

ISSUE NO. 1 | DECEMBER 2025

UNDER THE SKIN

*How women's bodies become battlegrounds for
power and control*



FROM FGM TO DOMESTIC ABUSE AND SPIKING, EXPLORING
THE CONTINUUM OF GENDER BASED VIOLENCE.

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FROM THE DESK OF PROF SITAL DHILLON, OBE

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"The article uses the word genocide on purpose. Mothers and children are being killed, and most days it feels like the world is just watching. This piece centres women because they carry the burden first.

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Looking forward to a future of treating period products as essentials, supporting local charities, and ending the shameful stigma. Aiming to spark open conversation and community action, no one should miss out on life because of their period.

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ARTIST IN SPOTLIGHT - WITNESSING WOMANHOOD

For this issue we have chosen to spotlight Rowena Harris. As an artist, she chooses to depict women's bodies in a realistic way and show their beautiful uniqueness.

**WOMEN'S
RIGHTS
ARE**

**HUMAN
RIGHTS**

FROM THE DESK OF PROF SITAL DHILLON OBE



Respect for human rights is the bedrock of any just and equitable society, and it becomes especially urgent when viewed through the lens of gender. When women and girls are denied their rights—whether through discrimination, exclusion, or silence around their experiences—the promise of equality becomes impossible to fulfill. Recognizing these rights isn't an abstract ideal; it's a commitment to ensuring that every person has the freedom, dignity, and opportunity to shape their own life.

Combatting violence against women is central to this work. Such violence is not an isolated problem but a pervasive barrier that undermines health, security, and participation in public and private life. Addressing it requires not only protection and accountability, but also a transformation of the social norms and power structures that allow it to continue. Advancing gender justice means confronting these realities with honesty and resolve, and building systems that uphold the safety and rights of all.

This initiative from the Gender Justice Hub is a powerful step toward that goal. By involving students directly, it moves the conversation out of theory and into lived experience, empowering young people to become true stakeholders in shaping a more equitable future. Their engagement not only strengthens the impact of this work today but also helps cultivate a generation ready to champion justice well beyond the classroom.

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MESSAGE FROM THE EDITORIAL TEAM



As a group of young women from diverse backgrounds, we wanted to create a magazine that highlights the issues which women face both locally, and globally. As students of the Institute of Law and Justice, we all share an intense passion for justice, and as women we all share a goal of achieving equality and safety for our gender.

Our inaugural issue asks a difficult but necessary question: How did women's bodies become battlegrounds for power and control? Through the voices and visions of our contributors, we seek not only to examine this reality but to imagine something better. Each article reflects a topic that has personal significance to us as the authors. May these pages inspire courage, conversation, and change.

We are so grateful to have been a part of creating the first ever *Gender Justice Review* magazine and would like to thank the Hub Lead & our Placement Supervisor – Dr Madhumita Pandey for giving us a vision to bring to life. Dr Pandey supported us through this journey, from pointing us in the right direction to engage with external sources that we could contact to gain more insight on the topics we discussed, to constantly pushing us to do our absolute best. This magazine is as much hers as it is ours and we could not have done it without her.

We all have put so much work into every detail of the magazine and we really hope you enjoy reading it as much as we enjoyed writing it. And to the teams who will shape future issues—we hand you the baton, trusting that you will carry this mission forward with creativity and conviction.

SURVIVING IN A CONFLICT ZONE

Imogen Woodley

At Nasser Hospital, in Gaza, volunteer radiologist Dr Aziz Rahman described a pregnant woman, around 15 weeks, with a gunshot wound to the abdomen. The foetus didn't survive; the bullet tore through the uterus and lodged in the foetal neck. The mother needed a hysterectomy.

Only a portion of Gaza's hospitals are even partially functional. Sexual and reproductive health services are stripped back, which means there are life-threatening delays for emergency obstetric care. Maternal health experts report miscarriage rates up to 300% higher since October 2023- linked to trauma, malnutrition and delayed care. Recent reporting includes 1,460 preterm births, 1,600 low-birthweight births, 2500 NICU admissions and at least 21 new-borns dying on their first day of life. Midwives describe performing C-sections by using a phone torch and neonatal units sharing oxygen.



Hunger makes everything worse. Famine was confirmed in August 2025. Screenings in mid 2025 found crisis-level malnutrition among pregnant and breastfeeding women: 43% were found to be malnourished at Save the Children clinics in July; 47.1% of breastfeeding women are actively malnourished as of the Project HOPE survey in August. The milk is drying up, with period products and clean water being scarce.



As the displacement grows, so do the risks of gender-based violence. In Gaza city, reported GBV incidents rose 26% in a single month, even as services thinned. Case managers say many women can't safely disclose what is happening to them without risking further harm. Referral pathways are only partial; the clinical management of rape has repeatedly collapsed when facilities are damaged, or staff are displaced. On October 11th, 2025, only 29 Women and Girls Safe Spaces were operating across the strip.

