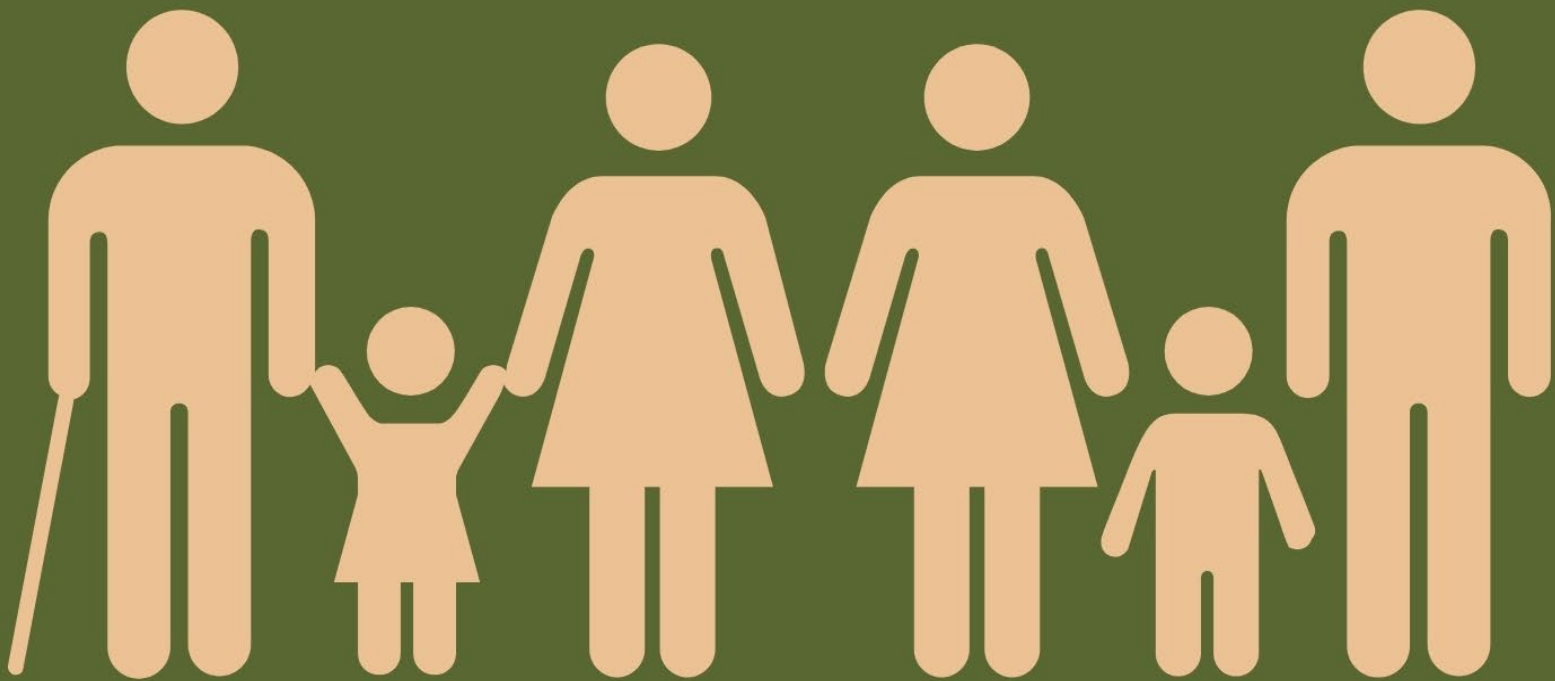


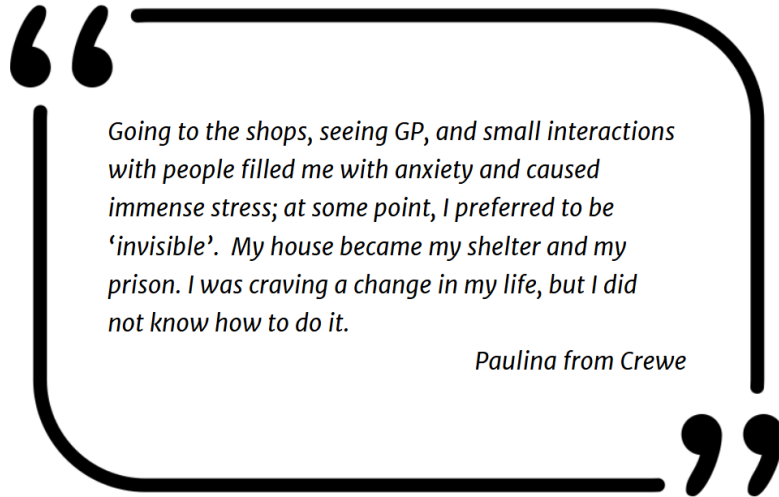
# LARGE IN NUMBERS, INVISIBLE TO SERVICES

Suicide, domestic abuse and homelessness  
among the Polish community in Cheshire East

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Vesta – Specialist Family Support CIC



## Introduction



Mental health problems experienced by the Polish community in Cheshire have been a growing concern for us since we launched the national Polish Domestic Violence Helpline in Crewe in 2014. Over the years, we have observed multiple factors contributing to the deterioration of mental health in the community, such as domestic abuse, financial difficulties, physical illness, disability, childhood trauma, substance abuse, parenting issues, bereavement, racism, loneliness and many more.

We strived to address the complex needs of the Polish families in Cheshire through a range of short-term projects offering domestic abuse helpline, domestic abuse awareness and recovery programmes, counselling, emotional support, peer support groups, wellbeing workshops, parenting courses, advocacy, physical activities and educational resources.

Our efforts to close the significant gaps in the mainstream specialist services provision provided much-needed relief and empowerment to our clients and gave us invaluable insight into their migrant experiences. At the same time, however, they left us in despair because of the scale and seriousness of the problems and the lack of strategies and effective responses from local authorities and commissioned services.

We felt it was crucial to explore the issues experienced by the largest minority group in Cheshire and use that information as an evidence base for more inclusive and effective service design practices for local agencies. This became possible thanks to the support from the Cheshire East Whole Housing Approach (CE WHA) team.

The Whole Housing Approach pilot project in Cheshire East aims to improve access to safe and stable housing for survivors of domestic abuse and their children and to ensure access to a range of housing options and initiatives tailored for domestic abuse.

The project's team reached out to local By & For organisations to build stronger partnership working within the local coordinated community response to domestic abuse that enables By & For organisations to thrive and their clients get the support they need.

Vesta SFS CIC received funding from the project to undertake a range of activities: attendance at steering groups, WHA roundtables, individual consultancy, training for professionals in Cheshire East about effective working with the Polish community and a research project on suicides in the Polish community in Cheshire East and how it overlaps with domestic abuse and homelessness.

We want to thank the CE WHA team for their support in the past months and everyone who committed their time to sharing their data, knowledge, and expertise with us in preparation for the report.

