



# Healthwatch Lambeth, Eaves and The Beth Centre

Focus group feedback with women  
who have experienced violence  
and/or the criminal justice system



## Healthwatch Lambeth

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Healthwatch Lambeth is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.



## The Beth Centre

The Beth Centre is a partnership between Women in Prison (WIP), and Eaves Housing for Women (Eaves). It provides Lambeth women who are either at risk of, or affected by, the criminal justice system, with a holistic set of support services from a safe, women-only centre in the borough.



## Eaves

Tel no: 020 7735 2062

Eaves provides frontline support, advocacy and campaigning in the areas of trafficking, prostitution exiting, and sexual violence. Eaves also offers housing and employment services.



## Purpose of the focus group discussion

Women who have experienced violence or sexual violence, or have been in touch with the criminal justice system, were invited to take part in the discussion.

They shared their individual journeys with us, telling us about the barriers and challenges they faced when accessing primary health care. The discussion focused on four areas:

- registering with a GP practice
- GP consultation
- signposting and referrals, and
- access to other health care.

Women were also encouraged to consider how these barriers could be overcome.

### Participants

- Seven women service users
  - Case worker from the Beth Centre
  - Two representatives from Eaves
  - Healthwatch Lambeth Community Engagement Officer and a volunteer
  - Interpreter
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## Registering with a GP Practice

### Catchment area

Women who are experiencing violence are likely to be moved temporarily to either a refuge or short-term accommodation in another area or borough. Women who have built up a trusting relationship with their GPs are reluctant to change their GP practice, especially as the move to a new area is a temporary one. Women who have been in prison or rehabilitation centres may also have similar experiences.

*"I want to stay with my GP though it is very far away. I am prepared to travel the distance but they still want to remove me. Every 6 weeks, I have to negotiate with my practice not to remove me. This has gone on for a whole year now."*

Sometimes, women who have experienced violence would find it difficult to open themselves up and trust people, this is especially true if the woman have multiple or complex experiences of violence.

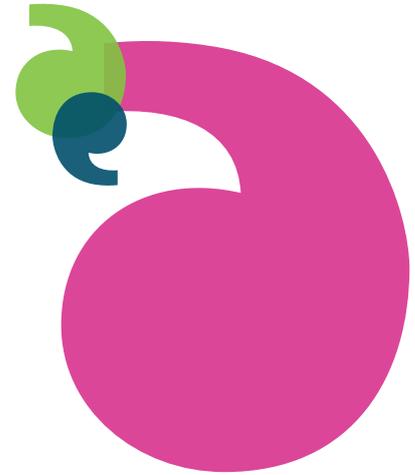
*"I built up this really good relationship with the locum doctor who was very understanding and helpful. Since his*

*departure, my experience with the other doctor in the same practice has not been good. I know where the locum doctor has moved to and I live just outside his practice's catchment area but I am scared to ask in fear of rejection. Due to my past experience, I am afraid of rejection. I have not use healthcare for almost a year now"*

### Providing identification

Women who have been to prison, rehabilitation centres or who are fleeing domestic violence sometimes have difficulties in "holding on" to their identification documents, for example National Insurance number and proof of previous addresses. Most of the participants did not know what identification documents are required to register with a GP.

They felt the GP practice reception area was not the appropriate place to discuss why they couldn't provide the relevant identification documents. The women were not offered a private area where they could discuss the matter further.



## GP consultation

### Consultation time

All the women felt that there wasn't enough time for them to discuss how their experiences impacted on their physical and mental wellbeing. Opening up after traumatic experiences is not easy and finding words to describe how they are feeling is also difficult. Many of the women did not know you could book a double GP appointment for more complex issues.

### Language barriers

A woman who speaks very little English, said when she went for her first consultation with the GP, she was not advised that she could request an interpreter. She was not sure whether the doctor understood her.

### Lack of understanding

It was agreed by all the women in the group that there is a common lack of understanding from GPs on the impact of violence against women and girls and how this can have a long-term effect on these women. The women felt let down by their GPs.

