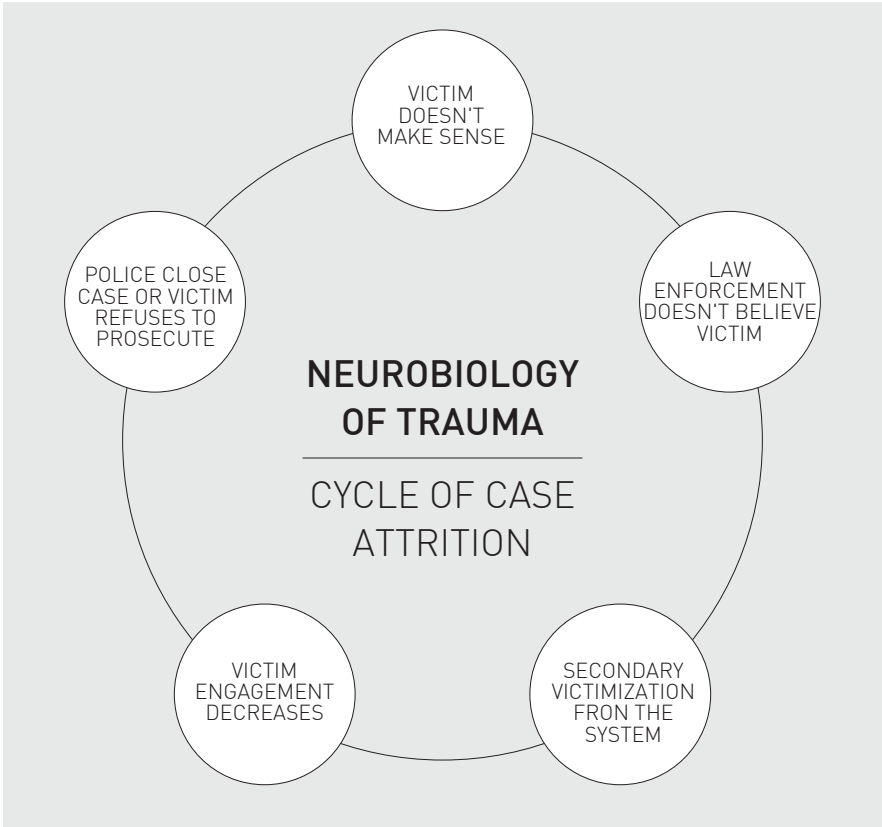
In fact, Hopper & Lisak (2014) cite brain imaging evidence which indicates that fear causes the hippocampus to switch into a “super-encoding” state which causes victims to remember in vivid detail what happened immediately before and after being attacked, but retain very fragmented and incomplete memories of the attack itself.

What Happens During A Sexual Assault



The problem is, traditional investigation techniques would deem that an accurate, logical, cohesive account to be most “reliable” and “true”. When faced with a victim of trauma, however, this traditional model fails. It would assume that an account which is, at first, fragmented, jumbled, and seemingly illogical, to be “unreliable” and/or “false”. Advances in our understanding of brain and trauma reveal the opposite – that inability to recall is, in fact, an indicator that trauma did take place. Unfortunately, many services still operate lacking this knowledge, hence causing secondary trauma to the victim, as shown in the diagram below:

It would be incorrect to assume that an account which is, at first, fragmented, jumbled, and seemingly illogical, to be “unreliable” and/or “false”. Advances in our understanding of brain and trauma reveal the opposite—that inability to recall is, in fact, an indicator that trauma did take place.



Source: National Institute of Justice

A trauma-informed approach richly informs our practice as frontline workers. Based on an understanding of the impact of trauma on brain functioning, we now know that we simply cannot expect a trauma survivor to recall the exact details of the traumatic event, in perfect chronological order. In fact, we should proceed with the understanding that jumbled, fragmented accounts are a normal part of the trauma experience.

Trauma can cause an overproduction of stress hormones that do not return to normal after being activated. The client might present some of the following symptoms:

- Jittery, trembling,
- Exaggerated startle response
- Alarm system in the brain remains “on”
- Difficulty in reading faces and social cues, misinterpreting other people’s behaviour or events as threatening,
- Difficulty sleeping
- Avoiding situations that are perceived as frightening
- Fight, flight, freeze response

What to do if a client presents with such symptoms

- Reduce excessive external stimuli (quiet place, less people,)
- Create safety (physical/psych)
- Warm drink
- Tone of voice

Triggers

A trigger is an event, object, or cue that elicits feelings of anxiety, fear, anger, or other types of distress. Triggers are not inherently dangerous, but remind survivors of their traumatic experiences.

The amygdala (old brain) recognizes the similarity and – not realizing that the danger is over – produces a surge of anxiety which activates the fight or flight response.

A trigger may seem innocuous and un-dangerous to others, but it has significance to the client (e.g. The sight of a vase of pink flowers on the reception desk of a clinic waiting room may cause a survivor to be flooded with the memory of her own sexual assault because the man who raped her gave her pink flowers when he met her on the day of the incident. The sight of pink flowers triggered the emotional and physical response of the original trauma)

Negative affective states (e.g., fear, shame, rage, numbing, dissociation) and physical sensations (e.g., muscle tension, increased heart rate, rapid breathing) paired with the sensory cues are easily activated even in seemingly non-threatening environments.

Detachment is a common defense mechanism that survivors may use protect or 'numb' themselves to the emotional or physical pain brought on by the event or the memory of the event.

In some cases, the detachment is so extreme as to be considered dissociation, where one's awareness literally "separates" or "dies-associates" from the body, so that a survivor might recount what occurred during an assault as though she were watching it from outside of the body.

Often, survivors will say something like:

- "When I think about what happened, it's like I am watching it from the outside."
- "I feel like I'm in a daze"
- "Nothing feels real"
- "I don't feel real"

The most extreme form of dissociation is amnesia, when the person is unable to recall all or part of a traumatic event. Amnesia may last for a short time or, sometimes in the case of ongoing abuse, for years. It is another coping mechanism that allows one to psychologically survive the horror of sexual violence.

If you notice that the client has gone into a dissociative state (e.g., "checking out," looking dazed, not responding to questions)

DO NOT touch the client to get her attention. Any unexpected touch can have a startling effect on her and may cause a panic response

You should:

- Call the client’s name, several times, if necessary
- If there is no response, then try saying, “I’m going to put my hand on your arm, is that okay?”
- Usually, such an announcement preceding a gentle touch will bring the person back to the “here and now.”