## Why are we concerned?

- In 2020-23 we offered emotional support and counselling to 224 Polish adults across Cheshire. **34% of clients who accessed therapy had suicidal thoughts.**
- Data from the Polish Domestic Violence Helpline shows that 49% of victims felt depressed and/or had suicidal thoughts, and **52% of perpetrators threatened to kill themselves.**
- **Polish women constitute the largest group of victims of femicide after British women**, with almost three times as many victims as the next most represented nationality (UK Femicides 2009-2018)
- The recent report on domestic homicides and suspected victim suicides 2020-23 shows that victims and suspects of **Polish nationality were the second most common after those of British nationality across a three-year dataset** (Hoeger et al., 2024)
- **Suicide rates among the Polish community can be significantly higher than in other groups.** Suicide rates of Polish men in Scotland are significantly higher than Scottish men – 31.5 vs 19.4 (Gorman et al., 2018). The recent joint strategic needs assessment for Ealing borough in London showed that although 5.1% of the Ealing population were born in Poland, 17% of suicide cases involved Polish people (Mangara & Hira, 2023).
- **Despite the Polish community constituting the largest minority group in Cheshire East and Cheshire county, there is no commissioned specialist provision in place to respond to their needs.**

This report aims to look at the local statistical data on mental health and suicide, domestic abuse and housing in relation to the Polish community in Cheshire East and other areas of Cheshire where possible. We also draw from our 10-year experience supporting the Polish community in the UK and the existing reports on discussed topics.



## Polish population in Cheshire

The exact size of the current Polish population in the UK is unknown due to variations in the data recording practices, political and economic changes and crises (e.g. Brexit, Covid pandemic), more favourable social policies in Poland and individual circumstances impacting people's decisions on their stay in the UK. The main source of information remains to be the 2021 Census, however census completion rates among the Polish community might have been lower than expected. For example, they were considered particularly low in rented accommodation with multiple occupants who rent single rooms but share communal facilities or hallways (Madden et al., 2014).

The second dataset is produced for the EU Settlement Scheme (EUSS). It monitors the number of applications made to the Home Office for the new immigration status, enabling Polish and other EU nationals to remain in the UK. The data is cumulative and shows the total number of applications made since the scheme was launched in August 2018. Some people included in these statistics have left the country since then.

The EUSS data is more representative of the Polish population in the UK as the registration with the scheme is compulsory for EU nationals. The table below shows the local and national data about the Polish population. For the analysis in this report, we'll use Census 2021 data about nationality. When Polish people also had British nationality, the census data considered only British nationality in the data analysis, not the Polish national identity. It is estimated that almost 88,000 Polish citizens in the UK obtained British citizenship (Hilton, 2024).

Polish population	Census 2021		EUSS - Sept 2024
	Nationality	Country of birth	Nationality
England and Wales	593,000	743,000	1,084,897
Cheshire East	4,814	5,744	7,883
Cheshire West and Chester	2,765	3,283	4,405
Warrington	2,752	3,517	5,016
Halton	607	806	1,146
<b>Total in Cheshire</b>	<b>10,938</b>	<b>13,350</b>	<b>18,450</b>

# Suicides and mental health

## UK

**The World Health Organisation reports suicide rates for Poland and the UK in 2019 to be at 16.5 v 10.4 for men and 2.4 v 3.4 for women, showing higher rates for Polish men and similar rates for Polish women in comparison to British adults (WHO, 2019).**

There is very limited information about suicides in the Polish community in the UK. This is because the nationality/country of birth of people who died by suicide is not consistently recorded and published by coroners and local authorities. Polish authorities in the UK do not hold that information either. The Polish consulates in the UK should be immediately notified about the deaths of Polish nationals by the relevant British agencies, such as coroners, police or hospitals. The notifications they receive do not include information about the reason of death, unless it was a homicide, therefore they are unable to record information about suicides at that stage. They also don't request that information from the bereaved families later when they offer consular assistance.

So far, the first comprehensive research report in this area was published by a Polish charity based in Edinburgh – Feniks, Counselling Personal Development and Support Services.

### **What can we learn from them about the suicides of Polish people in the UK?**

- The suicide rates of Polish and non-Polish women in Scotland are very similar (5.4 vs 7.3). Polish men have a significantly higher rate than Scottish men (31.5 vs 19.4).
- The analysis of 68 suicide deaths of Polish people between 2012 and 2016 showed that the mean age of women was 32.8 and men 37.0 years; they have lived in Scotland for 5 years on average.
- 37% of people were married/cohabiting, 32% were single, and 28% were divorced/separated. A recent failed relationship prior to the suicide was an important feature.
- Many people had no job or were recently made redundant (35%). Most of those who worked were employed in shift, seasonal or manual work (73%).
- Financial worries, debt, and loss of benefits caused extreme distress to several people.
- Alcohol use was noted for 44% of people who died by suicide.
- Police and legal involvement were noted for several individuals. The reasons for that included domestic violence, controlling behaviour or stalking of current/former partner, family disputes and debt and money concerns.
- There was a striking lack of clear information about medical history and attendance at health services.
- Those close to the deceased often knew of potential self-harm but did not know where to seek help (Gorman et al., 2018).

The disproportionately high numbers of Polish people who died by suicide were also reported in other areas, such as Birmingham (Birmingham Suicide Prevention Strategy, 2019) and Ealing. The recent joint strategic needs assessment for Ealing borough in London showed that although 5.1% of the Ealing population were born in Poland, 17% of suicide cases involved Polish people (Mangara & Hira, 2023).

The second report published by Feniks explores the main problems that impact the well-being of Polish men in Scotland and their help-seeking approaches. It gives us an invaluable insight into the migrant experiences of Polish men, which have a significant impact on their mental health:

- **Loneliness was the main problem affecting Polish men – it included homesickness, being single and being isolated.**
- **Hardworking Poles stereotypes – Polish men felt overloaded with work and had no work-life balance.** They worked hard, very long hours, which impacted their private life and limited opportunities to create and maintain social relationships. The stereotype of a hard-working Polish man can pressure men to work too much and too hard.
- **Instability of work, temporary contracts and working below qualifications or education.**
- **Discrimination at work and the feeling of being “second-class citizens” – they often felt that they had to work harder to prove their value.**
- Unrealistic expectations of people back in Poland that those who live in the UK have lots of money and a higher standard of life put pressure on men to succeed here, and when they don't, they feel that they have failed.
- **Financial difficulties and the social expectations of a man-successful breadwinner put pressure on men and make them feel that their masculinity is threatened.**
- **Problems in relationships and masculinity** – Polish men show less flexibility than Polish women in adapting to the more egalitarian society where patriarchy and clearly defined gender roles are less profound, and “interpret the power imbalance in the relationships with women as a loss of authority and thus their masculinity. This leads to fears of losing their position or their partners”. They can turn this fear into anger and blame women for being disloyal.
- **Cultural differences** – men found it difficult to integrate because of the language barrier and different rules for communication, e.g. not understanding “small talk” or being direct and straight-talking which can be perceived as being rude in the UK.
- **Drugs and alcohol – easier access to drugs than in Poland can be seen as an easy solution to problems. Alcohol use was seen as a coping mechanism for stress.**
- Only a romantic partner and friends were seen as a source of help; the preferred institutional support option among men focused on psychologists, with many wishing to work with Polish-speaking professionals (Kopeć and Czarnecka, 2020).

Although problems in relationships were mentioned by men in Feniks' research, the victimisation through domestic abuse was not highlighted, and we have no information suggesting that intimate partner abuse contributed to Polish men's ill mental health. It doesn't mean that men do not experience abuse; it's more likely that they find it embarrassing to admit to being abused or don't recognise certain behaviours as abusive.

