

Domestic Abuse JSNA Technical Report 2

Service User Experience

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Summary

Findings

This service user research has been developed to both look at life experiences of domestic abuse victims, in addition to whole-system approaches to the services across Lancashire. This has presented a predictably varied range of responses down to an individual service, and even individual interviewee level, which identifies with the complexity of the matter. Those interviewed in this research show remarkable inner courage and resilience in their lives, although some who had experienced domestic abuse still had a reluctance to approach services for information or help.

Many participants had lived in more than one abusive relationship, and felt that society's acceptance and tolerance of violence in relationships was the main cause of domestic abuse being so widespread. The *'it's just a domestic'* attitude was felt to be still prevalent in society. However, participants who had attended recovery type programmes said they now felt able to identify the signs of coercion and control that led to violence; and they would be more able to identify this type of behaviour in the future, at an earlier stage.

Even though each participant's experience of both domestic abuse and service provision available differs, all participants felt frustrated by a lack of awareness and understanding by statutory services (criminal justice agencies, police, social services, health services) towards the dynamics involved in a domestic abuse relationship. They felt they had received little support or conflicting advice by these services, and may themselves be seen as culpable because they have not found their own way out of the damaging situation. Many felt silenced, and 'done unto' by these statutory agencies they rely on for help and safety. They also felt that statutory agencies (unwittingly) collude with abusers, thereby escalating the abuse, through a combination of authority, unawareness and of not listening and responding to the victims' needs. These discriminatory and judgemental responses, in addition to the partner abuse they are already experiencing, all adds significantly to the victims' burden of distress, and was seen to be damaging to their ability to cope and respond positively to the situation. In some cases, it often meant that service users colluded with their primary abuser to avoid any additional harm being caused by statutory agency involvement.

Time constraints of agencies were also mentioned as a key factor of non-disclosure to all services, but they particularly mentioned where there was a safeguarding risk and in a health setting. All services need to be aware of the impact their haste has on the relationship and development of trust between service and service user and treat them as an individual, not another case to get through as quickly as possible. However, this trust level between service users and statutory agencies was higher with health services, than other statutory services.

The majority of service users had a reluctance to seek help or discuss the issues with the statutory services for fear of being judged, especially where children were involved. The truth was often hidden from these agencies because interference was seen to make the situation worse for the whole family. Most women are able to parent well despite the toll the abuse has taken on them, but not all are able to. In addition, some victims have vulnerabilities that if left unaddressed leave them at risk of being further abused and this has implications for both them and their children's future safety and wellbeing.

Committed staff was mentioned as one of the best things about services on a number of occasions. This suggests that, although the attitude or personality of members of staff is not a consideration prior to using the services, it contributes significantly to a positive user experience. Being able to build and develop trust with services was thought to enable swifter responses to change, therefore improving outcomes for all.

Service users viewed voluntary sector services e.g. refuge projects, women's aid and outreach services, most favourably. Users requested that the specialist services should be expanded rather than reducing them, have longer opening hours, more availability and publicity. Feedback from the service users also shows that they previously had been unaware of the specialist services existence.

Views of social services, health services, police and housing responses were very mixed, but generally there were low levels of satisfaction from these statutory agencies. Participants felt criminal justice agencies were pushed by targets, not real life situations. Courts emerged as a poor service for the needs of victims and as the organisations least likely to respond appropriately to or to understand the reality or dynamics of domestic abuse.

Language barriers left many black and minority ethnic (BME) service users feeling out of control of their situation unless they received specialist, culturally specific support. Care must be taken that organisations who support these individuals don't add to the feelings of abuse or being done to. For this client group, in particular, it is seen to be very important to have discreet ways of accessing services, practical advice and information.

A recurring negative was dissatisfaction with the lack of accountability placed on perpetrators for their offending behaviour. The criminal justice system was seen to be risk averse, with threats and living constantly in fear not taken into account, when the courts considered appropriate sentences. The majority of participants mentioned living in fear was as significant to their health and wellbeing as being physically abused. Many mentioned that they chose not to report subsequent abuse, as it made things worse.

