

State of Women's Health in Leeds – case studies

Case study 1 Sonia

Sonia¹ 29 year old woman was referred into Women's Lives Leeds (WLL). She was assessed as needing support with life skills; parenting/dependents and family relationships; personal safety; and welfare – accommodation, benefits, and money management.

There were concerns from Sonia's social worker that she was unable to recognise unhealthy relationships, but the female showed desire to attend an appropriate group to make positive changes.

As a result of WLL's interventions all goals identified in the original support plan have been met and mutually they agreed that the case can be closed as Sonia is now attending a healthy relationships group. WLL also supported her to write her statement for a court hearing and ensured that it met the court specifications and she felt confident to attend court to submit her statement.

Communication between Sonia and her daughter has improved with regular texts and phone calls.

"I was supported through court when I was fighting for ***** (her daughter) back and the WLL Complex Needs Worker gave me advice to help me move forward".

"The WLL worker came to court with me and gave me all the information what I needed. She gave me the list of solicitors that I can contact and stuff. She's helped me a lot. I don't know if I could have stayed in court all day by myself – it was too much. But I did it."

"I've felt a lot more confident about stuff. I feel I can do more stuff cos I've had support & someone saying to me 'it's alright, you can do it'. It's been positive cos I've achieved all, well, most of my goals. It's helped me get a job and secure my housing situation"

Case study 1 Chro

My name is Chro¹ I'm married. I came to UK in 2010. I live in Leeds. I live with my husband. I have two boys. I like gym, I like working and earning money.

When I came to England, my English was not good, my confidence was low and I had some health issues. I felt very lonely and isolated. I dropped into the Asha Neighbourhood Centre to find out about their services. The Health Development worker invited me to join the cooking and walking groups. I was also referred to an ESOL class run by a college in Asha centre.

The ESOL teacher was very good and I benefitted from attending the ESOL classes. She helped me to boost my language skills and confidence. I took up another course named Child Care. I asked for childcare volunteering placement at the Asha centre and now Asha have offered me sessional hours, now I am working in the preschool. I'm so happy with my job also with everyone working around me, especially the workers they always help me to improve my language. I found working and staying with children a very difficult task in terms of educating them, despite this the children are happy with my volunteering work.

After finishing my courses, I decided to continue working in Asha centre to improve my future. Although I'm a woman like others, I do all my daily work by myself even the works of children.

I found about Asha Neighbourhood through a family friend. I heard about the Health Project activities and the volunteering project. I wanted to do occasional volunteering to give me a focus in life after numerous miscarriages. I was experiencing mild depression and anxiety. I received a lot of support in the beginning from the Asha Project. I was signposted to mental health workshops. I also joined a women's social group. I took part in a confidence building course during a weekend residential through Asha. When there was a mental and physical I conceived. I had a premature baby girl. I attended breastfeeding and baby massage sessions in Asha and bonded well with my baby.

I am an asylum seeker. I have been suffering from mental health issues. I lived with the fear of being deported to a place where there was a risk to my life. Number of times I attempted to suicide because I couldn't cope with the conditions I was living with. My child self-harms and despite intervention I am unable to help him. The Health worker encouraged me to join the Health activities. I benefitted a lot from the mental health workshops. The Asha staff went beyond their duty to look for free funding to pay for my child to attend the play scheme so he could make friends. I wanted to study English to improve the quality of life and improve my communication skills but because of my immigration status I did not meet the financial criteria set by colleges. However, I was able to attend Health activities such as the cooking and exercise classes.

ESOL – English for Speakers of Other Languages

Case study 3 Mary

I came to Women's Counselling and Therapy Service (WCTS) after a recommendation from my CPN. I had been hospitalised for a physical illness from which I was not recovering as expected, luckily my GP realised that there was not only an underlying physical cause but also a psychological one.

I was diagnosed with a form of PTSD and gradually admitted that for the last five years of my marriage I had been physically, mentally and emotionally abused. I didn't realise this at the time as it was 'normal' for me, I abhorred such things when I heard of it happening to other people but could not recognise it in my own life.

When I first came to WCTS I was awaiting surgery to repair the physical damage that had been done and thought that this would be the panacea, unfortunately I had to have operations that have left me with constant physical reminders.

Counselling not only got me through this time but took me back through previous relationships and taught me that there had been a pattern of abuse going back to my childhood. I learnt that it wasn't me hiding what was happening in these relationships I expected this behaviour because I have never known any different.

Now I choose to be single and I'm actually happy finding out who the real me is. I was made redundant last year and this has been a great opportunity to leave the past behind. I have gone back to study to do counselling in community settings; this will be my way of giving something back to those people who enabled me to start my life.

Case study 4 Sonia

Sonia¹ referred herself for counselling to address difficulties dating back to her childhood. She had grown up in poverty, being forced to beg round her neighbours as a child. She had been raped as a young child, then sexually abused by a family member until he died when she was an older teenager. After this she was also emotionally and sexually abused by her older brother. She had been in a physically and emotionally abusive relationship with the father of her children for twenty years.