There is credible documentation of strikes, raids and damage to maternity services (Nasser Hospital's Maternity ward (17th December 2023) and a UN inquiry alleges a broader, deliberate pattern against women's healthcare, including an IVF clinic. Israel denies deliberate targeting and says militants operated in/around hospitals. What's not in dispute: maternity care has been gutted, with women being forced into unsafe deliveries and newborns into overcrowded NICUs.



Tamam Al-Akhal was one of the first Palestinian women artists to receive formal art training, and she is considered as one of the pioneers of modern Palestinian fine arts. The image on the top right is one her paintings called Um-Ilias, ca. 1960-1969.

“It was 2.am. The bombing started... I moved my children on the bed; a minute later the strike hit. My daughter Jenan and my son Mohammed were killed. I was nine months pregnant.” – Shaima Suhail Abu Jazar, interviewed by Human Rights Watch. She was injured in the same blast and later delivered a stillborn baby. (HR, 28 Jan 2025)

Palestinian women deserve a day when the clinic opens on time, the lights stay on, the midwife has what she needs, and no one is afraid to say their name. A day when a student in Khan Younis studies for an exam instead of an escape route. A day when mothers in Rafah count recipes, not rations. What helps is putting the pressure on for an immediate, sustained ceasefire and humanitarian access. In Sheffield, this looks like peaceful protests and union motions. Ensure we keep this pressure, so the clinics, classrooms and help remain open.



PERIOD POVERTY — BREAKING THE STIGMA AND CYCLE

Nancy Cresswell-Hall

Have you ever had to miss out on school, work or going out because you didn't have any pads or tampons? Ever sat down with a friend and discussed how you had to consider skipping lunch to grab a pack of pads, so you'd feel more comfortable throughout your day? If you haven't, you're one of the many people unaware of how period poverty affects those struggling financially or resourcefully.

[Period poverty](#) is the lack of access to safe, hygienic menstrual products, as well as adequate education on periods and sanitation facilities (like a toilet, or shower) due to either financial constraints or difficult situations.

Unfortunately, some women in these positions have to turn to using unhygienic materials such as rags or toilet paper as sanitary pads when they are not accessible to them, this can lead to health problems and most of all - is extremely uncomfortable. The excessive cost of period products can be a real issue for all women around the UK, and in today's cost of living crisis.

The local and national picture

Have you ever had to drag out products for longer than their intended length? Infections and uncomfortable skin irritation can grow from prolonged usage of things like toilet paper or clothing scraps, and using things like tampons for too long can lead to potentially fatal issues such as Toxic Shock Syndrome (TSS).



Karola G - Pexels

Period poverty doesn't just push women to live in shame, it pushes them to live in excruciating pain, chronic infections from unhygienic conditions can lead to long term vaginal-health consequences. Within the whole UK period poverty has risen from 12% to 21% of women not being able to afford pads or tampons, however, multiple non-profit organisations and charities have reported that now just over 40*% of women are now seeking free menstrual products due to using non-suitable materials.

Rotherham and Sheffield are amongst some of the most deprived areas in the UK within terms of period poverty. In Sheffield roughly 1 in 4 people live in poverty, and Rotherham is now considered within the top 20% of the most deprived areas in England, this meaning the issue of period poverty is spiralling out into a hidden crisis, and young girls and women are being left with no menstrual resources.

Menstruation Matters - barriers and stigmas

No one should have to write-off their day because they don't have a pad or tampon, and to explore this my colleague and I from the Gender Justice Hub sat down with the non-profit organisation Menstruation Matters. The Chairperson of the charity Tabitha Bowman explained the inception how it all came together - "me and a few others were studying medicine at the University of Sheffield, and once we took on a project, we realised something quite surprising, there wasn't a single local charity helping women and girls access low-cost/free period products. So, we decided to set up Menstruation Matters back in 2019. Since then, we have teamed up with the University of Sheffield, refugee hubs, and mother-and-baby groups to supply period products and education on menstrual health."

Tabitha also mentioned that one of the hidden issues of period poverty "...is still the stigma. Words like 'period blood,' 'pad,' or 'tampon' make a lot of people uncomfortable, and that can make fundraising or awareness events harder to get off the ground." They'd love to expand their charity out into the rest of South Yorkshire. For now we are proud to say that Sheffield Hallam University has joined in on the cause too and the Gender Justice Hub is collaborating for a donation drive on campus. While we are promoting this during the 16 Days of Activism, it will remain an on-going initiative.



Tabitha's words echo the problem on the ground as 22% of women (ages 18-14) in the UK say that they are embarrassed to be on their periods, and 25% of girls and women within higher education report a lack of resources on campus. If we, as a society, work on erasing the stigma, this alone will be the first push to eradicate period poverty. *"Making sure young girls and women of all ages aren't embarrassed or uncomfortable around the idea of periods is one of the main things we aim to focus on in the future"*, Tabitha made it clear that battling stigma is very important to the charity, they want to start conversations with these girls/women in order to teach them how to take care of themselves properly, and involve local councils for the cause too.