Conclusions

The services and participants visited during this piece of research were varied, ranging from participants at the high-risk end of abuse who needed absolute discretion and hidden identity through to participants who have put their lives back together often after decades of abusive relationships; and also through to culturally supportive projects. This has led to an equally wide variety of responses.

This research has some obvious limitations based on the non-randomised way that participants were recruited and the small sample size involved. However, theme saturation on particular topics has been achieved even with the small numbers involved. There were consistencies within and between accounts provided by service users, supported by the research in the wider Lancashire domestic abuse JSNA. Consequently, it is possible to draw some tentative conclusions about the services being offered to domestic abuse victims in Lancashire.

The main conclusion is that the services received from a specialist service provider, generally VCFS organisations, were valued and perceived by service users as having made a significant contribution in making them feel safe and able to adjust to life after experiencing domestic abuse. If

this were translated into fewer instances of victims returning to abusive relationships then considerable health, criminal justice and social care savings would be likely to occur. This was particularly relevant in the hard-to-reach communities (minority groups and rural areas), where the specialist provision may be their only appropriate source of support and advice.

However, whilst the feedback received was consistently positive of specialist services, the only negative mentioned of these specialist organisations was insufficient availability of support. This lack of provision at all levels of risk may mean services find themselves unable to refer victims to other agencies/support.

This contrasts with the recurring theme across all the differing groups of disappointment, lack of understanding and judgement from statutory services, especially if there were safeguarding aspects. Positive responses to statutory services were infrequent, and often down to an individual in that service "going the extra mile".

Overall it can be concluded that there are high levels of satisfaction amongst those who are accessing the services provided by specialist services. The social interaction between survivors of abuse and peer support aspect of group work was also highly valued by users of the service. Given the choice, participants would prefer not to involve statutory provision for the reasons mentioned above and would prefer a more helpful approach from services, especially in health settings, and independent advocacy and support was deemed to be best.

From this research, the following challenges exist with the current service delivery:

- Insufficient specialist service provision available across all levels of risk.
- Statutory services need to improve their approach to dealing with domestic abuse.
- Not enough services specifically for children who have experienced domestic abuse.
- There is little connection between services for adults and service for children. A holistic approach is needed that addresses the issues of perpetrators and victims – both children and young people, and adults.
- There is a lack of parenting support offered that incorporates a domestic abuse context for those who live with or have lived with domestic abuse.
- There is a lack of understanding of the negative consequences of sharing information. Staff working with domestic abuse, need to understand the personal nature and the relationship dynamics, especially when dealing with contact arrangements for children.
- Safety does not appear to be paramount in decision-making responses of organisations which leads to an increased risk factor that agencies unwittingly collude with.
- A more joined-up approach that moves from target focused to victim focused is needed, using expertise from specialists in the field.
- Stronger evidence base is needed of 'what works' and a need to understand the precise needs and issues of the victims/service users to develop an approach that moves towards positive outcomes, based on enabling, empowering and building resilience.
- Practitioners need to develop awareness to ensure referrals that take place are *safe*, effective and appropriate.

Whilst all participants were informed that the research was being completed as part of a commissioning strategy, many participants thanked the interviewers for asking them to be involved in this consultation. Victims themselves have great knowledge in how services do or could work more effectively, and where there could be significant improvements in the way that services handle future victims of domestic abuse. The challenge is to provide this opportunity and engage with the messages from this type of research and future service consultation work in order to address the weaknesses in the system. This needs to lead to concrete action and policy change in order to be effective and worthwhile, not just 'ticking a box' rhetoric.

Introduction

Domestic abuse is a complex social problem. It harms the whole of society. It damages families and the education and future opportunities of children; it affects businesses and employers and increases the demand on housing. It is a hidden crime, mostly taking place behind closed doors and many people, adults and children, suffer in silence. Many public services deal with the presenting problems caused by domestic abuse without having knowledge of the nature of the abuse, as it is often hidden or minimised. This makes it a difficult subject to research from a particular service aspect to facilitate service-level improvements.

