



## The Traveller Movement

Resource for London

356 Holloway Road

London N7 6PA

Tel: 020 7607 2002 Fax: 020 7607 2005

Email: [policy@travellermovement.org.uk](mailto:policy@travellermovement.org.uk)

Web: [travellermovement.org.uk](http://travellermovement.org.uk)

### **Traveller Movement submission to Women and Equalities Committee Inquiry into the Mental Health of men and boys.**

March 2019

#### **About the Traveller Movement**

The Traveller Movement (TM) is a national community charity promoting inclusion and community engagement with the Gypsy, Roma and Traveller (GRT) communities in Britain. Formerly called the Irish Traveller Movement in Britain, TM was established in 1999.

TM welcomes the opportunity to contribute to the inquiry into mental health of men and boys. We have also consulted Mr Alan Kavanagh (Traveller men's mental health outreach worker from Tallaght Travellers Community Development Project) and Mr Martin Gallagher (A Traveller man who writes a blog about mental health and is studying for his PhD) for this submission.

Our submission addresses the questions posed by the Women and Equalities Committee, which we have grouped into the following sections:

1. Suicide
2. Gender role
3. Discrimination and racism
4. Groups at risk: LGBTQ+ and prison inmates
5. The NHS and schools

We conclude with our recommendations.

## Executive summary

- Young Irish Traveller men are seven times more likely to die of suicide than the general population
- Multiple unresolved bereavements results to mental health problems for GRT men and boys
- GRT suffer higher levels of stress, anxiety and depression than the majority population
- Traveller men are expected to provide for the family and not show weakness, illness is considered weakness.
- Over 90 % of GRT experience racism and discrimination in their everyday life
- Most LGBTQ+ GRT are still not accepted within their communities and are often refused service in LGBTQ+ organisations
- HM Inspectorate of Prisons found higher levels of mental health problems among Travellers compared to other prisoners (27% compared with 13%)
- A quarter of GTR boys in Young Offenders Institutions reported having mental/emotional health issues.
- Unchallenged racist bullying in schools negatively affect GRT boys mental health with often serious consequences

## 1.Suicide

*What are the most pressing issues that affect men and boys' mental health, and how are these different to the wider population?*

Reflection on mental health, suicide and social disintegration among Irish Travellers:

*The qualitative consultation highlights thoughtful discussion on what it means to be a man in Traveller culture and how Travellers engage with each other and with wider society. The disintegration of traditional family structures, the decline of religious certainty and belief are adverse trends, though not as much as in the wider society. A further compounding issue is the traditional problem of finding employment, which is tied in with identity and personal self-esteem in the accounts of Travellers themselves. The tight-knit community has positive effects, but also negative, in that there is literally little personal space for individuals and strong incentive to take part in group activities that can be damaging. Drinking patterns can aggravate mental health problems also, as binge drinking is associated with impulsivity and compounds clinical depression (World Health Organisation, 2008). Add to this a chronic problem with bridging to the general world around them and the corrosive daily relations with the general population Travellers themselves describe, and the mix is complete of poor self-esteem and self-efficacy in an unsupportive environment. There are a number of examples of fatalistic thinking in the narratives, particularly in trying to break the cycle of education*

*and employability. There is ample evidence in these data of risk factors for mental ill-health, depression and suicide, whether from the quantitative census, the qualitative consultation or the mortality study.<sup>1</sup>*

There is an in-depth longitudinal research to draw on in relation to suicide among Irish Travellers and Gypsies in Ireland which can throw light on Gypsy and Traveller communities in England. Based on the 2012 All Ireland Traveller Health Study (AITHS), Pavee Point report that Travellers experience a 6.6 times higher suicide rate when compared with non-Travellers, accounting for approximately 11% of all Traveller deaths.<sup>1</sup>

When disaggregated by gender and age, this rate was 7 times higher for men and most common in young Traveller men aged 15-25.<sup>2</sup>

High rates of suicide among Gypsies and Travellers in Britain were reported in a 2009 Equality and Human Rights Commission (EHRC) review of inequalities experienced by Gypsy and Traveller communities which confirmed anecdotal evidence of a disproportionately high suicide rate amongst this group. In its December 2017 update the EHRC reported that: *'Gypsies, Travellers and Roma were found to suffer poorer mental health than the rest of the population in Britain and they were also more likely to suffer from anxiety and depression.'*<sup>3</sup>