What we can do!

The way forward is simple; periods should never stop someone from living their life. If we want to break the cycle of shame and deprivation, menstrual products must be treated as basic necessities and made easily available in schools, universities, workplaces, and community hubs across South Yorkshire. Supporting charities like Menstruation Matters, and encouraging more open conversations, will help remove the embarrassment that keeps many suffering in silence. When councils, organisations and local people work together, we can make sure no girl or woman must stretch a pad, skip a meal, or stay home because she is on her period. Menstruation is normal – and once we treat it that way, change will finally begin.

SCARS WITHOUT BORDERS: FROM AFRICA TO THE UK

Deborah Offei and Kelsey Tamara

Female Genital Mutilation (FGM) is globally acknowledged as a breach of the human rights of women and girls, representing a severe form of gender-based discrimination and highlighting the inequality between the sexes. It is a procedure that involves the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is nearly always carried out on minors between 0-15 and is a violation of the rights of children. FGM is illegal in the United Kingdom and is classified as child abuse even if it was carried out overseas.

The World Health Organisation (WHO) reports that 230 million women and girls worldwide have undergone FGM, with an estimated 4 million more at risk each year. The practice is often driven by cultural, social, and religious beliefs and is seen as a rite of passage symbolising womanhood and marriageability. It is also linked to controlling female sexuality and preserving virginity. In communities where FGM is a social norm, pressure to conform for acceptance and fear of rejection reinforces its continuation.



PHOTO CREDIT - KAMERON KINCADE

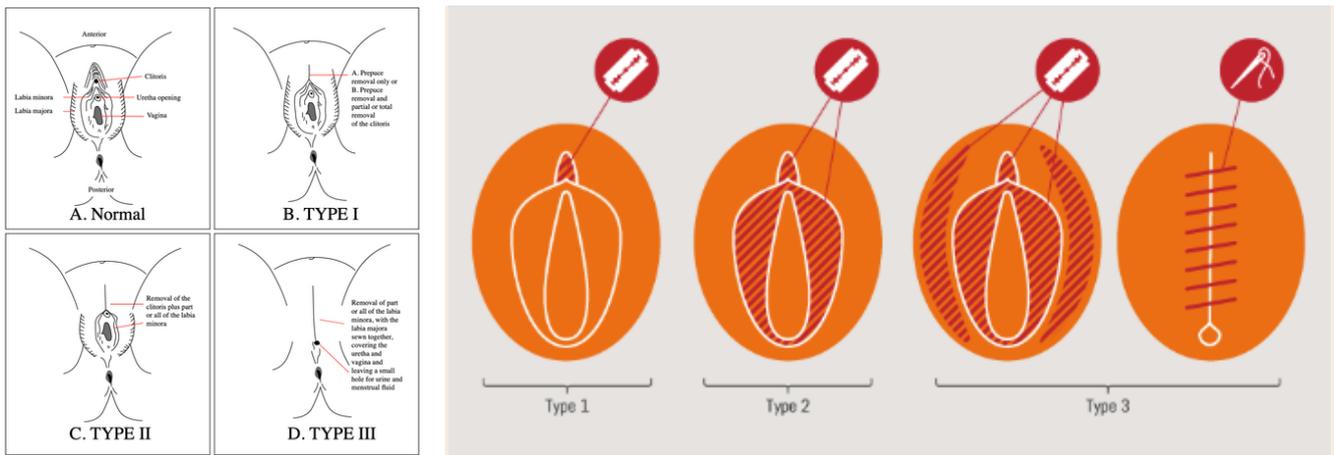


Photo Credit - Kaylima Wiki Commons (L) and End FGM European Network (R)

There are 4 types of FGM, and each type poses serious health risks both immediate and long-term. The short-term complications include severe pain, haemorrhage, shock, infections, urinary retention, injury to surrounding tissues and even death. On the other hand, there are long-term complications such as chronic pain, menstrual problems, infertility, obstetric complications, and psychological trauma. All these complications highlight how awful every type of FGM is and how it can affect those who have been cut.

The prevalence of FGM is high overall but varies substantially between countries in West Africa. In Sierra Leone, Gambia and Burkina Faso, the prevalence of FGM is 94%, 79% and 74%. Whereas fewer than 6% of women have been circumcised in Ghana, Niger, and Togo. When it comes to FGM, Sierra Leone is the worst hit because 88% of women believe that the practice should be continued. FGM is deeply connected to the Bondo Secret Society, serving as a central element of the initiation process for women and girls and is a practice associated with roughly 90% of Sierra Leonian women.

While FGM is practiced in many West African countries, Sierra Leone remains one of those with the highest prevalence hence it being the focus of article.