At the initial meeting Sonia was shaking, hyper-ventilating, and barely able to speak. She gave little eye contact. She spoke fast when able to, was in frequent physical pain, and was too afraid to visit a doctor, due to what later emerged was shame. She had poor ability to make choices or ask for anything for herself. She spoke of having no capacity to set boundaries, was constantly exploited by others, particularly her neighbour, and manipulated by her adult children. She rarely left the house and was terrified of anything new.

“I mean nothing to my family and friends. I am never able to say no. Put up and shut up was my way of being a child”

The work of counselling involved establishing a sense of safety, stabilisation and slowing down, working through breath, relaxation and art making. Sonia became able to voice her internal critical voices, learning to manage them and to make better choices for herself. Gradually she began to face her history of multiple abuse, fully understanding the impact this had had on her life, processing the trauma and associated shame. She overcame her fear of doctors, and developed a good relationship with her GP practice, receiving much needed treatment.

Due to concerns regarding the extent of exploitation Sonia was experiencing from her neighbour and the numerous practical difficulties in her life, she was referred to Women's Lives Leeds receiving support from a complex needs worker.

Through this partnership work, her practical needs, including debt management, multiple housing crises, social and medical needs were met in parallel with the psychotherapeutic work supporting gradually increasing self-awareness, esteem and assertiveness.

By the end of counselling Sonia's confidence had increased significantly, she was saying “no” appropriately to her exploitative neighbour and children and could identify abusive behaviour and protect herself from it. She was about to move house and planning to find work.

Sonia's feedback

If hadn't been able to come I don't know where I'd be to this day. That's scary to say. I can't praise it highly enough. I could open up in trust and security and I have never been able to do that before. It lifted the guilt and shame I'd carried around with me for SO many years. I learnt how to respect myself from within. I realised it's not my fault what happened to me. I understand now why people took advantage of me. “My sense of being cared for. Now I have learnt to take help and this is HUGE. Once I get my house move, I want to look to the future and go back to work.

Case study 5 Maymoona

Maymoona¹ was a 70 year old Indian woman referred to the Leeds Women's Counselling & Therapy Service by an Asian women's support organisation for individual counselling in the

community. She presented with anxiety and memory problems, difficulties sleeping, feeling confused, overwhelmed, tearful and frightened.

Maymoona attended regularly. Her anxiety gradually decreased and her memory appeared to be less debilitating as she told me her fears of growing older without anybody she could depend on. She had four adult children with their own families, and with sadness she told me how she had become separated from them when her husband took a 16 year old wife from India and she was made to leave the family home. Her children remained with their father, and she was ostracised by the community as the divorced woman. Whilst she had recovered contact with some of her children in their adult lives these relationships remained fragile. When she retired she had become isolated and depressed, made several suicide attempts and ended up in psychiatric care. Again, she was considered to have brought shame on the family for having mental health issues.

She explored her fears of growing old on her own, with her increased dependency needs and sense of vulnerability. She gradually became more active, contacting friends, accepting neighbour's invitations, going back to Temple and attending GP and hospital appointments for a range of physical health issues. As her confidence and sense of self-worth increased she initiated more contact with two of her children and although the contact was minimal she started to appreciate the relationships that were still possible.

Case study 6 Bee

Women's Health Matters "Breathing Space" is a domestic violence project offering input to support "stabilisation", and increase understanding of abusive relationships and preventative strategies

Bee¹ self-referred to Breathing Space Project. Previously 4 of Bee's children had been adopted due to abusive relationships and her consequent problematic drug use. At the point of referral she had a baby and was pregnant. She had Children's Social Care Service involvement, Family Drug and Alcohol Court involvement, and was in a foster placement, being monitored to ensure she didn't relapse or have contact with the abusive ex-partner.

At times Bee didn't feel heard or fully acknowledged for the changes she was making. Breathing Space provided Bee with a place where she could talk things through from her own perspective and gain support to maintain sobriety.

On several occasions Bee told us that in the past she would have self-sabotaged and used drink or drugs again as a reaction to the stress of the assessment.

Bee says "If it hadn't have been for Breathing Space opening my eyes to the different types of abuse there are I probably wouldn't have cut contact with my ex and I wouldn't have been allowed to keep my children if I'd stayed with him. It's put me in a different headspace because it's about wellbeing as well as domestic abuse. I have made a lot of progress since I've been at Breathing Space."

Bee has recently been told that she is allowed home with her child and will be allowed full custody of her baby once it is born.

Case Study 7 Donna

"I thought after leaving my ex life could move on, but I was wrong! The more I tried to separate from him, the more controlling he became. After visiting my GP for anxiety, I received information about Behind Closed Doors, and everything started to change.

I found their Prevention and Recovery Service (PARS) so easy to access, which was integral in enabling me to make the first step. Any more difficult to access, I might have been too scared, talking myself out of getting support.

For years I had maintained a strong 'I'm okay' mask. Now it was okay to not be okay and I was able to release my emotions in a safe space. Eventually, I trusted my worker enough to open up to her about things I hadn't told anyone, because she gave me the time and space I needed.

My worker helped me take control of my anxiety; admit and start to finally understand the abuse I had suffered for 11 years, giving me the tools to identify the cycle of abuse, so I could predict future behaviour of my ex.