Mortality data published by the ONS are collected from the information provided at death registration but as this information does not include the ethnicity of the deceased, there are no official data on deaths by suicide among Gypsies, Roma and Traveller (GRT) individuals in England and Wales. As noted by the Department of Health the failure to collect ethnic data through the death registration and inquest processes *'is a major obstacle to getting reliable and accurate data on suicides and to improving the evidence base and monitoring trends'*<sup>4</sup>

In her study of disproportionate rates of suicide among Travellers in Ireland between 2000 - 2006, Walker noted three patterns of suicide which were closely linked to Traveller culture i.e. 'Traveller specific suicides'. These were:

- a. 'bereavement suicides' where in 40% of cases where a Traveller took his/her life following the death of somebody close, that death itself was also a suicide;

---

<sup>1</sup> All Ireland Health Study of Travellers' Health Status and Health Needs (AITHS) - all Travellers living on the island of Ireland, North and South; jointly funded by the Department of Health and Children and the Department of Health, Social Services and Public Safety (NI); undertaken by the School of Public Health, Physiotherapy and Population Science, University College Dublin, the study ran for a three-year period from 2007 to 2010. [https://www.ucd.ie/t4cms/AITHS\\_SUMMARY.pdf](https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf), p. 161.

<sup>2</sup> <https://www.paveepoint.ie/wp-content/uploads/2015/04/Handout-Mental-Health-A5-8pp.pdf>

<sup>3</sup> [https://www.equalityhumanrights.com/sites/default/files/research\\_report\\_12inequalities\\_experienced\\_by\\_gypsy\\_and\\_traveller\\_communities\\_a\\_review.pdf](https://www.equalityhumanrights.com/sites/default/files/research_report_12inequalities_experienced_by_gypsy_and_traveller_communities_a_review.pdf)

<sup>4</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/430720/Preventing-Suicide-.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf)

- b. 'violence suicides' whether domestic or feuding, which occurred following a violent episode and affecting both victims and perpetrators; and
- c. 'shamed suicides' which took place following disclosure of an alleged criminal act or awaiting trial for a criminal act.<sup>5</sup>

Gypsies and Travellers live on average 10 - 12 years less than the general population, in some areas even 25 years less.<sup>6</sup> Furthermore, Gypsy and Traveller communities have a high infant and maternal mortality rates.<sup>7</sup> This all means that it is not uncommon for Gypsies and Travellers to have experienced several losses of close family members.

In her study of bereavement among Gypsy and Traveller families, noting the close and tight-knit nature of GRT communities, Carol Rogers (2016) highlights the intensity of the experience of bereavement and loss and referred to a ripple effect which has a powerful impact with some relatives of suicide victims becoming predisposed to suicide themselves. She notes that a practice of protecting each other by not discussing grief and loss extends across family relationships creating tension, and the failure to manage grief has significant and long-term health implications '*with men resorting to alcohol or the more extreme bereavement suicide.*'<sup>8</sup>

## 2. Gender role

*What is the effect of the following on men and boys' mental health:*

- *Gender stereotyping in childhood*
- *Gendered expectations around work*
- *Fatherhood*
- *Media portrayals of masculinity*
- *Household finances*
- *Relationship and family breakdown?*

The Traveller community remains a highly patriarchal community. Traveller men are considered the head of the family, whether it is the nuclear family, or in the wider Traveller family (i.e. clan the Travellers who have the same family name).<sup>9</sup>

---

<sup>5</sup> <https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/research/suicidetravellercommunity.pdf>

<sup>6</sup> <https://www.leedscommunityhealthcare.nhs.uk/gypsy-and-traveller-community-and-a-queens-nurse-tackle-health-inequalities-in-leeds1/>

<sup>7</sup> <https://www.gov.uk/government/publications/reducing-inequalities-for-gypsies-and-travellers-progress-report>

<sup>8</sup> [http://collections.crest.ac.uk/15673/1/Rogers\\_Carol\\_thesis.pdf](http://collections.crest.ac.uk/15673/1/Rogers_Carol_thesis.pdf)

<sup>9</sup> Tallaght Travellers Community Development Project, 2014 <http://tallaghttravellerscdp.com/about-us/>

Traditional gender roles are extremely strong within Traveller communities. Men and boys are expected to be masculine and strong and not expected to show weakness, e.g. being ill is seen as weakness. Men are expected to provide for their family, married Traveller women still rarely work outside home.