Below are some examples of what the traditional approach might look like, as compared to the trauma-informed approach

	Traditional approach	Trauma-informed approach
Practitioner’s approach	What is wrong with you? Focus on the problems associated the client	What happened to you? Focus on strengths of the client
Interventions	Aim to maintain order and control	Aim to create physical and psychological safety
Practitioner working style	Strictly adhere to plans and processes	Allows flexibility; able to pause, stop, or change direction according to client’s needs
Power & Control	Doing to – making choices for the client; or going through processes without explaining them to the client	Doing with - giving the client choices; explaining why and how at each stage

<p>Response to seemingly bizarre or uncooperative attitudes and behaviours</p>	<p>Assumes client is being noncompliant or difficult</p>	<p>Understand these might be a legitimate response to a trigger, or coping strategies that the client developed in response to trauma →focus on resilience and strengths</p>
<p>Response to avoidant behaviours e.g. refuse to talk about what happened, or escaping when something reminds them</p>	<p>Assumes client is being stubborn, difficult</p>	<p>Understands that these are coping strategies that the client developed in response to trauma → work on building safety and trust</p>
<p>Response to extreme emotional / physiological arousal, states of confusion/disorientation in the absence of “real” danger</p>	<p>Assumes client is going crazy, having a breakdown etc.</p>	<p>Understands that this could be an F-F-F response to a trigger →focus on helping the client to feel safe (e.g. sensory modulation, adjusting the physical environment)</p>

<p>Client is unable to remember; inconsistencies, gaps, and chronological disorder in his/her story</p>	<p>Assumes the client is unreliable / “making up” the story / untruthful / trying to “cover up” something etc.</p>	<p>Understands that such symptoms are normal, and an indicator of serious trauma</p>
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References

- British Columbia centre of excellence for women’s health (2013) Trauma Informed Practice Guide
- Elliot, E.E., Bjelajac, P., Fallot, R., Markoff, L.S. & Glover Reed, B., (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33, 462-477.
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- Manitoba Trauma-Informed Information & Education Centre (2013) The Trauma Informed Toolkit, 2nd edition
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5.3 Risk Assessment

“Robust assessment of risk and need is one of the cornerstones of high quality social work, delivery of effective services and good outcomes for [clients]” (Rotherham Local Safeguarding Children Board Procedures Manual, 2013)

Risk assessment is crucial to determining the “what, when, and how” of a frontline worker’s response to a client’s needs in relation to safety, intervention, and protection.

Research indicates that frontline workers tend to underestimate domestic abuse across all areas of practice.

Risk is the possibility that an event will occur that results in harm to a person, or others with whom that person comes into contact

Risk factors are those things that are identified in the client’s circumstances or environment that might constitute a risk.

The more risk factors present (or the more serious one single factor is), the greater the risk of harm

As frontline workers, our aim should be to:

- Reduce risk and increase client safety
- Empower clients
- Understand and emphasise a client’s strengths
- Know what has worked or not worked in the past and understand why
- Be positive about potential risks
- Develop a trusting working relationship
- Work in partnership with clients to develop a plan of steps/actions which reduce risk (safety plan)

- Make decisions based on all the choices available, and accurate information

Realistically, risks cannot always be totally eliminated (no situation considered entirely risk free), but they can be managed and reduced.

It should also be noted that risk is not static; it is on a continuum, and changes with time and evolving circumstances.

Risk assessments help us to understand risk ONLY at a given point in time, and with the information that we have at that stage. Further information will demand a re-assessment and corresponding adjustment of the safety plan.

Aim of the risk assessment:

- To help front line workers identify high risk cases of GBV (domestic abuse, sexual violence, stalking and 'honour'-based violence)
- To decide which cases should be referred to specialist services, and what other support might be required
- To provide an active record that can be referred to for future case management
- To offer a common tool to agencies and provide a shared understanding of risk in relation to GBV

How to use the risk assessment:

- Please ask ALL of the questions on the form
- Make sure you have read and understand every part of the form yourself first, before you work with your first client so that you feel confident about the relevance and implications of each question
- Equip yourself with knowledge about the safety planning measures you can offer and put into place. Be familiar with local resources to refer your client to.

When to use the risk assessment:

You should use the risk assessment with every client disclosing current abuse to you, or if you suspect any possibility of abuse.

“Current” abuse refers to:

- Various types of abuse (including psychological, financial, sexual, and physical abuse)
- The abuse has taken place within the last three months.
- The risk assessment should be completed on your first contact with the client.
- Do not obtain information from other family members without the express permission of your client. In certain situations, doing so could make the situation more dangerous for your client

Language Issues:

If your client’s first language is not the primary language/s in which you communicate, you should ask if s/he would like an interpreter. Please check with the interpretation agency that the interpreter has the capacity to comfortably handle hearing about, and using, vocabulary necessary to interpret acts of sexual violence.

Your client’s family members or friends should not be used as interpreters; this poses a potential safety risk, as well as infringing on the privacy and confidentiality of your client.

Simultaneous, telephone interpretation is a good option as this means that your client’s face will not be seen by the interpreter (who may be a member of the same, small community group).

Before using this form:

Explain the purpose of this form. **Reassure your client that it will not be passed on to any third parties without her written permission.** It is a document that is useful for keeping accurate information of what is happening, and if your client chooses at a later point to report, this will be a helpful record to submit as evidence to support her case.

References

CAADA (2010) DASH Risk Identification Checklist

Safe Lives (2014). Dash risk checklist for the identification of high risk cases of domestic abuse, stalking and 'honour'-based violence

Rotherham Metropolitan Borough Council (2013) A Model for Risk Assessment, retrieved from http://rotherhamcyp.proceduresonline.com/chapters/p_mod_risk_ass.html

5.3.1 RainLily Risk Assessment

Instructions:

- Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.
- Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.
- It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column
- Please note that the 'don't know' option is included where the victim does not know the answer to a specific question. It should be used when ticking 'no' would give a misleadingly low risk level.
- Someone is a victim of 'current' abuse where there has been any form of domestic abuse (including psychological, financial, sexual and physical abuse) occurring within the last three months. However this is not an absolute; risk can change and each client's situation will differ.
- This assessment will not easily apply to historical abuse cases, i.e. if most of the abuse has ceased and the client is in need of general support not crisis service

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.		Yes (tick)	No	Don't Know	Comments
1	Has the current incident resulted in injury? (Please state what and whether this is the first injury.)				
2	Has the perpetrator contacted you since the assault?				
3	What are you afraid of? Is it further injury or violence? (Please give an indication of what you think abuser(s) might do and to whom, including children). Comment:				
4	Do you feel isolated from family/friends i.e. does abuser(s) try to stop you from seeing friends/family/doctor or others? Comment:				
5.	Are you feeling depressed?				
6	Have you had any thoughts of hurting yourself or had any suicidal thoughts?				
7	Have you increased use of alcohol / drugs (prescribed or non-prescribed) since the abuse?				