According to Demographic and Health Survey (DHS) data, national FGM prevalence has declined slightly over time, dropping from 91.3% in 2008 to 89.6% in 2013, and further to 83% in 2019. Despite this decrease, Sierra Leone continues to rank among the countries with the highest global prevalence of FGM, classified by UNICEF as “Group One” nation, indicating very high prevalence. Among women aged 15-49 who have undergone FGM, 45% were cut between the ages of 10 and 14. The prevalence rate stands at 94.9% for women aged 45-49, but drops to 61.1% among the youngest age group, reflecting a notable decline in the practice among younger generations.

FGM in Sierra Leone is deeply rooted in social norms and cultural traditions, maintained largely through strong community pressure. The main reason for its continuation is social acceptance, as undergoing the procedure is often seen as essential for a girl to be recognised as a “proper” woman. Those who remain uncut are frequently viewed as “unclean” or not fully feminine, and the practice is sometimes regarded as making the body more aesthetically acceptable.

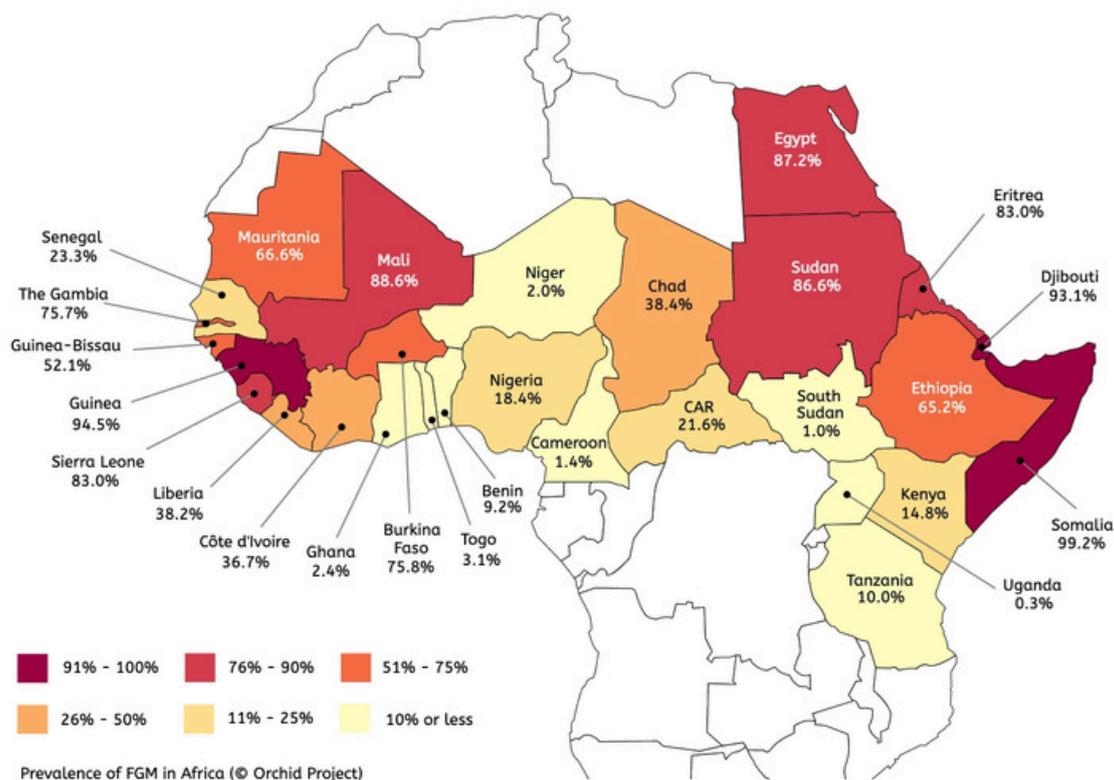


Photo Credit - Orchid Project's FGM/C Research Initiative

Research shows that FGM prevalence tends to decrease with higher levels of education. As of 2017, the majority of those who considered FGM necessary and supported its continuation were from poor, uneducated, and rural backgrounds, accounting for 83%, 81%, and 80% respectively.

Sierra Leone has signed several international human rights conventions that define FGM as a violation of human rights. However, there is still no specific law in the country that bans the practice. A nationwide ban was introduced in November 2014 during the Ebola outbreak but was lifted after the epidemic ended.

The 2007 Child Rights Act, developed with UNICEF, aligns with the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. It prohibits cruel, inhuman, or degrading treatment of children, which applies to FGM.

Disclaimer: this conversation has been paraphrased, not every part of the interview has been transcribed verbatim

The interview was conducted by Deborah Offei and Kelsey Tamara, SHU Law Students with Prof Parveen Ali to grasp an academic's professional perspective on female genital mutilation. Dr Ali is Professor of Nursing and Gender Based Violence as well as the Deputy Director of Research and Innovation at University of Sheffield. She is well accomplished in the field with almost 20 years of experience. She also has a nurse background which furthers her legitimacy as an expert in this discussion. We wanted to start by asking the most obvious question.

In your expert opinion, is there any medical necessity for female genital mutilation to be carried out?

Prof Ali: "No."