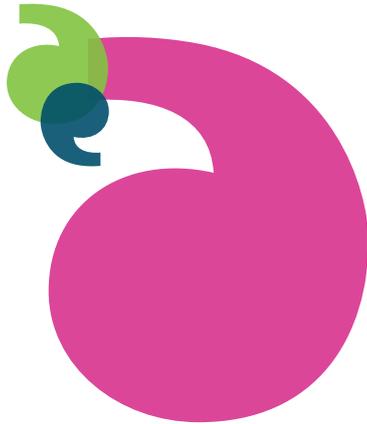
A woman's request for a female interpreter at her appointment with a physiotherapist was ignored. She was given a male interpreter for three sessions.

*"I went to my physiotherapy appointment. The therapist asked me whether I was feeling better or worse. I started to explain some sensations on one side of my body and he stopped me. He only wanted to know whether I was feeling better or worse!"*

One woman said that she was laughed at when she told her GP about the physical pain that she was suffering.

One woman told us that she had confided in GP about her substance misuse experience. However, she felt she was being labelled in all subsequent conversation, as the GP often referred back to the experience.

Other women also felt that they were labelled by their GP practices.



## Signposting, referrals and access to alternative health care

### Lack of holistic support

Women were frustrated by the fact that their physical and mental health and wellbeing was seriously impacted by their experiences of violence and imprisonment.

However, current GP services deal with presenting problems and not the underlying causes.

*"I was referred to the Improved Access to Psychological Therapy services where I was asked to complete a self-assessment form. Completing the form was difficult as I was not sure how to score myself. It was made worse when I was told my score was not high enough to receive the service."*

*"I knew I needed counselling and I could not afford private service. I was lucky that eventually another counselling service offered free counselling to me. I was with that counselling service for a whole year!"*

The women felt that GPs could only offer medical solutions where sometimes these women need other forms of support and interventions. They understood the financial constraints that GPs are under but the lack of alternatives will have on-going impact on their physical and mental wellbeing.

The lack of alternatives or understanding of the women's needs could also result in ineffective treatment or misdiagnosis.

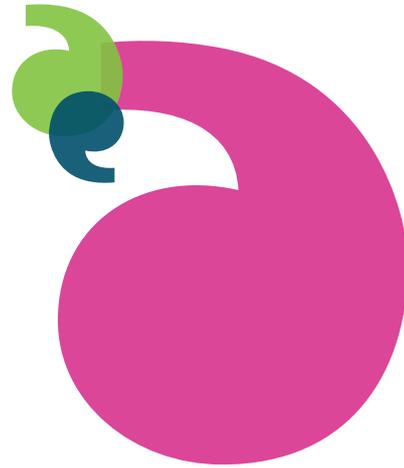
*"When my GP did not know where to refer me for support, he suggested for me to contact a Christian radio show!"*

*"I was feeling depressed but the doctor could only prescribe anti-depressant like Prozac, knowing that I was recovering from drug dependency! I did not take the drug."*

### Other issues

*"I don't know how and where to challenge my GP's treatment decisions!"*

*"Today, it took me over one hour to come to the meeting because my dial-a-ride was late"*



## Recommendations

### Recommendation 1

GP services should see every patient as a whole person. Holistic solutions should be offered to improve physical and mental health and wellbeing.

### Recommendation 2

GP practices should be flexible when it comes to registering women with traumatic experiences. The women should be able to remain with a GP practice they have confidence in even if they have to move out of the catchment area.

### Recommendation 3

Improved information on how to register and what they can expect from their GP practice.

### Recommendation 4

Increase GP's knowledge on alternative services for referral, for example women's groups and advice agencies.

### Recommendation 5

Explore the possibility of a group or neighbouring GP practices offering and sharing support services. This could also include seconded services from external agencies.

### Recommendation 6

Training for practice staff on the appropriate way to deal with women who have had traumatic experiences, especially around registration and appointments.

### Recommendation 7

Violence against women and girls awareness training offered to GPs. This would help to increase sensitivity when dealing with women with these experiences.

### Recommendation 8

Women who have experienced sexual violence should be given priority access to female doctors, if requested.