This research aims are to gain a better understanding of service user experience of *all* services working with those experiencing domestic abuse. This includes statutory public services and specialist services delivered mainly by the voluntary, community, faith sector (VCFS). By gaining a better insight of how domestic abuse victims perceive the service they have received, either by reporting domestic abuse themselves or accessing services available specifically for domestic abuse, it is intended to use this information to facilitate service improvements.

The service user research has been completed as an essential component in the development of a commissioning framework for domestic abuse services across the county council area.

Background

The harm caused by domestic abuse has widespread repercussions for the individual, their families, and beyond into other relationships and throughout the community. This damage places huge burdens on the social welfare systems, the criminal justice system, refuges, health care, employment, childcare, and housing. The scale of the problem is immense.

National statistics on the impact of domestic abuse: Domestic Abuse is one of the largest causes of morbidity in women aged 19-44 worldwide. Nationally, 500 women who have experienced domestic violence in the last six months commit suicide every year in the UK. Of these just under 200 attended a hospital for domestic violence on the day they committed suicide.

1 woman is killed every 3 days and 12 men are killed every year, by a partner or former partner. In the UK, at least 1 in 4 women and 1 in 7 men will be a victim of domestic abuse in their lifetime. On average a victim is assaulted 35 times before reporting and only 21% of victims report it. In 96% of MARAC (high risk) cases, the victim is female in Lancashire. Exposure to domestic abuse and physical abuse in childhood are two of the biggest predictors of both perpetrating and being a victim of domestic abuse as an adult.

Domestic abuse is not a statutory responsibility of any single agency but there needs to be widespread recognition of how each agency's commitment to reduce the harm will impact on society as a whole. Developments in the last decade have shown that taking a more proactive approach not only saves lives but also saves public money. Although there is a vast amount of evidence for the impact of intervention in domestic abuse cases, agencies have been slow to acknowledge their role in prevention and reducing harm to all victims.

Developments have been greatest around the specialist domestic abuse service sector. However, these specialist services have relied on grant funding for many years resulting in instability of provision across Lancashire, which has increased as the majority of such grants have been

substantially reduced or withdrawn. Another aspect to the grant-funded aspect of this support service is that there has been a reliance on the VCFS sector being responsible for succeeding in their bid applications for services. Consequently this has resulted in an inconsistency of what services are available depending on where in Lancashire the victim, child or perpetrator lives. Lancashire specialist domestic abuse services range from supporting high-risk crisis end interventions through to various levels of support work or ongoing healthy lifestyle support groups in some areas. Some areas provide specialist support for children and young people living in a high risk domestic abuse household; education and healthy relationship work delivered in educational settings; and some perpetrator behaviour work.

Objectives

The aim of this research was to identify a whole-system approach from referral to all forms of provision, through to identification of successful outcomes from a victim perspective.

The intention of obtaining this qualitative data is to allow insight and richer information to reveal a deeper understanding of people's experience, which will complement and inform the commissioning framework. The findings from this research also allows services at all levels to discover what lies behind quantitative figures, and should be useful when considering the design of questionnaires for future service user involvement.

Due to the complexities that surround this area of work, this research focuses upon the experience of service users who are currently accessing some form of specialist service. This research was scoped around a 'timeline of abuse' to enable a more in-depth, longer-term approach and identify how to target appropriate services at the appropriate time. These were seen as important issues for commissioning and improving services to reduce the high risk, high cost approach to providing services. To enable future provision of services, both statutory and provided by the VCFS, it is essential to identify how the work can support earlier intervention in the abusive relationship.

The intention of using the timeline of abuse would:

- develop an awareness of an individual's circumstances – any past history of abuse, from when it started to the present day;
- help to understand why domestic abuse has a high tolerance, low disclosure rate
- look at other impacts and factors, e.g. any substance usage or misuse;
- look at the wider family/relationship aspect, and any consequential behavioural changes;
- understand the victim's approach to the perpetrator's behaviour (situational aspects/abusive exertion of power and control)

To reach these objectives, additional questions / prompts asked of the participant were:

- What are the barriers to disclosure? (to develop an understanding into why service users don't disclose the abuse or seek help at an earlier stage);
- How did the abuse come to the attention of services and which services?
- Which aspects and which services they had dealings with?
- Which aspects of these services did they find to be the most useful?
- Which aspects of these services did they feel are not effective?
- How do users of the service feel that the service from their experience could be improved?