We haven't found reports focusing specifically on mental health of Polish women in the UK, however we will explore factors impacting their mental health further in the report. Data from Poland shows that although women suffer from depression and attempt suicide more often than men, they choose suicide methods, giving them a chance of survival (e.g. medication overdose) in comparison to men, whose methods are more final (e.g. hanging). Polish women are more open to social interactions and help-seeking than Polish men (Oko Press, 2022).

## Local data about suicides and mental health

The data about suicides in Cheshire is monitored by the Real-Time Surveillance System (RTS). It aims to provide profile and comparator analysis of suspected suicides to identify trends and risks which will allow for interventions to be implemented in a timely manner. The coroner sends notifications about people who died by suicide to public health teams in Cheshire East, Cheshire West and Chester, Halton and Warrington. The limited amount of data the coroner provides makes it very difficult to link various factors and demographics. **The nationality of the deceased is not recorded at this stage.**

The local authorities also complete suicide audits periodically, exploring a wider range of facts relating to suicides. The nationality of the deceased has not been analysed there either. Only one suicide audit, completed for Warrington in 2015, considers the nationality factor and reports that a disproportionate number of Polish-born men died by suicide (JSNA, 2016).

We had meetings with suicide prevention officers for Cheshire East, Cheshire West and Warrington, and they assured us that the nationality of people who died by suicide will be considered in the next suicide audits completed in 2025.

We also spoke to Amparo, an organisation offering practical and emotional support to people bereaved by suicide in Cheshire. They could not provide information about the numbers or the nature of engagement with Polish families. Although they do not currently record the nationality of their clients, they may be able to adapt their systems in the future to create a separate function for that purpose. We published information about their service in Polish on our Facebook page to promote their support to the Polish community.

**In 2020-23, Vesta SFS CIC offered emotional support and counselling to 224 Polish adults across Cheshire, with the majority of clients residing in Cheshire East (66%).**

The key findings from this project are as follows:

- The majority of clients have never used mental health services before; they didn't know which agencies offered mental health support in Cheshire.
- It was a great relief for clients to discuss their problems in their native language with a therapist who shared their cultural background. It is illustrated in feedback from one of our male clients: **“The therapy helped me a lot. I had a few therapists, Polish and English; your therapist was the first I had opened up to so much. I was paralysed for months; I did not feel like doing anything. After the therapy I started to get out of bed, I am more motivated to do things. I wish I could have more sessions.”**
- **34% of 94 clients who accessed therapy had suicidal thoughts.** Most of them suffered from moderately severe (34%) and severe (20%) depression and moderate (41%) anxiety. Domestic abuse was a primary reason for mental health support for 21% of clients, and housing was the main reason for one client. 85% of clients reported improvement after therapy.
- **Most clients self-referred (68%), and we worked mainly with women (62%) but also supported 53 men. Most clients had children (58%), and parents' poor mental health affected them too.**
- **Most clients had complex needs and required long-term support from specialist services.** We worked with clients who experienced domestic abuse; their children were subject to care proceedings and child protection plans and faced challenges with parenting, housing, racism, alcohol, bereavement or poor physical health.
- **Polish men were reluctant to ask for support when they experienced mental health problems,** and when they did ask for help, their condition was severe and required long-term specialist support. The main factors contributing to Polish men's mental health problems were loneliness, relationship breakdown, alcohol misuse, long-term illness and financial difficulties.

- **Despite our promotional efforts, we did not receive any referrals from clients from the LGBT community,** and more work needs to be done to reach out to them effectively.
- **Other third-sector agencies in Cheshire East offering mental health support are not accessible to clients who cannot speak English.** They often do not have cultural awareness or access to interpreters and/or have no bilingual staff. They often relied on Vesta to support their Polish clients.

We also delivered lower-level activities supporting mental health in the Polish community in Cheshire, including wellbeing workshops and fitness classes for women and a hiking group for men. There is a lot of interest in group activities among women; they provided an excellent opportunity to socialise and self-refer to us for therapy. Shift and weekend work were the main reasons men gave for the lower participation uptake in the hiking group. However, when we invited women to join the group, men's interest in joint trips increased.

Research on Polish people's use of psychological services in the UK shows a disconnect between British psychologists' and Polish clients' perceptions of reasons for a low uptake of psychological services. **The prevailing view among the psychologists was that unhelpful help-seeking attitudes and beliefs of Polish people (such as stigma, preference for treatment in Poland or lack of understanding of local provision) affected referral rates, access and engagement with services.** Only a few responses indicated that there might be factors within the services that affected the referral rates and engagement. This presents a common view among professionals and researchers that there is something in the community that prevents its members from seeking help and that the problems that people face are of their own making. Polish clients in the survey who used psychological services highlighted the prevailing narratives in the Polish community about the poor quality of the NHS services in general and that it was difficult to access psychological help through GPs. **They said the lack of knowledge of services might be linked to a lack of accessible information. There was a strong preference to see a Polish professional that went beyond the language and included the assumption of a shared understanding of concepts that might be specific to Polish culture, such as "Polish mentality", history, Adult Children of Alcoholic syndrome (Pleitgen, 2018).**

We see similar perceptions on a local level. Cheshire, Halton and Warrington Race and Equality Centre (CHAWREC) conducted research for Cheshire East Council in 2015 to explore the reasons behind the low uptake of early help services offered by third-sector commissioned providers among people from Black Minority Ethnic (BME) communities.

They found that the majority/all of service providers:

- Were not aware of barriers faced by people from BME backgrounds and/or were not taking steps to overcome them
- Believed that low numbers of clients accessing services did not justify resource allocation for them
- Did not take positive steps to attract employees or volunteers from BME communities
- Did not understand the importance of being culturally competent before a client approached them, rather than retrospectively
- Were not aware of the public sector duties set out in the Equality Act 2010 and their responsibilities with regard to these (CHAWREC, 2015).

The report also included a long list of recommendations for the council and the third sector organisations. Although we have seen positive changes in the attitudes and responses to the needs of minoritised groups in Cheshire East in the past ten years, we are far from seeing a systemic shift towards an equitable support system. We don't know how third-sector commissioned services respond to the needs of minority groups in Cheshire East now, and it would be helpful to explore this issue again.



We found that 94% of organisations which received Health, Wellbeing & Cost of Living Crisis grants for 2023/2024 from Cheshire East Council do not have access to interpreters, which automatically excludes from their provision the most vulnerable members of our diverse communities who do not speak English well.

**Polish people and other national groups are invisible in the council's policies, joint strategic needs assessments, strategies and action plans.**



## Severe mental illness

Migration is one of the risk factors for a range of psychiatric disorders among first and second-generation migrants, including the diagnosis of schizophrenia and all types of psychoses. This phenomenon is explained by the concept of “long-term social defeat” – a consequence of obtaining a subordinate position in society and an outsider status (Maciągowska & Hanley, 2017). Stress related to having such a position may increase the effects of an individual’s underlying genetic and other environmental risks for developing schizophrenia.

People at a higher risk of suicide in Poland include those who are addicted to substances and suffer from depression, borderline disorder or schizophrenia (Kawecki, 2019). **We have worked with several Polish clients with schizophrenia/borderline disorder and with family members affected by these illnesses. Some of them were perpetrators of domestic abuse. It was difficult for family and professionals to distinguish which of their behaviours were manifestations of abuse and mental health illness, sometimes resulting in risk minimisation and family focus on supporting the perpetrator rather than their safety.**

Some research suggests that Polish people recognise the term “depression” correctly less often than British people – depression was recognised as a disease by 60% of British and only 32% of Polish respondents (Nagórska, 2018). Polish people may not seek professional help for depression if they do not perceive it as a medical condition requiring treatment. We also hear from some of our clients that they would rather not contact their GP to ask for therapy or medication for depression as they worry that it would be noted on their records and could be used against them by various agencies, e.g. children's services.