8	Have you thought about, or acted on, an urge to cut or otherwise hurt yourself?				
9.	Does abuser repeatedly text, call, contact, follow, stalk or harass you or your family? (Do you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)				
10.	Do you have any social media accounts (e.g., Facebook, Google+, Twitter, Linked In, etc.)? Are you "friends" with the perpetrator?				
11.	Has the perpetrator or the perpetrator's friends or family contacted you?				
12	Has the perpetrator or the perpetrator's friends or family posted anything about you online? (What was posted? Is the post still online?)				
13	Are you pregnant or have you recently had a baby (within the last 18 months)?				
14	Does the abuser know where you live/work/go to school?				
15	Does the abuser have access to your home?				

16	Is the abuser a classmate/co-worker, or person in authority at your school/workplace? (e.g. teacher / boss)				
Questions 18-22 For intimate partner violence cases only					
17	Is the abuse happening more often?				
18	Is the abuse getting worse?				
19	Does abuser try to control everything you do and/or are they excessively jealous? (e.g. telling you what to wear, who you can see. Consider 'honour'-based violence and specify behaviour.)				
20	Have you separated or tried to separate from abuser(s) within the past year?				
21	Is there conflict over child contact?				
22	Has abuser ever used weapons or objects to hurt you?				
23	Has abuser ever threatened to kill you or someone else? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>				
24	Has abuser ever attempted to strangle/choke/suffocate/drown you?				
25	Does abuser do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)				

26	Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)				
27	Do you know if abuser has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Other family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>				
28	Has abuser ever mistreated an animal or the family pet?				
29	Are there any financial issues? E.g. are you dependent on abuser for money/have they recently lost their job/other financial issues?				
30	Has abuser had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>				

31	Has abuser ever threatened or attempted suicide?				
32	Has abuser ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.) Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Other <input type="checkbox"/>				
33	Do you know if abuser has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>				
Total 'yes' responses					
	No-intimate partner case:		Intimate partner case:		
	High/urgent (10 or more "yes")		High/urgent (13 or more "yes")		
	Moderate/elevated (3-9 "yes")		Moderate/elevated (5-12 "yes")		
	Low/routine (0-2 "yes")		Low/routine (0-4 "yes")		

For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, 'honour'- based systems and minimisation. Are they willing to engage with your service? Describe:

Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:

What are the victim's greatest priorities to address their safety?

Do you believe that there are reasonable grounds for referring this case to [Police/Medical/Shelter/Legal] (please indicate) services? Yes / No

If yes, have you made a referral? Yes /No

Signed: _____ Date: _____

If yes, please obtain written consent from your client to pass their name and safe contact details on to the relevant service provider/s.

'I hereby openly consent to grant my permission for information relating to incidents of sexual/domestic abuse, in which I was involved, to be provided with my details to the [police/hospital/shelter/lawyer/other: _____]

Signed: _____ Date: _____

Do you believe that there are risks facing the children in the family? Yes / No

If yes, please confirm if you have made a referral to safeguard the children:

Yes / No

Date referral made

Signed: _____ Date: _____

Name: _____

Adapted from Safe Lives Risk Checklist for the identification of high risk cases of domestic abuse, stalking, and "honour"-base violence

5.3.2 PERSONALIZED SAFETY PLAN – for IPV and GBV cases

You may be able to call on friends and/or family; make sure these contacts are safe, and will not pass on information about your plan and/or whereabouts. Sometimes the safest people may be those who do not know you or your abuser.

Counselor/support group contact:

Phone: _____

Shelter/crisis support: _____

Phone: _____

Doctor/health care provider: _____

Phone: _____

Other: _____

Phone: _____

Phone: _____

Phone: _____

- If I leave my home, I can go to (list places):

1. _____

2. _____

3. _____

- If I leave, I will bring:

- ✓ Identification (HKID, passports)
- ✓ Birth certificates for me and my children
- ✓ Money, bankbooks, credit cards
- ✓ Keys - house/car/office
- ✓ Driver's license
- ✓ Medications
- ✓ Change of clothes for me and my children
- ✓ Basic toiletries
- ✓ Lease/rental agreement, house deed
- ✓ Address book
- ✓ Children's favourite toys and/or blankets

- I can use some or all of the following safety strategies:

- A I will leave money an extra set of keys with _____ so that I can leave quickly.
- B I will keep copies of important documents or an extra set of keys and some money at _____
- C I can leave extra clothes with _____.
- D If possible, open my own bank account by _____ (date) , or leave money with _____
- E I can tell _____ about the violence and request that they call the police if they hear suspicious noises coming from my home.
- F I can keep coins for phone calls on me at all times. I understand that if I use my telephone/cell phone, the phone bill will let my (ex)partner know which calls I have made. To keep my telephone communications confidential, I must either use coins to use a public telephone, or I can get a friend to let me use their phone
- G I will check with _____ and _____ to see who would be able to let me stay with them or lend me some money in case of an emergency.
- H I will review my safety plan every _____ in order to plan the safest way to leave the residence.
- I I will rehearse my escape plan and, as appropriate, practice this with my children.
- J I will use _____ as my code with my children or my friends so they can call for help.
- K I can also teach some of these strategies to some or all of my children.

Safety Tips

If an argument seems unavoidable, move to a room or area with easy access to an exit, NOT a bathroom, kitchen, or anywhere near weapons.

- Identify which door, window, stairwell or elevator offers the quickest way out of the home and practice your route.
- Have a bag packed and ready. Keep it in a secret but accessible place where you can retrieve it quickly.
- Computers can store a lot of private information about websites, emails, instant messages, calls you make, etc
- If possible, use a computer your abuser does not have access to (e.g. computers in public library or a friend's computer) when searching or reaching out for help
- Text messages and cell phone calls may be logged into your mobile phone bill. Avoid using personal phones for safety planning, if possible.

If you have kids:

Teach your children when and how to call 999.

- Instruct them to leave the home if possible when things begin to escalate, and where they can go.
- Come up with a code word that you can say when they need to leave the home in case of an emergency — make sure that they know not to tell others what the secret word means.
- In the house: Identify a room they can go to when they're afraid and something they can think about when they're scared.
- Instruct them to stay out of the kitchen, bathroom and other areas where there are items that could be used as weapons.
- Teach them that although they want to protect their parent that they should never intervene.

Suggestions for increasing safety when relationship is over:

- change the locks
- install steel/metal gate
- a security system
- smoke detectors
- outside lighting system.

- I will inform _____ and _____ that my partner no longer lives with me and ask them to call the police if s/he is observed near my home or my children.
- I will tell people who take care of my children (e.g. school) the names of those who have permission to pick them up. The people who have permission are:
 1. _____
 2. _____
 3. _____
- I can tell _____ at work about my situation and ask _____ to screen my calls. (If possible, provide a photograph of your abuser to building security)

You may want to vary your daily routines so that your abuser can't easily find you.