What are attitudes/ your perspective on FGM as well as FGM's prevention?

Prof Ali responded with explaining that since 2015, healthcare professionals have had a mandatory obligation to report FGM. This is often discovered during childbirth, which unfortunately is a point where women are too far the point of reversal. It is actually very difficult to reverse such a procedure, particularly based on the level of fgm that has occurred.

Often, parts of the vagina have been removed or deformed and that removal is unfortunately not reversible. During childbirth, women are often found to have complications due to vaginal openings being minimised which can result in more issues postpartum such as incontinence.

Teachers are expected to remain vigilant for signs that a girl may be at risk, including sudden travel arrangements to high-risk countries. It is discovered that they have had gone through FGM abroad, they are obliged to report this.

What can be done to help end FGM?

A lot of the work against FGM is preventing it from happening in the future, as the reversal process is very complicated. Getting rid of the taboo and social stigma attached to these issues is a crucial part of FGM being ended or reduced. Getting rid of the taboo of the topic also opens up more space for victims to discuss their experience and the severity of it, which could help with parents who take their daughters to be mutilated to have a changed opinion of future medical complications. Prof Ali has explained that there is still lots of work to be done, this includes within women who are working to prevent FGM happening. Everyone's attitudes can improve.

How can healthcare professionals discuss with families about cultural perspectives surrounding FGM?

Healthcare professionals can work to make families understand there are very severe consequences of FGM. Not only physical consequences but also lifelong mental health consequences. Women's sexual relationships can suffer at the consequence of FGM which can result in long term depression or sexual related anxiety disorders.

Consequences of FGM include:

- constant pain
- pain and difficulty having sex
- repeated infections, which can lead to infertility
- bleeding, cysts and abscesses
- problems peeing or holding pee in (incontinence)
- depression, flashbacks and self-harm
- problems during labour and childbirth, which can be life threatening for mother and baby

Some girls even die from blood loss or infection as a direct result of the procedure. Prof Ali reiterated that engaging men is essential because they often hold influence within families and communities where FGM is prevalent. If the men do not understand the severity of the topic due to the taboo surrounding it, it is unlikely they will know to advocate against it. Also, women have a crucial role to play in the culture surrounding FGM as although it is happening to women, it also women who are carrying out the procedure. If women refused to carry out FGM, it would no longer happen.

Removing the belief that women should be circumcised for marriage is crucial as well in changing attitudes. Healthcare professionals from cultures where FGM is prevalent, such as Somali healthcare professionals could work against FGM by challenging patients beliefs surrounding the topic. Also, it is more likely for patients to feel understood during these conversations as they are speaking to a person with cultural understanding.

Often people justify FGM through religion, how can this be combatted?

Prof Ali explained that there is no religious text that supports FGM and this belief is necessary to be debunked. Christianity and Islam are the main two religions that are used to justify FGM. This debunking can be done through explaining that Islam and Christianity both believe that humans are made in God's image so why would any religious follower alter the creation of God? She went on to shift the perspective of religion from being a justification of FGM and instead that it is best to use religion as a preventative aspect.

What role can universities councils play in helping with FGM?

These organisations can work to create safe spaces for women to discuss their trauma or medical complications they are experiencing as well as refer them to local counselling services. They can organise workshops to educate students or members of public on the topic of FGM. Councils can enter policy dialogues and work to create new protective policies.

Education is so important in the fight against FGM, in the words of Prof Ali "knowledge doesn't make you do things." Meaning that the common viewpoint of someone being knowledgeable of FGM and the consequences will not make someone carry it out. Knowledge functions as a power rather than a hindrance. Education is so crucial.

What are some common perspectives or justifications of FGM?

Prof Ali explained that FGM ranges from type 1 to type 3, after research we discovered the exact categorisation of these. Type 1 (clitoridectomy) – removing part or all of the clitoris

Type 2 (excision) – removing part or all of the clitoris and the inner labia (the lips that surround the vagina), with or without removal of the labia majora (the larger outer lips)

Type 3 (infibulation) – narrowing the vaginal opening by creating a seal, formed by cutting and repositioning the labia. Due to the variation of types of FGM, it can often go undetected by medical professionals during childbirth or pelvic exams.

FGM is often encouraged to promote chastity as some people believe that having a clitoris makes women want to have sex more and the removal of it will counteract that desire. When in reality, what FGM really does is traumatise women, creates risk of vaginal infection due to elements of the vagina being exposed.

What do you know of FGM occurring in Sheffield?

Prof Ali explained that it is difficult to know the true rate of FGM occurring in Sheffield as it is an intimate issue. It is difficult to determine trends because reporting can fluctuate due to stigma, fear, and mandatory reporting. She also explained that because medical professions have an obligation of mandatory reporting of FGM, victims may be avoiding discussing the topic to avoid being found out. Unfortunately, more often than not, the people carrying out FGM are the victim's relatives. Naturally, this creates an internal dilemma whether to report or not.