Therefore, it was necessary to establish further facts on the seriousness of these issues in the Polish community in Cheshire East. A request has been made to the NHS Cheshire & Merseyside Integrated Care Board (ICB) for information about numbers of Polish people registered on the severe mental illness register in Cheshire and hospital admissions for Polish people with anxiety disorder, depressed mood, depressive disorder, psychotic disorder, schizophrenia, self-injurious behaviour and suicidal thoughts. **The ICB do not record the nationality of patients and could not provide that information.**

The widespread negative political and media discourse about Polish migration and representations of “Eastern Europeans” as a “strain on public services” institutionalise discrimination in access to resources and rights and conceal the politics of austerity and erosion of social security standards (Lewicki, 2023). The recent independent investigation into the NHS in England found that the progress on health equity cannot be measured as the data is not always available (Darzi, 2024).

**The author of the report also says that “in the NHS, what gets measured, gets funded”. The inadequate data collection practices create a convenient situation for the ICB as it allows them to turn a blind eye to the specific needs of minority groups, and they continue to see a specialist service provision for the underrepresented groups as an “optional extra” and not an integral part of the NHS business.**

# Domestic abuse

## UK

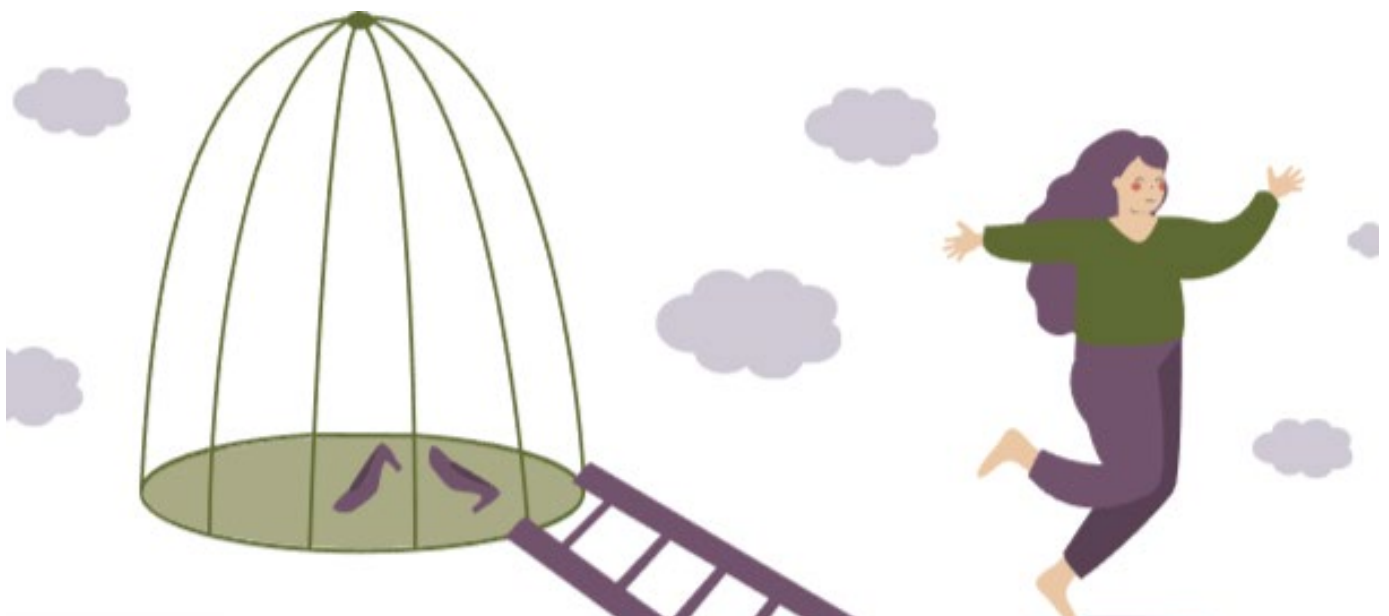
**There is very limited information about domestic abuse in Polish families in the UK.** This results from inadequate data recording and reporting practices by statutory and voluntary agencies and the Office for National Statistics. They record ethnicity only for victims and perpetrators, which places Polish people in the “white other” category, making them completely invisible in statistics. It also gives them a precarious position of “in-betweeners” who are not white British and not people of colour, which obscures their additional service needs and results in vulnerable people being overlooked by existing domestic abuse services. **Polish people are also categorised as “Eastern European – a homogenising label that carries ambiguous racial connotations (...). They are classified as white, privileged, and ‘of Europe’, which some channel into white supremacy. Yet, they are also structurally and geopolitically positioned as inferior Others within hierarchies of Europeanness” (Lewicki, 2023).** Different groups can become “racialised” irrespective of their skin colour, based on the social construction of race related to culture, ethnicity, religion or immigration status (Pleitgen, 2018). The term 'racially minoritised' is used for Polish migrants to reflect the emerging forms of racism in the UK. Recognising these issues does not mean equating these expressions of racism and xenophobia against Polish migrants in the UK with the historical and structurally rooted experiences of other racially minoritised communities in the UK. Racism can take diverse forms and expressions (Zielińska et al., 2022).

The first research report about Polish women’s experiences of domestic abuse across the UK was published in 2022 – “Polish women’s experiences of domestic violence and abuse in the United Kingdom “.

It provides us with the following key findings:

- **Nature of abuse** - Women experienced all types of abuse; coercive control was the most common; Isolation was one of the earliest tactics used by perpetrators. Perpetrators also used different forms of economic abuse, e.g. incurring debts in women’s name and controlling access to benefits, education and employment. Post-separation abuse was common, and perpetrators used contact with children to exert control. Women’s understanding of abuse was shaped by Polish socio-cultural and religious norms about women’s role within families and pressure to maintain family units.
- **Migrant context** - Language barrier and unfamiliarity with local and national service provision and legislative frameworks in the UK were common; pressure to have a successful life in the UK - relationship breakdown was seen as a failure in achieving that; Isolation and limited affordable childcare options reduced ability to leave;
- **Institutional barriers** - State policies around benefit entitlements, housing and no recourse to public funds; Cooperation with children services perpetuated persistent worries about children being taken into care; Therapy was not available in the native language and women felt that access to NHS therapies was made difficult by GPs who preferred to prescribe medication instead; scarcity of specialist provision of Polish By and For organisations, which was a preferred option for survivors; Breaches of non-molestation orders were not pursued in courts and where charges seemed to have been dropped, women were not informed.
- **Help-seeking approaches** - Women learnt about available services and support from a diverse range of sources: GPs, police, professional contacts, children’s schools, organisations for the Polish community in the UK, shops, family and friends, employers, online searches and referrals from domestic violence and abuse helplines; women often complemented support from services with self-help and support groups, some based within their Polish networks, e.g. on Facebook (Zielińska et al, 2022).