- I can vary my routes to and from work and arrange for someone to escort me to the bus, or MTR
- I can avoid stores, banks, and _____ that I used to go when I was with my abusive partner.
- I can obtain a protective order from court. I can keep it on or near me at all times as well as leave a copy with _____.
- If I feel down and want to return to a potentially abusive situation, I can call _____ for support or attend workshops and support groups to gain support and strengthen my relationships with other people.

5.4 Display of information and the use of appropriate language

Key elements of producing culturally-relevant resources

- Combine religious and medical (and/or other professional) information to educate communities, highlighting that this information is not mutually exclusive
- Place resources within the everyday spaces of communities – for example, faith-spaces, schools, doctors clinics, and community centres
- Have members of your target communities inputting into each stage of your resource, such as the research, production and the dissemination of resources:
 - create materials through dialogue with community members to ensure that your end product is relatable to the intended audience
 - ask members of your target community what media they think would be best to promote your messages
 - gain understandings about community spaces and the ways they are used from community members
 - involve communities by making them vehicles for dissemination of the key messages.
- Frame jargon (specialised or technical terms) and “Western” terms in words that your target community understands

Case Study: Talking From The Heart

Talking From The Heart is a Maslaha resource combining medical and faith advice in order to explore mental health and provide support to Somali, Pakistani and Bangladeshi communities in the U.K., as well as practitioners who may not know how best to engage and support these communities. The resource consists of short films in Somali, Urdu, Bengali and Sylheti, which include interviews with imams, health practitioners and community leaders.

Stage 1: Research – go out to collect opinions from members of the target community

*Maslaha’s initial research with community groups found that there was:

1. A lack of understanding of what is meant by “mental health”, “depression” and “anxiety”, and other words and frameworks used by English-speaking practitioners.
2. A lack of understanding that two systems of belief are not necessarily mutually exclusive, and that “Western” support could also be of appropriate help.

Stage 2: Form a Core Working Group

Maslaha then brought together health practitioners, a psychotherapist, local NGOs, imams and Islamic scholars to discuss mental health.

Conversations led to the following points:

- Islam is inherently equipped to deal with social issues – it does not need to be separated from other methods of treatment. Rather, it should be combined.
- Not intercepting cases early – and therefore, not providing effective primary support – is leading to escalation, and much greater cost to the individual, to the individual’s network of family and friends, to the social services, and greater economic cost to the government
- Many service users do not understand processes in place when seeking support, such as confidentiality.

¹ www.talkingfromtheheart.org

* Maslaha is a UK-based organisation which aims to tackle inequalities in social issues such as health, education, the criminal justice system, and gender equality. See www.maslaha.org for more information.

- A lack of resources means that service providers, as well as communities, are limited in what they can provide. The few resources that exist are usually written leaflets, often in English or languages spoken by the community, but aren't necessarily very effective.
- Language is very important: not only the literal language, but taking care over what words are used, who they are spoken by, in what manner, and whether they are spoken or written (especially given that community languages can be spoken dialects rather than written scripts, and that some people may not be literate).

Stage 3: Resource development

Medium

Based on the findings from the research stage, it was determined that resource needed to be:

- **Visual** (to enable to resource to incorporate images, colours and designs that would resonate with specific communities)
- **Spoken** (as mentioned above, community languages are often spoken dialects rather than written scripts, and spoken language in a medium such as a short film is often more engaging than written script in a leaflet)
- **Physical** (Maslaha wanted something that a GP could give to a patient; taking into account a GP's workload, something physical is easier to distribute to provide better support)

Maslaha decided to create short films on a DVD, as well as a website including the films, further information and links to support services.

Content

The content was designed to address frequently occurring concerns, by presenting how each perspective (e.g. imam, psychotherapist, doctor etc.) complements each other.

The main topics that we identified included:

- “My faith is weak, and I am a bad Muslim if I feel low”
- “Western treatment like therapy isn’t right for me”
- “I will bring shame to myself, my family, and my community”

Content and presentation of resource

The content and presentation of the Talking From The Heart resources have resonated practically, emotionally and intellectually with both patients and practitioners.

Action points to consider when creating resources:

- The process of creating your resource can be extremely useful in connecting the groups you are working with, with each other. Maslaha found that in the process of creating the films, partnerships between patients and practitioners were built
- Involve community members in all stages of the process, such as appearing in the film itself, writing scripts, and ensuring the language used was relevant and not too technical.
- Ensure the professional and religious advice in your resource has been fact-checked, and that it resonates with genuine community concerns.
- Use cultural references that resonate with the communities you are working with. Talking From The Heart included music from Maryam Mursul, a Somali singer. This creative element made the resource more relevant to Somali patients, and appealed to them on an emotional level.
- Select your core working group carefully: ensure those you are working with are sensitive to the social issues being addressed,

and can make the communities you are working with feel comfortable.

- If creating films as resources, they should not be too long, and they should be separated into concise sections that address particular themes or problems.

Common mistakes to avoid (language and culture):

- It can be easy to make assumptions about the communities you are working with. For example, it is often sometimes assumed that all Muslim communities can read Arabic —this is not the case. It is also often assumed that someone of Pakistani heritage will be able to read Urdu — in actual fact, they may largely speak Punjabi. Charities often print material in languages without checking to find out if they are pertinent to the communities they are trying to reach.
- Be aware of cultural sensitivities. There are some terms or images that may be frowned upon or misunderstood in certain cultures.
- Remember that victims will often not use the words “forced marriage” or “honour-based violence” to describe their situation. Find out from members of the community which words would be easier for the target audience to relate to



Fadumo Omar Mohammed, Somali psychotherapist, in a role-play therapy session (from Talking From The Heart)

5.5 Recording Case Information

Research has shown that record-keeping practices have an impact on client outcomes such that poor case notes can result in poor decision-making and adverse client outcomes (Australian Association of Social Workers, 2015).

Dos and Don'ts

DO...

- ✓ Maintain confidentiality: let the survivor be in control over who learns of his/her story. Don't share it without the survivor's permission
- ✓ Validate the survivor's feelings. Let him/her know they make sense & have a right to feel that way
- ✓ "I believe you." Believe what the survivor tells you, and let him/her know he/she are believed
- ✓ "It wasn't your fault." The survivor may be blaming herself. Let him/her know that nobody "deserves" to be sexually assaulted
- ✓ Offer options and resources for support, but let the survivor make their own decisions. Ask, "What do you want to see happen?"
- ✓ Support the decisions the survivor makes about reporting and not reporting
- ✓ Talk about the importance of getting medical attention around possible pregnancy, sexually transmitted infections and physical trauma or injuries. Be supportive about these decisions
- ✓ Remind the survivor that it does not matter if they did not specifically say "no." What matters is that they did not give consent
- ✓ Reassure the survivor that what they did at the time to survive was right for them
- ✓ Be patient. Recovery from sexual violence can take a long time

- ✓ Take care of yourself by getting support for yourself when you need it
- ✓ Help the survivor build a strong support network, including sharing information with her about community resources.
- ✓ Store records securely (in a locked cabinet or electronic access with passwords), and should be accessible only to the professionals responsible for the provision of a service or support.