The interview highlights the complexity of addressing FGM and underscores the urgency of sustained, collaborative efforts to eliminate it. Prof Ali emphasises that while FGM remains deeply rooted in cultural and social traditions, there is no medical justification for the practice, with consequences being lifelong and severe. Ending FGM therefore requires not only legal and medical intervention but also open dialogue, cultural understanding and targeted education aimed at dismantling harmful beliefs and taboos.

Takeaways from Interview

- There is no medical justification for FGM. Prof Ali made it clear that there are absolutely no health benefits and FGM results only in psychological and physical harm.
- FGM has severe and long lasting consequences. Which include childbirth complications, incontinence, sexual dysfunction and in the most extreme cases, death.
- Mandatory reporting plays a pivotal role. Following the mandatory reporting obligation from UK healthcare professionals in 2015.
- Prevention is more effective and important than reversal. Often reversal is not an option.
- Men need to be included in the conversation surrounding FGM. Men being engaged in the topic from practising communities is necessary as their understanding as well as advocacy can help shift cultural norms and help in dismantling harmful traditions.

- Although women often perform the procedure, they do so within a patriarchal system that pressures them to uphold harmful traditions
- Culturally sensitive communication is crucial. When healthcare professionals discuss FGM with victims of it, there needs to be an approach that revolves around the patients cultural background, rather than from a British perspective.
- Education is a powerful tool. As Prof Ali said, “knowledge doesn’t make you do things.” Instead it empowers individuals and communities to make informed and safer choices.



The women behind the research - Kelsey Tamara (L); Prof Parveen Ali (C) and Deborah Offei (R)

BREAKING THE SILENCE: ADDRESSING DOMESTIC VIOLENCE IN THE BAME COMMUNITY

Emaan Raja and Shania Blake

Gender justice remains a critical human rights issue of our time. One of the most severe and enduring forms of gender-based injustice is violence against women - particularly in domestic violence. Domestic abuse extends far beyond physical harm. It includes emotional, sexual, and economic abuse, as well as coercive control - patterns of intimidation, isolation, and domination that strip away a person's freedom and sense of self.

The Domestic Abuse Act 2021 formally recognised coercive control as a criminal offence, marking a vital step toward acknowledging the full scope of abuse. The way that abuse is experienced and reported by women from Black, Asian, and Minority Ethnic (BAME) backgrounds is frequently influenced by the intersections of culture, race, religion, and social stigma. In addition to being a gendered issue, these intersections have the potential to exacerbate vulnerability, silence victims, and restrict access to justice.

Systemic challenges continue to shape the experiences of BAME women facing domestic violence. Underreporting remains a major issue; fear of not being believed or of encountering institutional bias often prevents victims from coming forward. Research by Imkaan, a UK based Black and minoritised feminist organisation, found that survivors frequently avoid contacting authorities due to a lack of trust in police responses and previous experiences of racism within public services. This mistrust is compounded by cultural pressures to protect community reputation, which can further silence victims.



PHOTO CREDIT: MARK KERRISON/DEMOTIX/CORBIS (THE GUARDIAN)

Our interview with Dr Sarah Tatton, who specialises in intimate partner violence and researches the policing of intimate partner violence and coercive control supported this. By highlighting that shame plays a significant role, with many women feeling they should not “speak about their family” to others. She also emphasised that stereotypical narratives and a lack of sensitivity from some officers contribute to the belief that reporting may cause harm rather than help. On the police side, she noted that individual officers can feel discomfort or uncertainty when engaging with culturally specific issues, adding another layer of hesitation to the reporting process.

Service gaps also persist. There is a shortage of specialised, culturally competent support services that understand the unique barriers faced by BAME women. Many mainstream organisations fail to address the intersection of race, culture, and gender, leaving survivors without appropriate advocacy or safe spaces. She noted that more effective support requires the police to work closely with organisations already supporting BAME communities, as partnership working can bridge knowledge gaps and improve responses.

Furthermore, expectations concerning gender, marriage, and family reputation can be greatly influenced by patriarchal expectations. Extended family dynamics along with religious or cultural interpretations can also be a contribution to abuse in BAME communities.

Tight hierarchies that put the demands of the family, obedience, and reputation ahead of those of the individual may exist in some extended families. Particularly women, who may be expected to submit to male authority figures, such as spouses, fathers, or in-laws. Dr. Tatton informed us during the interview that “the pressures of families in BAME communities, especially to maintain a marriage women will feel pressure where there are close family ties”. This can restrict their autonomy and make it challenging for them to confront abusive or coercive behaviour especially where barriers such as dependency on households for money and housing are an issue. It is essential to recognise the diversity within BAME groups and to avoid treating them as one cohesive entity. Different Cultures, traditions, and social structures shape how issues such as gender, family and abuse are understood. Therefore, experiences of domestic abuse will differ throughout communities.