Kelly Johnson, in her exploration of Polish women's experiences of domestic abuse and associated service engagement in Edinburgh, reported that at times of crisis, they rely more on help from the state and charities because they have little social & economic capital upon arriving in the UK (e.g. no local support network or means to finance new accommodation). She also found that several women were provided with no support beyond provision to "go home" and some service providers viewed Polish nationals as readily mobile and transient outsiders with an ambiguous status of belonging. Many participants couldn't simply go home as they feared that they would face stigmatisation and destitution if they returned (Johnson, 2017)



## Risk factors

We know from our work with Polish victims/survivors of domestic abuse locally in Cheshire and nationally that the majority of victims are women, and they usually contact services when the abuse is severe and they are very concerned about their safety and the wellbeing of their children. Our analysis of 138 Domestic Abuse, Stalking and harassment and Honour based violence (CAADA DASH) risk identification checklists completed with Polish victims who contacted our helpline in 2015 and 2017 revealed that 75% of callers scored more than 10 marks, meeting the threshold of a high-risk victim requiring support from the independent domestic violence advisor (IDVA). 30% of clients scored 14+, presenting a “visible high risk” of serious harm. Most callers experienced cultural barriers to disclosure and had limited English language proficiency which elevate risk and require referral to the Multi-Agency Risk Assessment Conference (MARAC) even when they do not score 14 marks.

Risk factors	
Victims	Perpetrators
<ul style="list-style-type: none"> <li>• 83% of callers lived in fear</li> <li>• 57% of clients felt isolated from family and friends</li> <li>• 49% felt depressed/had suicidal thoughts</li> <li>• 70% reported partners being controlling and/or excessively jealous</li> <li>• 50% were threatened to be killed by perpetrators</li> <li>• 36% were strangled/choked/grabbed by their throat</li> </ul>	<ul style="list-style-type: none"> <li>• 67% of perpetrators had problems in the past year with drugs, alcohol or mental health. Alcohol addiction was the main issue reported by clients</li> <li>• 52% of perpetrators threatened or attempted suicide</li> <li>• 68% had been in trouble with the police or had criminal history</li> </ul>

Domestic violence in Polish families can be fatal, and we assisted several domestic homicide review (DHR) panels across the country, where we shared our expert knowledge and experience of the Polish community. Two of the recent reviews related to victim suicides following domestic abuse. The most common themes in the DHR reviews include:

- **Issues with interpreting** – agencies either did not have interpreting provision in place, the service they used was unreliable, or family/friends/perpetrators were used to assist victims linguistically
- **Limited reporting** - domestic abuse remains a hidden problem in the Polish community, and agencies had limited information about clients – this was likely to be a result of cultural barriers in the community and inaccessibility of services across the sectors working with domestic abuse, mental health, addictions
- **Limited or non-existing Polish groups/organisations/specialists in the area** – victims could not seek support in their native language, feel less isolated and build support networks.
- **Lack of enquiries about domestic abuse in Poland** – agencies did not enquire about the history of abuse in Poland, which could inform risk management strategies.

Maciej Matusiak, who analysed DHRs relating to Polish victims in the UK, also highlights the risks of perpetrators of domestic abuse taking their own lives. He found that 5 out of 12 self-inflicted deaths of Polish prisoners between 2011-18 involved offenders convicted of domestic abuse offences (Matusiak, 2019).

There have been several familicides followed by offender’s suicide in the UK. One of the recent homicides happened in 2023 in Hounslow, where Michał Włodarczyk (39) fatally stabbed his wife Monika (35) and two children, Maja (11) and Dawid (3), before taking his own life.



The femicide statistics reported by the Femicide Census show that Polish women are second after the British, with the highest number of women killed by men in England and Wales between 2009 and 2021.

The high numbers of Polish-born women in the femicide statistics may indicate higher prevalence levels of domestic abuse, more significant barriers to leaving or inaccessibility of local services, which increase the duration of the abusive relationship, thereby escalating the risk of serious harm and death.

We see similar trends in the domestic homicide statistical data. The Domestic Homicide Project analysed data related to homicides in England and Wales between 2021 – 2023.

They explored intimate partner homicides, suspected victim suicides following domestic abuse, adult family homicides, unexpected deaths, child deaths and deaths classified as ‘other’.

**They found that victims and perpetrators of Polish nationality were the second most common after those of British nationality across the three-year dataset, at 4% (Hoeger et al., 2024).** Although Polish is the most common national identity after UK nationals in England and Wales, the size of this group stands at 1% (593,000) in the 2021 Census, which could indicate that **the number of homicides is disproportionately high in the Polish community.**

Homicides in England and Wales between 2021 – 2023	
Victims	Suspects
British – 83% (464)	British – 83% (493)
<b>Polish – 4% (24)</b>	<b>Polish – 4% (25)</b>
Indian – 2% (9)	Romanian – 1% (8)
Welsh – 1% (6)	Welsh – 1% (7)
Romanian and Lithuanian – 1% (5)	Indian – 1% (5)
(Of the 723 victims across the three years, 22% (n=162) did not have a recorded nationality)	(of 754 suspects 21% (n=158) did not have a recorded nationality)

The main risks related to suspects identified by the domestic homicide project included coercive controlling behaviours, mental ill health, alcohol and drug misuse and (threat/fear of, or actual) relationship ending/separation (Hoeger et al., 2024).

The identification of risk factors for homicide can be more effective when it is set in the context of a homicide timeline developed by Prof Jane Monckton Smith, which lists stages that represent an escalation in risk:

1) History of perpetrator, 2) Early relationship, 3) Relationship, 4) Trigger, 5) Escalation, 6) Homicidal Ideation, 7) Planning and 8) Homicide.

The progression from one stage to another helps to understand the motivation to kill and identify opportunities at each stage to prevent the homicide from happening (Monckton Smith et al., 2022). For example, the perpetrator's response to a small challenge to their control at stage three might reveal how they might respond to future more significant challenges. This approach to homicide prevention is possible when victims work closely with support agencies and make detailed reports about the abuse they experience, so it's crucial to break the barriers for Polish families to access services and foster positive collaboration.

**The risks posed by Polish perpetrators can be complicated by the transnational nature of Polish migrants' social mobility.** Perpetrators can easily avoid arrest, flee the country, and then re-enter. They threaten and harass families from abroad. They also use their rights to block requests for children's passports or travel abroad. The police and service providers cannot make fully informed risk assessments for some Polish families, given the additional complexities involved in the above factors and accessing case histories located abroad (Johnson, 2017).

Our observations of Polish perpetrators based on our work with them concur with the findings of the Respekt project in Edinburgh, which offered a behaviour change programme to Polish perpetrators. **Men often use cultural differences as justifications/excuses for their abusive behaviours; their understanding of domestic abuse centres on physical violence, and they feel their role in the family is to be financial providers and place less importance on their parenting responsibilities.** They feel reluctant to discuss their mental health problems (Bartsch et al., 2015). We also noticed that their motivation to change is driven by their desire to be reunited with their children.