DON'T

- x Never ask "why" or otherwise judgmental questions that may imply you are blaming the survivor
- x Do not interrogate the survivor or ask questions about the details of the incident unless the information volunteered by the survivor
- x Do not push or make decisions for the client about reporting to the police

If your client discloses GBV to you...

Some basic information about the assault incident(s) can be recorded as you could be the first complainant (first person that the client has told), and may be later required to give evidence in court.

Here are 4 pieces of information you should record:

WHAT The type of offence that took place	WHERE The location where the offence took place
WHEN The date and time that the offence took place	WHO Who was the perpetrator?

Information should be:

- Factual
- Objective (no values judgments; avoid words like “good/bad”, “right/wrong”)
- Relevant
- Clear
- Accurate

Explain to your client WHY are recording this information (i.e. it can be used as evidence to help her, in case she later decides to report to the police).

Note: It is NOT advised to get a detailed account of the incident from your client as the police will do so later. Any details which do not match between your recollection and the official police statement may be used to weaken the case in court.

If the client believes that she is still in danger, or that the abuse might continue:

1. Carry out a risk assessment
2. Help the client to formulate a safety plan
3. Document actions/interventions that are taken
4. E-mail, phone and text messages from clients that are relevant to the case/provision of a service should be also be documented

REFER your client for further support from specialist support services, such as RainLily, Harmony House, or Hospital A&E

Australian Association of Social Workers (2015) Information Management: Social work records, records ownership and access. Retrieved from <https://www.aasw.asn.au/document/item/4680>

Chapter 6

Collaborating with community

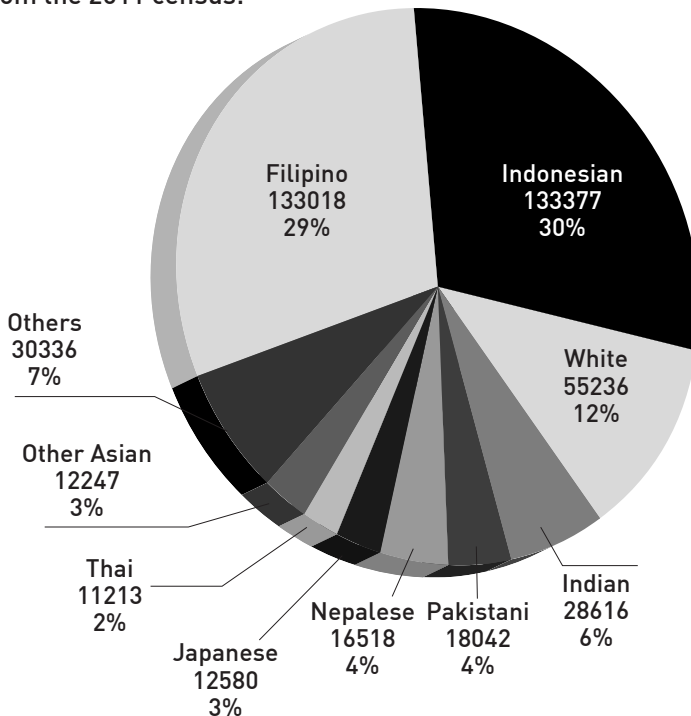
6.1 The changing demographic of migrant communities – issues to anticipate

POPULATION DEMOGRAPHIC IN HONG KONG

Hong Kong has a population of approximately 7.4 million people. 91% of this population is reported to be of Chinese descent.

Country of Origin	Population
Mainland China	879,0001
Philippines	180,780
Indonesia	165,750
India	30,8702

Statistics about the demographics of ethnic minority communities from the 2011 census:



As part of the One Way Permit (OWP) Scheme putting controls on immigration, a quota system was developed in 1982 for the number of immigrants that Hong Kong would accept. As of 1995, the quota of immigrants that Hong Kong would accept is **150 people per day**, or 50,000 per year. After reunification in 1997, **40% of that number was allocated to Mainland Chinese children.** ³

The majority of Hong Kong's non-Chinese Muslim migrants are Indonesian. In 2014 **93% of Indonesians in Hong Kong were women.**

HONG KONG & FOREIGN DOMESTIC WORKERS

57% of Hong Kong's ethnic minority population are foreign domestic workers.⁴ While Hong Kong has laws in place to attract and protect foreign high-skilled immigration, these mainly exclude foreign domestic workers, leaving them vulnerable to exploitation.

SETTLED ETHNIC MINORITY COMMUNITIES

Studies have shown that ethnic minority communities with permanent residence status continue to experience different levels of discrimination in everyday life.¹

These include:

FINANCIAL SERVICES

- Some were refused by banks to open up accounts, despite providing all the necessary documentation.
- Some were asked for passports from their countries of origin despite documentation of permanent residency.
- Most respondents were denied credit cards despite having accounts with the bank in question.

HOUSING

- Property agencies would ask ethnic minorities to leave, stating that property owners would not want to rent to them.
- Property owners agreed to renting their properties to ethnic minorities over the phone, but would go back on this agreement once they met them.

Possible impact on EM women with or without permanent residency:

Facing discrimination by key services, in seeking accommodation or looking to open a bank account, can lead to **isolation** and **dependence** on an abusive partner or employer.

Racial & ethnic discrimination faced by settled South Asian communities

Studies and surveys have shown that in general, people from South Asian communities (from countries such as India and Pakistan) with permanent residency felt as though Hong Kong is their home, where they have secure lives. ²

Yet discrimination still plays a great part in the lives of EM communities in Hong Kong – which has a considerable impact on women being empowered to live independent lives and seek help and support when they need it. This discrimination includes:

- **Education:** it is commonly acknowledged that inadequate teaching in learning Chinese is provided in schools for non-native speakers – this has an impact on continuing to higher education and obtaining employment.

1 'Study on Discrimination Against Ethnic Minorities in the Provision of Goods, Services and Facilities, and Disposal and Management of Premises', Mercado Solutions Associates Ltd. (2016)

2 'Study on Racial Encounters and Discrimination Experienced by South Asians', Centre for Civil Society and Governance The University of Hong Kong and Policy 21 Limited (2012)

- **Employment:** within the work place South Asian adults attested to experiencing worse treatment than their Chinese colleagues, but often being unaware of their rights or too worried to make a complaint.³
- **Lack of awareness** around Muslim cultural practices such as praying and fasting⁴, which can create barriers to understanding and communication when women are seeking support from mainstream services.
- **Policy-making:**
 - A lack of Muslim women’s participation in the policy-making process: of the 45 non-officials appointed to CPRH (Committee on Promotion of Racial Harmony) from 2002, only 2 were Muslim women.
 - It has been suggested that this results in policies directed at women from ethnic minority backgrounds but without their input, making resultant guidance irrelevant or even damaging.