Methodology

Existing research

An initial search was completed of previous and existing service-level research and to identify specific areas of information needed for this research project. However, previous research has generally focused on a particular area of service provision. There are similarities between the specialist service providers' satisfaction surveys, but these tend to focus on a single agency aspect. This research as part of a whole system commissioning approach, needed to identify experiences from a wide as perspective as possible, seeking opinions on the important issues relating to levels of customer satisfaction from all the agencies involved.

Identifying suitable user groups

The purpose of the research was to identify what provision and service works best for the user of services. Due to time constraints, research participants were selected from various voluntary sector organisations across the whole of Lancashire County Council area. The officer leading the research asked the specialist providers throughout Lancashire to identify appropriate individuals from as wide a range of services as possible in order to gather a cross-section of opinion. It was agreed that, in the time available, it would be feasible to visit approximately ten groups.

To minimise costs, the research was carried out at local service centres in the participants' local areas, and funding was obtained for childcare and translator costs to enable individuals to participate fully in the research. The areas visited were services in Fylde, Hyndburn, Lancaster, Preston, Rossendale and West Lancashire districts.

Some user groups were run at set times, which dictated when the visit could be made. Otherwise, visits were arranged during the busiest periods so as to maximise the number of potential interviewees. A schedule was agreed, allowing two interviewers to visit each project.

Two methods of completing timelines at interview were used, depending on the group or service area accessed. These were either by individual interview or by individual work in a group supportive setting. Allocating two people to each interview or focus group allowed greater opportunity to record more subtle points and non-verbal signs such as body language that may have gone unnoticed with a single interviewer. Due to the qualitative nature of the research, it was important that attention was paid not only to what was said, but also how it was communicated. This was especially useful when interviewing black and minority ethnic (BME) service users due to language and translation difficulties.

Approach

The most appropriate methods of conducting the research were discussed. Focus groups and individual interviews were compared, with the strengths and limitations of each being considered. In some cases focus groups by their nature can create synergistic effects and lead to richer information, as participants may be more comfortable in a group, and this encourages discussion and debate. However, in some cases individuals may not feel comfortable enough in a group to express true opinions, and with domestic abuse victims, this is also dependant on how confident they felt with their 'life at the moment' to share this information. With the aim of attaining the best information possible, it was felt that for information to flow, participants had to be comfortable and relaxed. For this reason it was decided to be prepared for either method at each visit and to ascertain which option would work best.

To start the discussion, reassurance of confidentiality, a concise explanation of why the research was being conducted, and introductions were made. All participants were advised that if the research was emotionally difficult for them, they could stop at any time. All quotations in the research report are verbatim and taken from actual conversations with the service users, and only used with the user's permission.

Limitations of the research

The groups represent a small number of domestic abuse victims, only women, and only those that are currently 'in the system'. Therefore the information is not a statistical representation of all domestic abuse victims in Lancashire (further research work needs to be done), but the information from this research is valuable in providing indicative and illustrative results.

With such in-depth interviews, only a limited number could be completed. In this case, visits were made to ten services, with an unpredictable number of attendees at each (averaging 8 per session). As a result, the information attained may relate more to those users who are happy with the services offered and received. For the same reason, as the sessions were arranged by specialist services, there may be a bias in satisfaction levels. As all the participants were currently accessing services, they were at varying levels in their recovery cycle, and this may be reflected in their views of the service available.

Whilst every effort to get information from a variety of service users in terms of class, ethnicity, age, disability, sexuality, women with and without children, women who had used varying types of accommodation to escape violence, and women who had engaged in varying levels of domestic abuse service provision was desirable, due to the time restraints to complete the research, information from victims of varying backgrounds was not specifically sought (e.g. a male victim focus; lesbian, gay, bisexual, transgender (LGBT) clients; young children). However, with the exception of male victims and young children, personal identification of the service users was avoided, so LGBT and BME service users may have been involved within the focus groups. In addition, there was one specific group of black and minority ethnic (BME) users involved in the research.