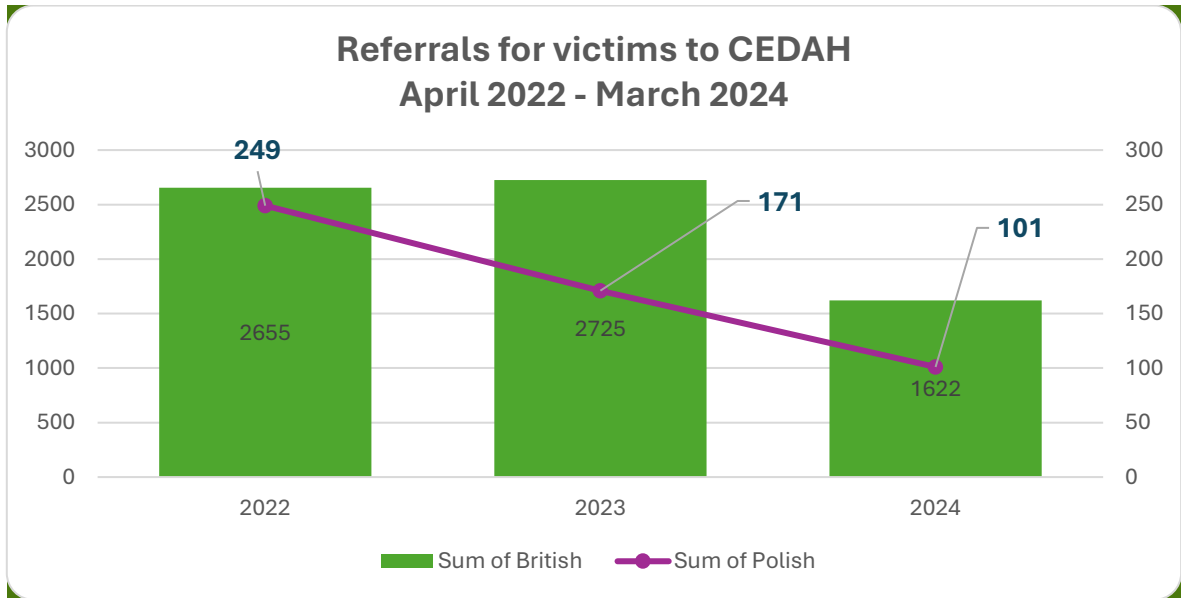
Parenting courses and therapy were also needed to support their change process and increase parenting capacity and mental wellbeing.

We still don't know enough about victim's suicides following domestic abuse in Polish families. British studies show that some of the characteristics of people who take their own lives in the context of intimate partner abuse include experiences of coercive control, stalking, isolation, threats, entrapment and lack of hope, and failure of services (Monckton Smith et al., 2022). The Domestic Homicide Project also found that the prevalence of coercive controlling behaviour, non-fatal strangulation and separation was higher in suspected victim suicides following domestic abuse than in intimate partner homicides (Hoeger et al., 2024). Our analysis of risk assessments completed with Polish victims shows that many of the above factors strongly feature in their relationships.

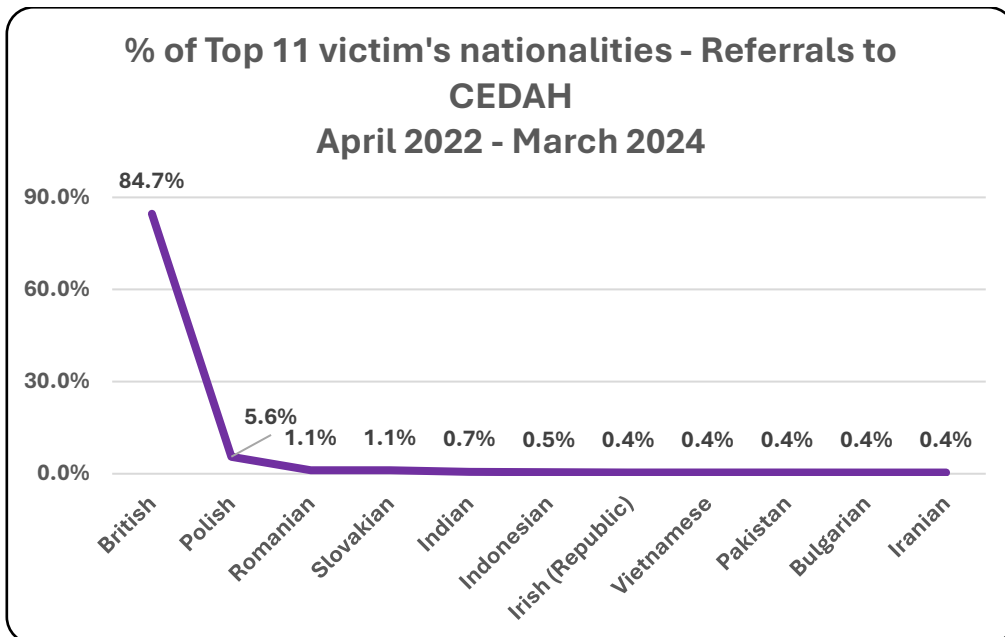
## Local data about domestic abuse in Polish families

Cheshire East Domestic Abuse Hub (CEDAH) is the front door service for all people who experience domestic abuse in Cheshire East or are concerned for others. CEDAH provides information, a helpline and onward referral for any adults who are harmed and those who are hurting others, as well as children and young people.

Data provided by Cheshire East Council for the two years from April 2022 to March 2024 shows that 521 Polish victims were referred/self-referred to CEDAH.



Referrals for Polish victims were the second most common after British, at 5.6% of all national groups. The Polish minority group constitutes 1.2% of the Cheshire East population (Census 2021), which would indicate that Polish victims are overrepresented in domestic abuse services.





**Polish victims were about 25-30% less likely to self-refer but were twice more likely to present as victims in a healthcare setting.** Referrals from health professionals come mainly from hospital IDVAs (this includes referrals from midwives), rarely from GPs.

The lower levels of self-referrals indicate limited visibility and awareness of domestic abuse services among the Polish community. The higher levels of disclosure of domestic abuse to health professionals require further exploration and understanding of which professionals victims trust the most and which settings make them most comfortable to share personal experiences of abuse.

We made a request to MyCWA for data about Polish perpetrators engaging in their CARA and Evolve projects. We have not received any information about the numbers or engagement levels but we have anecdotal information from employees working with perpetrators that the numbers of Polish clients were very low. Similarly, CEDAH reported that only 6 Polish perpetrators were referred to their service from April 2022 to March 2024.

**Data from Cheshire Police about domestic abuse crimes involving Polish nationals recorded between January 2021 and December 2023 shows high numbers of Polish perpetrators of domestic abuse in Cheshire East.**

Domestic abuse crimes where <u>perpetrator</u> was Polish - January 2021 - December 2023				
Local Authority	2021	2022	2023	Total
Cheshire East	118	132	99	349
Cheshire West and Chester	47	38	63	148
Halton	7	7	13	27
Warrington	89	58	57	204
<b>Total</b>	<b>261</b>	<b>235</b>	<b>232</b>	<b>728</b>

Domestic abuse crimes where <u>victim</u> was Polish - January 2021 - December 2023				
Local Authority	2021	2022	2023	Total
Cheshire East	71	81	61	213
Cheshire West and Chester	33	20	37	90
Halton	4	2	2	8
Warrington	37	26	37	100
<b>Total</b>	<b>145</b>	<b>129</b>	<b>137</b>	<b>411</b>

**There are significantly higher numbers of Polish perpetrators than Polish victims. In our experience, victims are usually in relationships with Polish perpetrators and vice versa.** The discrepancies might indicate that nationality is recorded more often for perpetrators on police systems. It can also mean that some victims and perpetrators who are Polish are in relationships with other nationals. This adds another dimension to understanding risks and barriers in multicultural contexts.