The impact of all these factors for the majority population of Muslim women from South Asian communities is again, isolation.

This is important because: “Social exclusion not only increases the prevalence of Gender Based Violence (GBV) to minority women, but also negatively influences the help-seeking behaviour and services available for minority women experiencing GBV.”⁵

Tackling barriers at an education and employment level could be an important step to ensuring more women from EM communities to progress and have their voices reflected at a policy level.

3 ‘Study on Racial Encounters and Discrimination Experienced by South Asians’, Centre for Civil Society and Governance The University of Hong Kong and Policy 21 Limited (2012)

4 ‘Study on Racial Encounters and Discrimination Experienced by South Asians’, Centre for Civil Society and Governance The University of Hong Kong and Policy 21 Limited (2012)

5 Baig, ‘The power to change’, p. 208.

Strategies to work towards overcoming these barriers could include:

- Community education – working to demystify stereotypes about particular migrant communities or religious groups.
- Providing platforms for young advocates from EM communities to share their stories and act as role models for other women in their communities, while also challenging stereotypes among wider populations.
- Individual organisations taking the responsibility to uphold government policies such as HSKAR government policy on race relations and HSKAR government integration policy and apply this guidance practically – then sharing this insight with other organisations.
- Organisations working collaboratively across sectors: for example social work, education, NGO, faith groups, academic, governmental to share insight and ensure that as much insight as possible is being accounted for.

Issues to anticipate

Today, many of Hong Kong's EM communities are now in their third or fourth generations. Grandparents, parents and current generation young people have been born, educated and work in Hong Kong. These third or fourth generation migrants are fluent in Chinese and consider Hong Kong home.

Despite this like in many other countries, a lot of Hong Kong locals would not consider these populations as 'true' locals, in the same way that they perceive themselves as locals.

This is problematic and can lead to disenfranchisement when young people who consider a place 'home,' speak Chinese as their native language, and don't know any other context, are made to constantly feel like 'the other.'

Given the fact that Hong Kong has established EM communities – it is important for social workers to remember that the needs of new arrivals, and first generation migrants can be very different to those of established EM communities from the same place.

RainLily's We Stand Project research study with The Chinese University of HK (2017) revealed that the perspectives on GBV of EM girls who have been born in and/or schooled in HK are more closely aligned with those of Chinese ethnic locals. It was also highlighted in this study that the impact of the interplay and blending of cultural, religious and socio-economic factors continues to evolve, and hence more efforts need to be focused on gender and sex education for young EM people, and workers need to adopt an open and flexible mindset toward their ever-evolving attitudes and perceptions about these issues.

It is also important to avoid making conclusions about a person's background or experiences based on where they might be perceived to have come from due to appearance or name.

Assuming that the needs of these communities are the same will lead to inequalities in education and employment as well as complicated barriers in accessing and benefiting from services. This is demonstrated in the following case study.

Case study: Roma communities in the UK

Studies⁶ have found that a distinctive approach is needed when working with pupils from the new migrant Roma communities from that already in place for the indigenous British Gypsy Roma Traveller (GRT) populations, in order to truly meet the needs of these communities.

6 British Council, Improving education outcomes for pupils from the new Roma communities, EAL Nexus Research (2016)

There have been large indigenous **British Gypsy Roma Traveller (GRT)** populations in the United Kingdom for more than 500 years. In the ten years following the enlargement of the European Union there has been a movement of people from several of the new member countries to the UK. They hold passports which state their nationality as Slovak, Czech, Hungarian, Polish, and Romanian etc. However, many also consider their primary identity to be Roma and can be referred to **'the new migrant Roma communities.'** The issue is that these two very distinct groups are often conflated without recognising the very distinct culture and historical differences between these communities, as well as the considerable diversity within these two groups.

Failure to acknowledge the distinct needs of new migrant Roma communities has contributed to the current situation in the UK where they are the lowest achieving group nationally in education.⁷

Good strategies to tackle this inequality have included:

- Tackling discrimination – Roma communities have experienced a long history of persecution and continue to experience discrimination and high social inequalities across Europe. This fear of discrimination has meant that when families arrive in the UK “they often believe that if they conceal their Roma ethnicity and adopt the identity of their passports they will not be discriminated against.” Ascribing identity under broad bands such as ‘Other White European’ has meant that appropriate interventions or support is unable to be given. Building up trust with these communities and tackling misconceptions in ‘official settings’ such as schools, has helped more parents feel willing to encourage their children to identify as Roma. This has allowed more appropriate support to be given.

⁷ Strategies drawn from British Council, Improving education outcomes for pupils from the new Roma communities, EAL Nexus Research (2016)

- Working closely with Roma heritage workers and Roma support officers to allow for trusting relationships to be built up with families.
- Educating staff and sector workers on the difference between indigenous GRT communities in the UK and new migrant Roma communities.
- Ensuring that translators who speak the language of the country the new migrant Roma communities have come from – for example Poland or Slovakia - understand, and are sympathetic to, the complex social issues facing these communities.⁸

While this is a very specific example, it is a good indicator of the subtle differences between communities that can be easily overlooked in service provision. The strategies employed to better engage with these communities, and cater appropriately to their needs, could be relevant to certain migrant communities in Hong Kong.

⁸ Strategies drawn from British Council, Improving education outcomes for pupils from the new Roma communities, EAL Nexus Research (2016)

6.2 Empowering communities by supporting existing community assets: Maslaha case study and discussion

When seeking solutions to social issues, service providers often fail to recognise the importance of the target group themselves as valuable assets. In fact, their voices and input are vital in creating real and effective social change.

For example, Sahra, a Pakistani mother who does not feel confident because she speaks minimal English, and cannot communicate in Chinese. Although Sahra faces language barriers, this same woman will also be an expert on how depression may affect other Pakistani women, and what type of support services are needed. She may also have developed her own strategies to deal with male violence which take into account the lived realities of women in her community. Sahra may not realise that she can offer invaluable contributions to generate effective solutions to social issues, such as:

- Access to, and connection with, hard-to-reach community members e.g. other housewives who do not use other community or social welfare services
 - Being a face who is easier for peers to identify with and engage with
 - Language skills
- A key role of service providers is to facilitate community members like Sahra to recognise and utilise the skills and knowledge about her community that she possesses, and to draw upon these assets to develop and implement programmes
 - Collaboration is crucial when working with communities. If it is understood that everyone is rallying together around a need, then people will be more willing to take ownership over the project and help to make sure it becomes a lasting success.

Below are case studies from Maslaha's projects which illustrate the expertise that exists in communities and community organisations. These examples also focus on approaches to working with smaller organisations and making the most of their knowledge.