Addressing domestic abuse in BAME communities requires the availability of accessible, support services that consider the variety of needs and experiences. Whilst it is important for services to include multilingual support, diverse staff, and partnerships it is also vital that law-enforcement and frontline professionals also receive training to understand cultural dynamics and barriers to reporting abuse. Community lead initiatives should be encouraged as support groups are often the best place to build trust and challenge stigmas. By doing all of these it creates a more inclusive system that supports and protects all survivors of abuse.

BEHIND THE NIGHTLIFE: HOW SHEFFIELD IS RESPONDING TO THE SPIKING CRISIS

Nicole Knopka and Keira Barber

Spiking has become a serious concern across the UK's nightlife, especially with the introduction of needle spiking. Reports of incidents have risen in recent years, increasing fears around safety on nights out. As university students, we are the main victims of this issue and have firsthand seen the effects of spiking on both an individual and an Industry-wide level. Recently, we have seen an increasing sense of exposure that is turning nights out into something to fear instead of something to enjoy. While awareness campaigns have helped bring the issue into public discussion, more needs to be done to make nightlife spaces truly safe for everyone and reduce the risks that women face on a regular basis.



Counsellor Robert Reiss (L); Keira Barber (C) and Nicole Knopka (R)

WHAT IS SPIKING?

Spiking is a crime. It involves putting alcohol or drugs into another person's drink or body without their consent, types of spiking range from drink spiking to needle spiking which has become increasingly common the past few years, although drink spiking remains the most common type. Spiking can be used to facilitate sexual assault as the victims are commonly known to become disoriented, dizzy confused, and even black out.

CONVICTIONS:

Under the Sexual Offences Act 2003 spiking can result in a conviction up to a maximum of ten years imprisonment, and more severe if combined with another offence such as sexual assault. Although when taking a deeper dive, it is clear spiking cases are not being prosecuted accordingly, with only 13 predators being charged in 2022. This is why given the nature of the act reporting and breaking the stigma around it is essential to ensure justice is being served and victims feel safe again.

SHEFFIELD SAFE SQUARE SCHEME:

The Sheffield Safe Square Scheme based in Barker's Pool City centre and aims to make Sheffield nights out safer by providing a safe shelter on Fridays and Saturdays, it contains medical staff, water, phone charges and more for anyone looking for a safe place on a night out. Initiatives such as these help make Sheffield a safer place where individuals want to go out, however due to budget cuts the Safe Square Scheme will only be available until April 2026.

Sheffield City Councillor Robert Reiss, who we had a chance to interview, has been at the forefront of efforts to improve safety for women in Sheffield through his work on safe nightlife initiatives. He has helped form a business-led panel focused on tackling issues such as drink spiking and harassment. Some of the measures being promoted include the use of cup covers to prevent drink tampering and the introduction of training programmes for bouncers and bar staff so they can recognise the signs of spiking and respond in a correct and efficient manner.



However, Reiss emphasised that the current Safety Charter mainly focuses on clubs and licensed venues, even though around 75% of sexual assaults take place outside of these spaces. To address this gap, he is calling for a wider approach that looks beyond the venues which involves training bus drivers, taxi drivers, and other public transport staff to spot signs of potential spiking or women in danger and support vulnerable passengers on their way home. This is something that requires the support from a wider community.

SHEFFIELD BID

Sheffield BID has been using the Best Bar None accreditation scheme to help ensure safety across venues. This programme assesses bars, pubs, and clubs on the safety measures they have in place for both staff and customers. Each venue voluntarily goes through a two-and-a-half-hour process to ensure they meet the required standards. Participating venues use initiatives such as Ask for Angela, where customers can discreetly ask for help, as well as comprehensive staff training. Additionally, they have distributed 50,000 drink covers across the local venues to prevent spiking. The scheme, which was first introduced before the COVID-19 pandemic, returned three years ago as venues began reopening. It is funded by local businesses, through a 1% contribution scheme and a small number of participants also volunteer their time and resources. The BID hopes to double the number of venues involved each year, extending their reach and eventually aiming to have majority of Sheffield venues signed up.



While spiking remains, a major challenge facing the city's nightlife and women's safety, the growing collaboration between venues, local authorities, and transport provides hope that the issue will become less prevalent. Initiatives like the Safety Charter, Best Bar None, and Robert Reiss's safe nightlife panel are helping to drive change, showing that progress is possible when businesses and communities work together. However, those who are heavily involved in these issues stress that safety measures must extend beyond club walls and into every stage of the night out. There must be a change in how venues deal with spiking ensuring victims are heard and looked after.