Although no official research exist on this subject, based on our 20 years of experience, domestic abuse is fairly common within Traveller communities. As Traveller men rarely engage with outside services or seek/see information, this circle can be harder to break and therefore it can more easily transfer from one generation to another. A new study among Irish Traveller young people in Ireland reported that participants in a young men's focus group felt that violence was acceptable within marriage if 'she shames you' or if 'she pushes you physically or verbally, then you can hit them'.<sup>10</sup>

Where Traveller girls and women have to be extremely careful about their reputation regarding to relationships and sexuality, Traveller boys and men are free to do almost anything without it affecting their family name. On the contrary, the traditional masculine gender role might even encourage promiscuous behaviour from boys and men. Boys and men's role is often to guard their wives' and sisters behaviour in order to protect the family name.

Travellers get married and have children fairly young and so young men have to start providing for their families in an early age. Many young Traveller men are often out of school and training and out of employment. They are less likely than Traveller women to be employed outside family businesses. Regardless, they are often expected to provide a 'flashy' lifestyle to their families, e.g. buy the most expensive brands of clothing, jewellery, cars and perfumes. This is extremely stressing for many.

### **3.Discrimination and racism**

*What issues other than access to healthcare affect the mental health of men and boys?*

*What are the social and economic costs of poor mental health in men and boys?*

Traveller Movement believes that accommodation insecurity, poor living environment, low education attainment, economic exclusion, community isolation and discrimination all have a negative impact on Gypsies' and Travellers' physical and mental health.

Approximately 14-20% of Gypsies and Travellers living in caravans are situated on illegal sites and as such are legally classified as homeless, whilst half of all local authority Traveller

---

<sup>10</sup> McGaughey, F. (2018) Irish Travellers and Teenage Pregnancy: A Feminist, Cultural, Relativist Analysis, in Kamp, A., & McSharry, M. (Eds.). (n.d. ). *Re/Assembling the Pregnant and Parenting Teenager*. Bern, Switzerland: Peter Lang UK. <https://www.peterlang.com/view/title/61926>

sites in England suffer from environmental problems relating to adjoining land. These communities also experience low rates of economic activity and have the highest proportion with no qualifications for any ethnic group (60%) – almost three times higher than for England and Wales as a whole (23%). All these factors are compounded by high levels of discrimination and marginalisation.

91% of Gypsies and Traveller report they have experienced racism and discrimination in their everyday lives, 49% say they have experienced discrimination in employment, 70% in education, 30% in health care, 55% have been refused service because of their ethnicity and 76% say they hide their identity in order to avoid discrimination.<sup>11</sup> The experience of discrimination or the perception of discrimination, *'is likely to lower a sense of efficacy and self-esteem and this is damaging to mental health and wellbeing'*.<sup>12</sup> Furthermore, as organisations and projects that target to help these communities mainly interact with women, Traveller men are often left outside this help.

Low educational attainment, unemployment, family issues (e.g. undealt bereavements, domestic abuse), discrimination and social exclusion puts Travellers at risk of problematic drug use. According to a study in Ireland, Traveller men who had used drugs commenced their drug use at a younger age (median, 14 years) than either Traveller women (median, 16 years) or their male counterparts from the general population (median, 16 years).<sup>13</sup> Furthermore, Travellers often lack the information to tackle drug use and problematic drug use.

#### **4.Groups at risk**

*Which groups of men and boys are particularly at risk of poor mental health and what is leading to this?*

##### LGBTQ+

Given the highly heterosexualised norm within GRT communities and expectations of early marriage, the EHRC 2009 report stated that *'it is unsurprising that suicide may appear to be the only route out an impossible situation for some Lesbian, Gay, Bisexual, Transgender people.'* The EHRC reported evidence of young people committing suicide as a result of

---

<sup>11</sup>Traveller Movement, 2017 'The last Acceptable form of racism?' <https://travellermovement.org.uk/equality-and-human-rights-reports>

<sup>12</sup>All Ireland Health Study of Travellers' Health Status and Health Needs [https://www.ucd.ie/t4cms/AITHS\\_SUMMARY.pdf](https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf)

<sup>13</sup>Tallaght Travellers Community Development Project, 2014 <http://tallaghttravellerscdp.com/about-us/>

confusion or distress over their sexual orientation. Pavee Point refers to stigma in relation to sexual orientation as a contributory factor leading to Traveller suicide and self-harm.<sup>14</sup>

Traveller Movement were funded by the DHCLG in 2017-2018 to do some specific work with the GRT LGBTQ+ community to open up the discussion of homophobia, raise awareness and create online [resources](#). While facilitating the workshops and interviews of the project we continuously heard about the difficulties of family relationships and being ostracized not just by family but the family's wider GRT community network. Reasons for justifying non acceptance by most was religious believes. We also heard numerous stories of self-harm and suspected related suicides.