We also requested data from Rape and Sexual Abuse Support Centre (RASASC) about their Polish clients in the past 12 months (from September 2023). They informed us that they received 20 referrals, all for females, 14 for adults and 6 for young persons. Seven clients received further support from RASASC - 6 counselling support & 1 ISVA support. RASASC actively reached out to Vesta as they noticed a low uptake of their services in the Polish community. We secured a small pot of funding to collaborate on a project which aims to increase awareness of sexual abuse in the Polish community.

# Homelessness

## UK

It appears that the housing needs of Polish victims/perpetrators of domestic abuse have not been explored yet in the scientific literature; we haven't come across any reports on this topic. We know from our work with Polish clients that financial and housing concerns represent a significant barrier to leaving an abusive partner. In our analysis of CAADA DASH RICs completed with helpline clients in 2015 and 2017, we found that almost half of Polish victims did not try to leave their abusive partners in the previous year (49%). Most of them experienced financial difficulties (75%), which would be one of the main factors preventing them from leaving.

We do not hold statistical data relating to housing as this area is outside of our expertise. However, based on our work with Polish people affected by domestic abuse in the past ten years we know that:

- **Polish women are very reluctant to go to a refuge** – this may be linked to their limited social and financial capital upon arriving in the UK; they have no means to finance life in a new place; some women's perception of a refuge is a "run-down building full of people with multiple problems" which would not be a safe place for their children; clients gradually build a new life in the UK after leaving all they had in their home country and to leave their homes and start this process again may be too overbearing for some women.
- **A lot of refuges did not want to accept Polish victims** – they told us that the clients could not access their services as they did not speak English or they did not qualify for housing benefit which would cover their stay in a refuge. The latter reason was often given even before they assessed the client's situation, and it appeared that refuge workers did not understand the law regulating housing entitlement for European Union nationals, and it was easier to simply turn them away.
- **Most clients lived in accommodation rented from private landlords** – some women did not know whether they had sole or joint tenancy with partners or whether they had a tenancy agreement. They also did not know what rights and options they had as tenants experiencing domestic abuse.
- **Most clients did not have social networks** – they could not rely on relatives or friends to offer them a place in their homes or support them in securing new accommodation. This increased their reliance on help from local authorities and domestic abuse agencies, and when it was not provided, victims had no choice but to stay with abusive partners.
- **In recent months, we have been receiving increasing pleas for help from Polish women who have joint mortgages with perpetrators** – the abusers refusing to sell the house or not paying their share of the mortgage on jointly owned property post-separation.

The other concerns mirror those expressed by women in the Women's Aid report on the housing crisis and include lack of access to money to cover the costs of a new home (rent, deposit, bills), fears of becoming homeless, being denied help from their local housing team and experiencing difficulties in finding a landlord who would accept rent paid by state benefits (Magnusson & Davidge, 2020).

The Respekt project in Edinburgh highlighted the potential risk escalation from Polish perpetrators of domestic abuse following their release from custody. When they had bail conditions not to approach and contact their partners, they often became homeless, which increased risks to women and children (Bartsch et al., 2015). Post-separation harassment is very common in Polish families in the UK. Perpetrators use children's needs and their vulnerable position as homeless migrants to put pressure on their partners to agree for their return home. This creates more conflict and heightens the risks to everyone: victims, children and perpetrators.

Organisations working with homeless Polish people in London noticed that their primary need was to secure accommodation and the income to support it. They did not generally require long-term support compared to other clients, however if the support with housing and employment was not offered in a timely manner, there was a risk that they would drift into deeply damaging “entrenched homelessness” (Tindam, 2020). Gaining independent housing is the first step away from homelessness, but if the tenancy is not sustained or social networks do not exist, then people are very vulnerable to a return to their previous lifestyle. Isolation and loneliness have been identified as important factors that can lead to tenancy breakdown (Boswell, 2010).

The national data on housing tenure shows that over half of residents born in EU countries lived in privately rented accommodation (53%), 13% used social housing and 29% owned property. However, people who settle permanently seek better housing, avoid shared accommodation, and are likely to acquire a house (Migration Observatory, 2024).

## Local data about homelessness and housing needs of Polish nationals

People who are homeless or threatened with homelessness in Cheshire East can request assistance from the Housing Options Team. After accepting the application, the local authority will inquire whether the applicant is

- **eligible for assistance**
- **homeless/threatened with homelessness within 56 days.**

The eligibility for housing includes the applicant’s immigration status, among other factors. Polish people who have settled status (indefinite leave to remain) are entitled to receive housing assistance, those with pre-settled status however, can apply for housing if they have certain rights to reside. Family members of an EU citizen with settled or pre-settled status can come to live in the UK after 31 December 2020 and can apply for their own settled or pre-settled status within 90 days of arrival. Polish people who arrive in the UK from 1 January 2021 can stay in the UK for up to six months as a visitor. They cannot work, study, or access public funds during this period, including benefits and social housing. The complex areas of housing entitlement of Polish nationals in the context of domestic abuse are explained in our guide [“Getting and paying for housing”](#) written by national experts Sue Lukes and Liz Davies KC.

The next step is for the homelessness team to establish if the applicant is owed:

- **the prevention duty** – the applicant is likely to become homeless in the near future – the authority will offer support and advice to enable the applicant to stay in their current home
- **the relief duty** – the applicant is homeless and in priority need – the authority has a duty to offer temporary accommodation while they help to find long-term accommodation

We requested information about domestic abuse-related homelessness applications for Polish nationals in Cheshire East for a 3-year period January 2021 – December 2023. The data shows that 152 Polish people made applications for homelessness assistance during that time, placing themselves as the second national group on the list after British nationals. The 2021 census data for Cheshire East shows that Polish people’s population stands at 1.2%, indicating that 1.7% of all homelessness applications would be quite proportionate to the overall size of this group. The proportion of domestic abuse-related applications for Polish and British nationals is similar – 5.9% and 5.7%, respectively. This might indicate that Polish people have similar knowledge of housing assistance from the council. It’s worth noting that the housing options was the only agency that advertised the availability of interpreters on their website. The police, domestic abuse agencies, NHS mental health services and RASASC do not publish that information, although all of them can access interpreting and translation services.

Homelessness applications where reason for loss of settled home is either DA victim or DA perpetrator January 2021 - December 2023				
	All cases opened	% of all cases	DA related cases	% of all cases
UK National	6150	70.3%	351	5.7%
Non-EEA Country National	308	3.5%	5	1.6%
<b>Poland</b>	<b>152</b>	<b>1.7%</b>	<b>9</b>	<b>5.9%</b>
Other EEA country national	45	0.5%	2	4.4%
Slovakia	37	0.4%	0	0.0%
Romania	25	0.3%	2	8.0%
Hungary	9	0.1%	0	0.0%
Syria	9	0.1%	0	0.0%
Ireland	8	0.1%	2	25.0%
Czech Republic	7	0.1%	2	28.6%
Afghanistan	6	0.1%	0	0.0%
Bulgaria	5	0.1%	0	0.0%
Latvia	3	0.0%	0	0.0%
Lithuania	3	0.0%	0	0.0%
Slovenia	1	0.0%	0	0.0%
Blanks (data not recorded)	1979	22.6%	8	0.4%
<b>Total</b>	<b>8747</b>	<b>100.0%</b>	<b>381</b>	<b>79.7%</b>

Nine Polish people applied for homelessness assistance in relation to domestic abuse to the Cheshire East Council from January 2021 to December 2023.