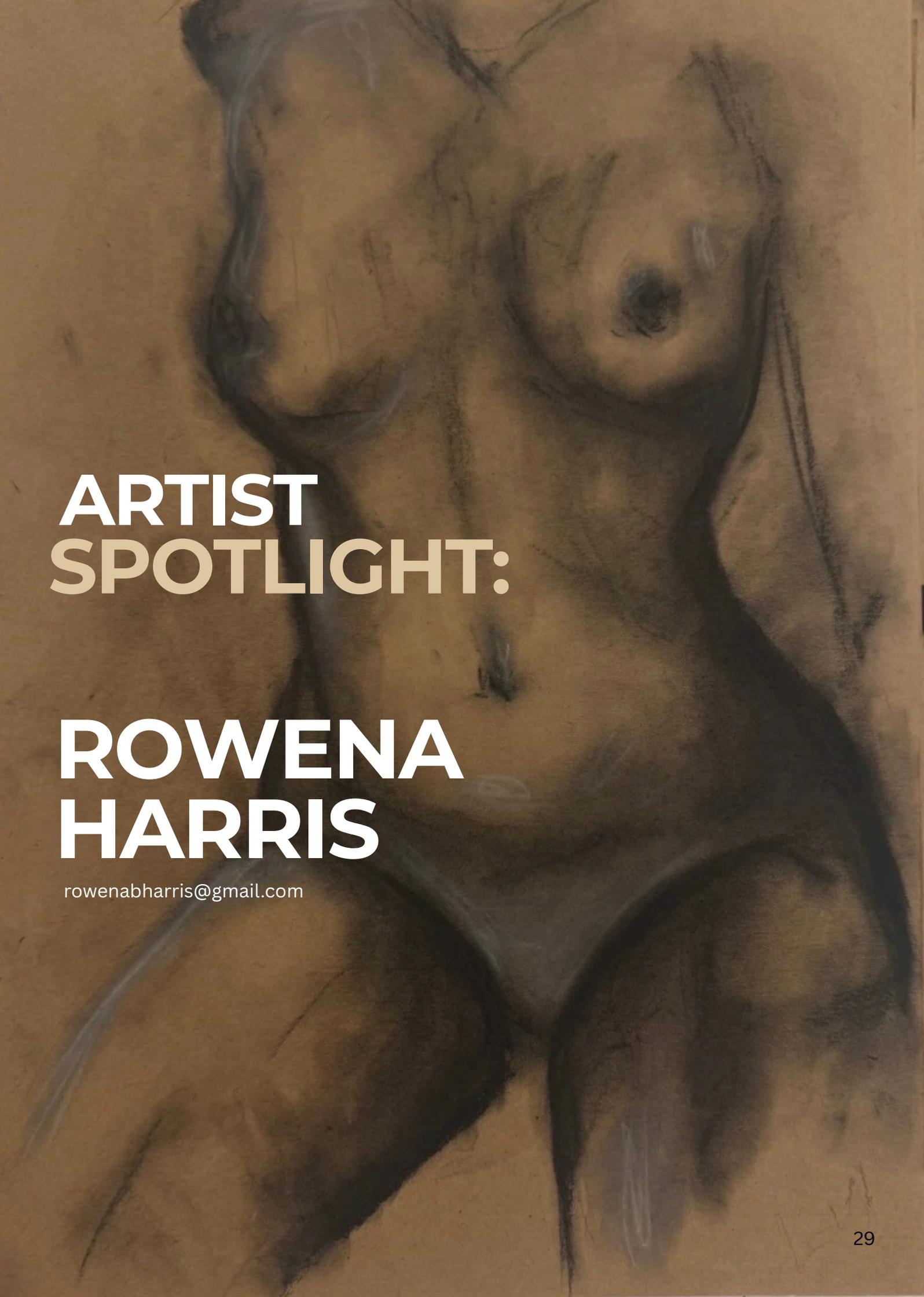


Photo Credit : Kelsey Tamara; Sheffield University Student Union, The Foundry

HOW CAN YOU MAKE A DIFFERENCE?

Like Councillor Robert Reiss said, “make noise, get involved, everything is politics”. Reporting is essential to ensure justice is served, without it change is impossible. In addition to this there must be a change in how venues deal with spiking ensuring victims are heard and looked after.

If you or someone you know has experienced spiking, help is available. Contacting 999 in an emergency or 111 for urgent medical advice and reporting the incident to the police. Sheffield Hallam also offers a Report and Supportscheme on the university website, where students can confidentially report any incidents of spiking. Using this service can help ensure safety on camp. Ultimately, the fight against spiking and sexual assault is not just about prevention but about protecting a woman's right to enjoy a night out without fear.



**ARTIST
SPOTLIGHT:**

**ROWENA
HARRIS**

rowenabharris@gmail.com

WITNESSING WOMANHOOD



Life drawing is a much less constricting art form than others and opens up a whole new relationship with the body. Whilst I love detailed drawing and portraiture (although this can sometimes feel precision- based and clinical), it feels incredibly freeing to scrawl across a page and find that fluid shapes of charcoal and pastel emerge — resulting in nipples, bums, and bellies of all sizes. The whole act feels profoundly human. It has alerted me to the softness, movement and beauty of every body, which can be very comforting for a 20 year old girl. – Rowena Harris



ENOUGH



**Sheffield
Hallam
University**

**GENDER
JUSTICE
REVIEW**

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