During our campaign we heard from gay GRT that mainstream LGBTQ+ service providers are often not able or willing to help them. In fact, gay GRT had experienced discrimination from the wider LGBTQ+ community because of their ethnicity. The below case study highlights the seriousness of the situation that many gay Traveller men are in.

#### **Case study: LGBTQ+**

A Traveller man emailed TM. He had come out as gay to his family in Ireland. The family had not accepted that, they had beat him up and locked him in to a room for two months. He had finally escaped, left his wife and fled to UK. He contacted us for help as his family had found out where he was living and he was he was scared for his life.

We referred him to a big LGBTQ+ organisation that help individuals in these situations.

The following day someone from this organisation called us asking if we provide help for gay Travellers. We told them that we don't provide this kind of service and had in fact referred this man to them.

Week later we called him to make sure he had got help from this LGBTQ+ organisation, he hadn't.

We called the organisation and expressed our concern of them not helping GRT people. He is now receiving help from them.

#### Criminal Justice and Youth Justice

HM Inspectorate of Prisons found higher levels of mental health problems among Travellers compared to other prisoners (27% compared with 13%).<sup>15</sup>

---

<sup>14</sup> Pavee Point Evidence & Recommendations on Mental Health, Suicide and Travellers, 2015  
<http://www.paveepoint.ie/wp-content/uploads/2015/04/Handout-Mental-Health-A5-8pp.pdf>

<sup>15</sup> Learning Lessons Bulletin, Prisons and Probation Ombudsman for England and Wales, 2015  
[http://www.ppo.gov.uk/app/uploads/2015/01/PPO\\_LL\\_B\\_FII7\\_Final.pdf](http://www.ppo.gov.uk/app/uploads/2015/01/PPO_LL_B_FII7_Final.pdf)

From our work with Traveller families we know Traveller men in prison are suffering with mental problems such as depression and anxiety. We receive letters from Traveller prisoners monthly. Key factors which exacerbate the poor mental health of Traveller prisoners have been identified as lack of access to services, disruption of community and family support, prejudice and loss of self-respect.<sup>16</sup>

The distinct needs of Gypsy and Traveller prisoners are often not recognised or supported within the secure estate. In fact, most reviews into the secure estate, such as the Charlie Taylor Review of youth justice and Dame Sally Coates review of education in prison completely ignore the experiences of Gypsies and Travellers. This means the issues affecting these communities in custody never become a priority to be addressed.

Although no official statistics exist, the annual Children in Custody consistently reveals overrepresentation of Gypsy and Traveller children in youth custody. Even against a backdrop of a decreasing number of children being held in custody, Gypsy and Traveller children remain disproportionately high, comprising 12% and 7% of Secure Training Centres (STC) and Young Offender Institutions (YOI) respectively. In the Keppel unit (for very vulnerable boys) 17% are Gypsies and Travellers.

In 2016 TM analysed the Children in Custody surveys and published research. We found out, among other things, that GRT children were almost twice as likely to report having unmet health needs in STCs and that a quarter of GRT boys in YOIs reported having mental/emotional health issues.<sup>17</sup>

## **5.NHS and schools**

What measures are needed to most effectively tackle poor mental health in men and boys and what are the barriers that prevent these being implemented?

How effective has Government policy been in improving mental health outcomes for men and boys?

How effective are the following at tackling poor mental health in men and boys:

- NHS England
- Public Health England
- Child and Adolescent Mental Health Services

---

<sup>16</sup> MacGabhan, 2011 Voices Unheard, A Study of Irish Travellers in Prison

<http://travellersuicide.ie/userfiles/file/VoicesUnheard.pdf>

<sup>17</sup> Traveller Movement, 2016 'Overlooked and Overrepresented: Gypsy, Traveller and Roma children in youth justice system' <https://travellermovement.org.uk/criminal-justice>

**copyright@TravellerMovement**

- Local Authorities
- Schools
- Local Support Groups, faith groups, carers, friends and family

Official data on the mental and physical health of GRT populations in England are not available as they are not separately identified in the NHS digital codes used to record the ethnicity of patients. Meanwhile many health professionals lack the skills, support and cultural understanding/awareness of these communities while commissioners may not have the financial incentives to deliver high quality care to these groups.<sup>18</sup>

In relation to accessing health services, TM considers that Gypsies and Travellers face numerous challenges in accessing primary care service including registration (requiring proof of identity and address); poor literacy skills (including Roma communities); fear of discrimination (resulting in non-engagement and hiding ethnicity); over reliance on A&E services (especially mobile and/or homeless Gypsies and Travellers). Meanwhile many health professionals lack the skills, support and cultural understanding/awareness of these communities while health commissioners may not have the financial incentives to deliver high quality care to these groups.