1. Talking From the Heart – tackling depression & anxiety

Midaye is a women's organisation in west London, largely led by Somali women, who work and focus largely on health and education amongst ethnic minority communities. Midaye works with local communities, and relies on a big team of volunteers.

However, their knowledge and connection to local communities was invaluable.

Maslaha had difficulty finding a Somali-speaking lady who would appear in a film about mental health that they wanted to produce as part of the community mental health resources.

It was through Maslaha's partnership with Midaye that 'Aisha,' (this is not her real name), a lady who attends the Midaye health information sessions and a mental health service user herself, volunteered to appear in the role-play. She chose to be filmed openly, as she thought it was important these issues are not hidden. Most importantly, she has since received extremely positive feedback from the rest of the women's group and her local community for taking part. This is a huge step forward considering the stigma and fear of rejection which can exist around depression.

The relationship with Midaye was based on trust and a mutual recognition of what each person brought to the project.

2. All We Are – www.allweare.org.uk - tackling the root causes of offending and re-offending among young men

The Mile End Community Project (MCP), have worked regularly in East London with young people since 1995. MCP was started by a group of young Bangladeshi men living in the area with strong relationships to other local young people and their families. The focus of their outreach work has largely been with local Bangladeshi men, and they increasingly use film and photography as part of their work

The important role that community groups can play in preventing offending is well documented. However, many of these small groups are unaware of any support that exists for them and continue to function in a way that is unsustainable financially. They tend to be largely run by volunteers, and receive small amounts of grant funding every year. The strength of such groups lies in their strong links to their communities, and will be a point of contact for families to help them deal with a wide range of problems.

Oftentimes, the goals of large resource-rich organisations and smaller community organisations are the same. However, there may be a communication gulf between them which prevents collaboration. Your organization may find itself in the role of bridging the gap between large organisations and smaller groups like MCP, and useful points to remember include:

- Acknowledging the different types of expertise that exists in smaller community groups. This expertise can be varied, but may include understanding the nuances of a culture or sub-culture within a community
- Remembering smaller groups do not have the formal organizational structures in place and may seem chaotic. This does not mean that they are not getting work done, it is just being carried out in a different way

- Give public recognition of the partnership with smaller groups, as this will help build trust and a longer-term relationship. It may also help the smaller group to win additional funding
- Assist small groups to develop a strategic document with a clear vision and goals, which will help them to raise funds.
- Introduce them to a wider network through events such as conferences, seminars, and task forces

Identifying expertise in community-based organisations

Recognising expertise in smaller community organisations helps to build trust, boost morale within community organisations, and creates an equal working partnership (i.e. one partner is not seen as more of an expert).

Points to consider:

- Some expertise is not always easily recognisable. While some professional expertise, e.g. that of a healthcare professional, is valued, other areas of expertise have not been formally recognised. For instance, smaller organisations may not realise they have research skills or workshop facilitation skills. It is useful to point these out — these areas of expertise can be overlooked by those used to utilising those skills in their everyday work, and recognition helps to build the confidence of smaller organisations. These unrecognised skills can then be refined.
- The geographical focus of a community organisation can be small, which has its benefits, but widening the area an organisation like Midaye works in can help to create more opportunities in terms of partnerships and funding.

Multi-agency collaboration

A diverse and large network of partnerships can help smaller organisations to have a wider reach, and have their work recognised.

Points to consider:

- Members of MCP enjoyed using film, photography and other creative elements in their projects. Introductions to larger arts organisations raised the profile of their work but also created new partnerships.
- Smaller groups often do not have formal organizational structures in place, and may therefore seem chaotic. This does not mean that they are not getting work done — it is just being carried out in a different way.
- Partnerships with larger mental health organisations such as Mind in the UK, and larger medical networks such as the Royal College of GPs (RCGP), can help to disseminate work more widely.

Community collaboration

Collaboration is key when working with communities. If it is understood that everyone is rallying around a need that we can all subscribe to, then people will be more willing to take ownership over a project and help to make sure it becomes a lasting success.

Guide to rich community collaboration:

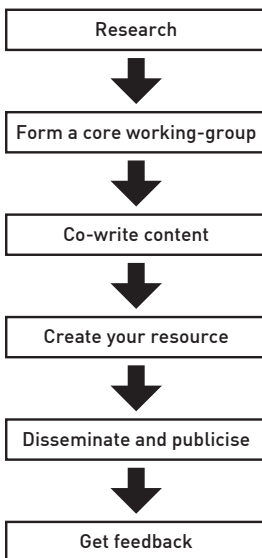
- Harness the wealth of knowledge and skills that already exists within communities: learn about, and access, your target community via existing local grass-roots groups.
- Facilitate community members to be involved in the development, creation and dissemination of materials and resources.
- Establish mutually beneficial partnerships through cross-promotion and sharing resources (e.g. publicity platforms)

The process of mobilising communities and creating resources

We will look at the process of mobilising communities and creating resources, and give examples via a case-study of Maslaha’s health awareness project, “Understand Hep B & C”. Here, Maslaha worked in partnership with individuals and organisations in East London to produce a website and short films in English and Urdu which give an overview of hepatitis B and C, the common risk-factors, how transmission can be prevented, and the importance of being tested.

Step 01: Research

Identify key community figures (for example: faith leaders, medical professionals, community leaders, NGO workers, teachers); hold focus groups; conduct interviews and surveys. Build relationships with the people you are working with and talking to. Find out what similar resources, if any, exist, and identify strengths and failings of that resource.



Case-study example: After research – which included speaking to a range of people (doctors, research scientists, community groups, faith leaders, patients and service providers), researching a range of literature (for example, academic research and government reports), four focus groups with members of the British Pakistani community – Maslaha were able to identify the main misconceptions or barriers relating to British Pakistani people and hepatitis B and C: stigma, language, culture, and inadequacy of existing resources

Step 02: Form a core working-group with community figures

Once you have conducted your research, think about who may bring unique and valuable perspectives to your resource, and who possesses skills that may be useful in creating your resource. Form a core working-group with these people, and have discussions about the issues you are exploring within your resource. This will show up connections that may not have initially been clear.

Case-study example: Maslaha wanted to bring together medical, cultural and faith guidance in their resource, as well as community opinions and knowledge. For this, Maslaha chose to consult doctors, imams, and frontline workers, as well as continuing focus groups (with women and men in mosques in East London, and in waiting rooms at GP surgeries) to ensure a wide range of expertise and guidance that different people could relate to.

Point to note: Combining faith and professional sector advice is vital to devising effective and sensitive interventions to tackle GBV that will make sense to, and resonate with, women of all backgrounds.

Step 03: Co-write content

Co-write the content for your resource with the core working-group. Respond to the main needs and concerns identified during both the research stage and the later discussions with the core working-group. Make sure that content is presented in a way that makes sense to services and communities. Ensure that information given, especially when information that is often seen as contradictory (e.g. medical vs. faith advice) is presented in a way that makes clear connections between the two.