All victims were women (8), and the perpetrator was a man (1). Five out of eight victims had children; the perpetrator was single. The majority of victims (5) and a perpetrator were over 40 years old. Most victims were employed (5), and the perpetrator was unemployed. The Census 2021 data for Cheshire East shows high levels of employment among the Polish population – 87% (4195). Financial independence is an essential factor in securing and sustaining accommodation, and we need to learn more about factors affecting employment rates among Polish victims and perpetrators.

Accommodation at point of application varied, applicants rented from private and social landlords, lived with a family or were homeless. Only the perpetrator was not eligible for assistance, but we had no information about a reason for that. The majority of victims were supported in securing existing or alternative accommodation with the Prevent duty – 2 of them worked, and 3 stayed at home due to family caring responsibilities or long-term sickness/disability. It's positive to see that victims were supported by the council, but what happened with the perpetrator? Has he fallen through the cracks of the system, started sofa surfing or became homeless and started harassing his ex-partner? The information about perpetrators being refused housing should be passed to workers supporting the victim to inform safety planning strategies.

There is no information available about homelessness in the Polish community apart from the data from the council, so we tried to fill the gaps in our knowledge by speaking to representatives of two agencies supporting homeless people in Crewe, YMCA and Lath. We asked them about their experiences working with homeless Polish people.

## YMCA

They have worked with 3 Polish men in the past 12 months. All clients self-referred; they rarely receive referrals for Polish people from other agencies. They were mainly older men in their 40s and 50s. None of them have been known to the service as perpetrators of domestic abuse.

The main problems experienced by clients include:

- substance misuse, mainly alcohol
- problems with physical and mental health
- relationship breakdown
- problems with sustaining work due to alcohol addiction

YMCA workers encounter several difficulties when they work with Polish homeless people:

- **clients don't attend sessions with support workers and generally don't engage with support offered to them – they spend most of their time with Polish friends in town and only sleep at YMCA**
- **alcohol misuse affects engagement levels**
- **language barrier affects effective communication, the service uses Language Line**

## Lath

About 10 Polish people attend their weekly activities in Crewe. Most of them are men. They come to the centre to socialise with other Polish people and play cards/billiard together. They can use a shower and a washing machine and have a hot meal. Lath benefits from the support of the Polish-speaking volunteer, which makes a significant difference to clients who can receive individual support in their native language.

The main problems experienced by clients:

- **drug and alcohol misuse**
- **homeless people sleep at friends' houses, in garages and tents; some stay at supported accommodation (they are reluctant to return to work as they worry that they'll lose accommodation and won't sustain a tenancy in a new place)**
- **undeclared work**
- **mental health problems, depression, suicidal thoughts**
- **disability and problems with physical health**
- **lack of understanding of the UK systems – clients require a lot of practical and emotional support**

It appears that higher levels of engagement were present in the organisation, which offered services of a Polish-speaking worker and opportunities to socialise with other Polish people. Sometimes, when clients don't utilise available support options, professionals believe that clients don't need support or refuse to co-operate. Over the years, we have seen many professionals stating that Polish victims of domestic abuse "disengaged" from services, and the label of the "disengaging client" stuck firmly to them, affecting their future interactions with services. In our experience, clients "disengage" when the services don't meet their particular needs at the given time.

## Summary

Our report highlights many risk factors potentially increasing the level of suicides, domestic abuse (and homicide), and homelessness in the Polish community. **Five risk factors were present across all areas: recent failed relationship/separation, unemployment/financial difficulties, substance misuse (mainly alcohol), mental health problems and clients not accessing support services.**

The report presents a desktop analysis of existing data, which forms a basis for further exploration of discussed topics. **The experiences and views of Polish people should be considered as the next step in understanding their specific needs and how they use services in Cheshire East. Our work revealed significant gaps in statistical information about Polish clients due to services not recording clients' nationality, the NHS and coroners showing the most negligent approach to accurate data collection.**

**We see concerning gaps in service provision, such as work with perpetrators of domestic abuse, victims of sexual abuse and community-based specialist mental health support for the Polish community. Polish victims of domestic abuse are also overrepresented in referrals to domestic abuse agencies.**

We haven't explored other significant areas of concern: how local services support Polish clients addicted to alcohol, children as victims of domestic abuse in Polish families and child to parent abuse, employment security and how businesses support Polish employees who experience domestic abuse or mental health problems, and Polish people's English language proficiency, attitudes and obstacles to learning English.

**Although there is a lack of recognition and understanding of the scale of Polish people's needs on a strategic level in Cheshire East Council, manifested in the lack of effective planning and short-term and erratic funding for support projects, we have noticed examples of good practice.** They include involvement of the By & For agencies in the WHA project, high attendance and positive engagement at our courses about effective working with Polish families, use of Polish-speaking staff and a volunteers in some agencies, dedication of suicide prevention officers to increasing visibility of Polish nationals who die by suicide.

Our recommendations for further work and exploration focus on Polish people in Cheshire East, but they are relevant to other national groups across Cheshire county. The problems experienced by Polish people will be the same across regions. What will be different is the response to their needs by local agencies, and that will determine whether risks of suicides, domestic abuse and homelessness will escalate over time and have serious or fatal consequences or will be promptly addressed.



# Recommendations

## **Nationality data collection**

All statutory agencies and commissioned voluntary organisations in Cheshire East must record the nationality of clients they work with. It will allow them to monitor risks in the community and provide scope for more targeted policy responses. It will also help agencies fulfil their duties derived from the Equality Act 2010. They must consider how their policies and decisions affect people protected under the Act so Polish citizens receive the equitable treatment they are legally entitled to. One of the protected characteristics is race, which in the Act means colour or nationality, as well as ethnic or national origin.

## **Needs assessment**

Cheshire East Council must carry out a Joint Strategic Needs Assessment to effectively explore the needs of minority groups in the borough. It will determine evidence-based priorities for commissioning and actions for local authority, the NHS and other partners to meet the needs of minoritised groups and reduce inequalities. Service user involvement and meaningful cooperation with groups and organisations working with Polish citizens should be a key element of the assessment.

## **Improve accessibility of services**

Service providers need to assess the institutional barriers preventing vulnerable clients from Polish and other minoritised groups from accessing their support services. The main group to offer that information consists of current and past clients, especially those who “disengaged”. Consultations with Polish groups and organisations can aid that process as well as existing literature on this topic.

## **Understand the risks specific to the Polish community**

Service providers need to understand the cultural and migrant context impacting Polish people’s lives in the UK and their transnational mobility, affecting risk levels. Staff should be trained in cultural competence to increase knowledge and confidence in responding to the needs of vulnerable clients affected by poor mental health, domestic abuse or homelessness.

## **Collaboration with Polish organisations**

A strong partnership should be established between Cheshire East Council and commissioned services, and Polish community groups, organisations, as well as Polish consulates. This will help to facilitate outreach, demystify statutory services and develop effective service provision.

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2025



# LARGE IN NUMBERS, INVISIBLE TO SERVICES

The problems experienced by Polish people will be the same across regions. What will be different is the response to their needs by local agencies, and that will determine whether risks of suicides, domestic abuse and homelessness will escalate over time and have serious or fatal consequences or will be promptly addressed.