As acknowledged by the MWG<sup>19</sup> *'bullying and prejudice against Gypsy, Roma and Traveller pupils are contributing to their poor attendance and behaviour – leading to disproportionately high levels of exclusion'*; nearly 9 out of 10 GRT children and young people have suffered racial abuse and nearly two thirds have also been bullied or physically attacked.<sup>20</sup>

Traveller Movement's three years of education casework has revealed that most schools do not properly challenge or acknowledge racist bullying against GRT pupils, and don't include anything about GRT culture and history in their curricula. This often negatively affect GRT children's mental health. The below case study illustrates the effects that unchallenged bullying can have on GRT pupils mental health.

<b>Case study: Bullying</b>
-----------------------------

---

<sup>18</sup> The Traveller Movement, 2015 Improving the health of Gypsies and Travellers.

<https://www.travellermovement.org.uk/health>

<sup>19</sup> Communities and Local Government 2012, Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/6287/2124046.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/6287/2124046.pdf)

<sup>20</sup> Traveller Movement, 2015 Improving the education outcomes for Gypsy, Roma and Traveller pupils.

<https://www.travellermovement.org.uk/education>

**copyright@TravellerMovement**

The mother of a year 8 Irish Traveller boy contacted TM, son had been in and out of school because of bullying and racist name calling. Once he had been strangled with a school tie. He had frequently retaliated. School had compared being called 'p\*key' with being teased for ginger hair.

Son was vomiting in the mornings and spent most of school days in the medical room for anxiety.

School attendance officer to mother: "I think you're doing the right thing home schooling"- mother had never even mention home schooling because she can't read and write.

TM phoned school and informed them that son will be absent until racism is sorted out and school is safe.

TM accompanied mother to meetings with school, school stated that all name calling incidents had been recorded as racism but did not have any records to prove it.

School moved son into new class and designed part-time timetable that avoids lunchtime as that is when conflicts occur. New timetable would be reviewed and, if son is comfortable, increased in following term. Mum was happy of the outcome.

**One year later** mum contacted TM again, son was still being bullied and was suffering from anxiety. He was still attending school with a part-time timetable. In the latest incident son had retaliated and punched another child after they had punched him. School had placed son in isolation to 'protect' him.

Mum had meeting with school with TM involved in the background. Mum decided and school agreed that son will continue on part-time timetable even though TM tried to tell mum this will affect son's education.

**One month later** mum contacted TM again, she had taken son out of school because of bullying. Mum was scared of his safety. She was now considering to home educate although couldn't afford home tutoring and was illiterate. Mum had meetings with teachers with TM's help.

Son went back to school a week after, the school agreed with mum to keep him on part-time timetable to avoid the boys who threatened him.

**Two months later** mum contacted TM again, son had been in and out of school. Son was now on his final warning and would be excluded next time he was involved in an incident.

On the grounds that the school had for years ignored the safety of the boy and the racism against him, TM contacted a solicitor who agreed to take the case. TM helped mum to get legal aid.

## Recommendations

1. Commission a study into the causes of the high rates of suicide among GRT men and communities, and into GRT-specific issues and solutions.
2. Similar to good practice in Ireland on suicide prevention fund a national delivery programme of safe TALK for GRT communities. Since its development in 2006, safe TALK has been used in over 20 countries around the world, and more than 200 selectable video vignettes have been produced to tailor the program's audio-visual component for diverse audiences.
3. Work with the GRT communities to develop a GRT mental health strategy which targets resources and funding at suicide prevention and support; addresses accessibility of services; improves access to information about available services; collects data on access, experience and outcomes from health service users; ensures healthcare professionals understand the different needs of GRT communities; and trials interventions to assess what works in improving the healthcare experience for GRT populations.
4. Fund third sector organisations in developing LGBTQ+ GRT support services
5. Fund third sector organisation in developing educational and awareness raising material about domestic abuse for the GRT communities
6. Fund accredited rehabilitative domestic abuse perpetrator programmes for GRT men
7. Update the NHS data dictionary to include Gypsies, Roma and Travellers.
8. Improve the quality of data collection and analysis on the access, outcomes and experiences of GRT patients in mental health settings in order to better address the disproportionalities facing these communities and to identify early strategies and care pathways appropriate to their needs.
9. Ask questions from Ofsted to make sure their inspectors are suitably trained to challenge schools for systematic racist bullying of GRT pupils.
10. Work with GRT communities to deliver community participation and engagement training to frontline health professionals working with GRT communities.
11. Support third sector organisations to increase the number of GRT employees/engaged in health and social care initiatives.