Case-study example: Through **Step 01** and **02** above, Maslaha discovered that there is a lack of resources made for both patients

and practitioners — materials seem to exist either for patients or for practitioners. This appeared to perpetuate the communication issues so often found between services and service users. The working group decided that this could be best addressed through short films, working with people who were well-known and respected professionals who were also members of the communities Maslaha was trying to reach, thereby removing the division between patient and practitioner. Using film also enabled Maslaha to draw on the rich cultural traditions of the region, and allowed a more nuanced linguistic and visual approach than just written material.

To ensure all members of the community would recognise the film as “for them”, Maslaha worked with both women and men (on film), in English and Urdu, young and old, and in everyday language. By introducing cultural references, aspects of faith, and by working with people the community knows, the information has a deeper resonance with a greater chance of behaviour change. There is more information regarding content in the case-study example under **Step 04** below.

Step 04: Create your resource

Involve people from the communities you are working with as much as possible; collaboration creates a richer resource. In **Step 02**, you will have identified who, from the people you did research with, has particular skills — for example, a designer, translator or filmmaker. Invite them on board. Ensure all resources are engaging. Create multi-media resources where possible. Use appropriate language, and include people from the relevant communities within the resource itself if relevant (for example, on film).

Case-study example: An example of the resource creation is the poster Maslaha created below. The information is clear (“understand, prevent, get tested”), and due to feedback from families and patients,

the colours are vibrant and there are no photographs used (e.g. injecting) that could lead to misunderstandings of the people hepatitis B and C can affect, or stigma at looking at the posters further. See the case-study example under **Step 05** below for other elements of the resource.

Step 05: Disseminate and publicise

Disseminate publicity for your resource, extracts from your resource and the resource itself. Sometimes, you will only be able to disseminate material on two of these three levels – for example, if the main aspect of your resource is a film, you may not be able to distribute it in the same way. In this case, extracts (for example, these could be used on posters) should be made use of.

Disseminate material strategically; place your resource in community spaces – faith-spaces, schools, hairdressers, internet cafes, schools, GP practices and/or wherever is relevant to your resource and those you are attempting to engage. Aim to get media coverage in local papers, cable TV or “ethnic press” specific to the communities you are working with.

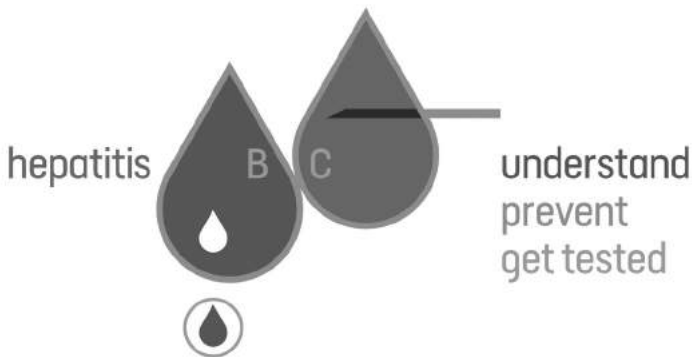
Case-study example: Maslaha launched “Understand Hep B & C” on World Hepatitis Day, ensuring maximum media and social media interest. The project comprised a 10 minute film in English, a 10 minute film in Urdu, a DVD including both films, a website including the films and further research, and a poster. The fact that the films are available both online and on DVD increases the flexibility for use in a variety of contexts. For example, the DVDs can be shown in waiting rooms, community awareness sessions, as training tools, or handed out during appointments (like a leaflet). Maslaha also distributed these materials in barbershops, travel agencies and pharmacies – everyday places that people visit.

How do you know if you have hepatitis B or C?

The only way to know is through a simple blood test.

Ask for a blood test with your GP!

Hepatitis B & C are viruses that damage your liver. They are 'silent' – you often show no symptoms until it's too late for treatment – and can lead to liver cirrhosis and cancer.



Were you born in Pakistan?

Do you travel to Pakistan regularly?

Hepatitis B and C are passed from blood-to-blood contact with an infected person.

The UK Pakistani population is at particular risk of catching the viruses in the following ways:

Hepatitis B

Passed from mother to child during birth if the mother already has the virus

Hepatitis C

Passed through poor medical and dental practices in Pakistan:

- Re-using needles for injections, blood transfusions or other medical treatment
- Re-using razors at the barbers
- Unclean and unsterile dental equipment
- Re-using razors for shaving babies' heads
- Unclean and unsterile equipment for circumcision

//////

The Qur'an teaches that your health and body are an amanah, a trust from God.

We each have a responsibility to take care of this amanah – to protect it and keep it well.

//////

For more information and to watch a short film about hepatitis B & C in English or Urdu, visit:

understandhepbandc.org

maslaha b+tlc PARTS CHARITY
REGISTRATION NUMBER
1129540



Step 06: Feedback

Collect feedback through interviews or online surveys. Involve those you have worked with in this process: get feedback from them, and let them know about the feedback the project has received.



About RainLily

RainLily is Hong Kong's first one-stop rape crisis center for female victims of sexual violence.

Set up by the Association Concerning Sexual Violence Against Women in 2000, RainLily offers sexual violence victims a one-stop service around the clock, including pregnancy prevention, sexually transmitted diseases screening and treatment, forensic medical examination, psychological support and legal process support (statement-taking and court hearing).

RainLily symbolises the resilience of a woman. The violence done against her will not diminish her value and self-worth. Victims of sexual violence embody power and hope. RainLily joins her to walk that journey together.

About Maslaha

maslaha

Maslaha translates from the Arabic as 'for the common good' and this is the driving force behind all our work.

Maslaha is an award-winning organisation creating new, practical resources for social issues affecting Muslim communities. We do this through projects which involve building a network of collaborators, and creating products (such as DVDs, websites and exhibitions) which help to improve a service, change attitudes and disseminate information.

In February 2012 Maslaha was recognised as one of Britain's 50 New Radicals, a joint initiative by NESTA and The Observer newspaper to find examples of inspirational social pioneers improving the lives of people and communities across the country in radical and creative ways.

Acknowledgement

We would like to show our gratitude to Oxfam Hong Kong for supporting the publication of *Strategies to Tackle Gender-Based Violence in Ethnic Minority Community: A Toolkit*.

We are grateful to the Fu Tak Lam Foundation Limited for their sponsorship of the 'WE Stand - Anti-Sexual Violence Programme for Female Ethnic Minorities, and Migrant Workers, and Refugees'.

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in Ethnic Minority Communities: A TOOLKIT***

Co-authored by

RainLily & Maslaha

Published by

Association Concerning Sexual Violence Against Women

Publishing Date

March 2018

ISBN

978-988-13133-7-9

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傅德蔭基金有限公司
Fu Tak Lam Foundation Limited

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RainLily is a member agency of the Community Chest of Hong Kong.