My children are now happy and flourishing at school. In the last year I have finished my qualification and obtaining a promotion; more than I could have dreamt of achieving whilst in my abusive relationship. Without BCD, I think I would have given into the pressure to go back to my ex due to self-doubt, fear and confusion.

BCD have changed my life, saying thank you will never be enough"

Case study 8 Sarah

Sarah¹ was referred to Basis when she was 15 years old. Sarah was going missing for periods of time and reported excess use of drugs and alcohol, had made friends with young people from a local residential care home and was becoming increasingly known to the police due to Anti-Social Behaviour reports ; she was not attending the Alternative Education Provision she was enrolled at. Initially, Sarah had sporadic engagement with Basis and was struggling to understand risk; however, the worker was persistent and support continued, including a referral for support from Forward Leeds to address drug and alcohol use. Sarah was also diagnosed with PTSD as a result from witnessing domestic abuse as a child. She had recently begun living with her mother again after over ten years being in the care of her father, which had resulted in a fragile relationship.

After the residential care home associated with Sarah's risk was shut down, she became more engaged although she was still going missing and accepting drugs and alcohol from older males and expressed that *"she wouldn't learn unless something really bad happened"*. Nonetheless she did enrol in the entry level course at College with support from Basis after a few months. Basis then also facilitated a meeting with a woman who Basis had previously supported and who had been exploited for many years as a child including into adulthood, so Sarah could hear first-hand the potential outcome of long term exploitation.

This meeting gave her a very different experience of risk and since then she has made changes in her peer group, her drug and alcohol abuse has reduced and she is being supported by CAMHS. She has been spending more time at home, has an improving relationship with her mother and receives glowing reports from College. Sarah is now at low risk of sexual

exploitation and has joined our Lionesses group (peer support group for young people with similar experiences).

¹Name changed

Case Study 9 Karen¹

Karen was in a relationship with Steve and since breaking up with him she has been the victim of ongoing stalking by means of unwanted contact. He does not live in the local area. Her main fear was that his stalking would escalate and he would attend at her address.

In October 2018 he was convicted at court of harassment due to his behaviour and was issued with a Community Order. A Restraining Order was granted which stated he could not contact her directly or indirectly and could not attend in the local area where she resided.

Despite this order being granted, a month later he was sending her a large number of text and social media messages as well as phoning her on a withheld number. This was absolutely terrifying for her and she reported them all to the police; and he was charged with Breach of Restraining Order. He was granted conditional bail with conditions mirroring the Restraining Order. He pleaded not guilty to this new offence.

The Independent Domestic Violence Advocate (IDVA) team supported Karen all the way through from the first time she reported to the police. This included assessing her risk and needs, tracking the progress of the case, advocating on her behalf with the police and CPS, referring to other agencies and attending court to support her.

Karen was assessed as high risk and was given MARAC status; and her case was subsequently heard on a number of occasions due to the increasing number of repeat incidents. The IDVA has continued to liaise with other agencies to ensure appropriate support has been put in place for the family and has acted as the 'victim voice' during this process and has completed safety planning with the victim and completed Sanctuary Referrals.

The support included liaison with the CPS prior to the trials to ensure special measures were available and granted and on the day of the trial Steve pleaded guilty.

The case went to Crown Court for sentencing, of which the final sentence was a custodial sentence of over a year, suspended for 2 years and granted an extension to a Restraining Order for a further 5 years.

¹Name changed

Case Study 10 Clare

Clare¹ was referred to the Women's Lives Leeds Complex Needs Service in October 2017.

The young woman was identified as being a risk to herself as well as at risk from others, particularly around Child Sexual Exploitation (CSE). She was on a Child in Needs (CIN) plan and had a Children's Social Care Worker (CSWS) worker. The young woman identified that she

used alcohol and drugs but did not have a good understanding of their effects. She also recognised that she needed support to increase her knowledge of sexual health and to develop her confidence, self-esteem and managing her mental and emotional health. She identified that she was not very happy in school or in her community and wanted to learn how to better resist peer pressure.

The young woman's attendance at school had deteriorated over the past 12 months and she would regularly run away or stay out without notifying her family therefore the Police became involved. She had witnessed domestic abuse in the family home and work has been ongoing with the parent around positive parenting. The Women's Lives Leeds worker and young woman identified what needed to go in the support plan and over the following year addressed the areas within the plan, until Clare exited the service 1 year later.

The young woman engaged well with the worker from the beginning and was happy to receive support. Other workers supporting the young woman commented on what a positive experience it had been:

"Your work with X is the first time she has engaged meaningfully with any service we have offered her, so it's really positive that she is participating with you."

"The young woman has engaged positively with the WLL worker and agreed to attend their sessions, this is brilliant for her"

The young woman engaged well with the sessions and said: *"I do stuff my own way and not how other people tell me. I listen to everything. My worker has encouraged me to think for myself and be myself."*

The young woman identified that it was important for her to have a female worker. *"I can talk to a woman more. It's just weird talking to a boy about stuff that you don't want to talk about."*

¹Name changed