The research was completed in either a focus group approach or in-depth one-to-one face interviews, which may have restricted any information of an intimate nature. In addition, the need to use translators may have had the same impact. Further service user consultation is needed to ensure the views of all are included in any future work.

Who conducted this research?

The research was conducted by Helene Cooper, attending all the interviews for a consistent approach, with co-interviewers Anna Waugh and Gareth Winstanley. Interpreters were an additional presence but not used in interviewer or directional aspect.

Fieldwork dates

The research was gathered between 18 October 2012 and 31 October 2012.

Main findings

A complex picture emerges from this research into how service users view the intervention of organisations serving their requirements. 64 women who had experienced domestic abuse were interviewed. These were accessed through a variety of sources including refuges, support groups, and advice centres. The vastly differing range, and large number of services attended, produced quite varied results. No two cases were the same even though they may have the same presenting problems to organisations. There is also a significant amount of information provided by the participants individually that cannot be contained in the report.

The research has presented a predictably varied range of responses, through to individual service and individual interviewee level. Various agencies were specifically mentioned, ranging from statutory to voluntary organisations.

When there were children and young people involved or living with the participant, they often talked about their experiences as a whole (family) unit, rather than the individual aspects to themselves. Therefore the children's experience through their parent's perception has been included in the [victim's experience](#) section. Similarly, where the abuse involved others, e.g. wider family members or friends, these have been included in [other's experience](#) section. Safety of their children and themselves was the driver behind most service users' experience.

When victims were asked to complete an abuse timeline, about half started the timeline in their childhood, as that is when they started being abused by someone. This would support the evidence that although it is by no means inevitable, childhood exposure to domestic abuse is one of the most powerful predictors of becoming both a perpetrator and a victim of domestic abuse as an adult.¹

Due to the personal nature of the information, participants did not want to be identified. Therefore the main findings have been categorised by groupings.

Victim Experience

The voices of women who have experienced domestic violence have rarely been heard and especially by professionals and statutory agencies who provide a service. The majority of the women interviewed felt that their views were overlooked to a considerable extent by statutory services and that their needs were not adequately met. They felt silenced, their knowledge of their own situation ignored, and regarded as not important and often therefore, unable to access the correct support from a service. This was evident in a majority of participants expressing a level of frustration that statutory agencies do not have the time to understand some of the relationship dynamics and impracticalities of some of their suggestions.

"there is lack of empathy and understanding from cafcass. Social services need to evaluate what their role is".

Many participants felt that they were able to relate accounts of inadequate or potentially dangerous responses by agencies to their circumstances. A significant number of victims felt they were kept

¹ Ehrensaft MK, Cohen P, Brown J, Smailes E, Chen H and Johnson JG, 'Intergenerational transmission of partner violence: A 20-year prospective study', *Journal of Consulting & Clinical Psychology*, 71, 2003, pp741–53

out of the loop by agencies, and felt that many things were done to them rather than being included and involved. In 2 cases, this exclusion of information was also extended to the victim's IDVA, which impacted on their ability to support them through the criminal justice process.

It was felt that domestic abuse provision was heavily weighted towards the criminal outcomes and targets. A substantial amount of victims felt pushed into taking or going ahead with criminal proceedings, which prolonged the time before the victim and family could rebuild their lives.

"I suffered 11 years of abuse but CPS involved but dismissed on lack of evidence"

"He's going to kill me. Magistrates don't care. I wouldn't be able to talk about this if it wasn't for women's aid"

Stronger justice responses were welcomed, but there was a mixed outcome in response to police services. Improvements were associated with individual officers highlighted as good practice and also not so, which supports the premise that there is still an inconsistent approach within police services in relation to domestic abuse. However, it was noted that where police responses came from specialist domestic violence officers (working in public protection units) there was more satisfaction with these, rather than with 'uniformed' officers.

"The police do their bit – but you need support. I've never been as scared in my whole life. I'm scared to make statements, but why bother if they keep letting him out?"

The police were often seen as the only support available 24 hours per day. Quite a few participants said a supportive specialist service available 7 days a week would be better, especially if the violence increased due to alcohol consumption at the weekends.

The agencies which best understood women's needs, which were almost unanimously viewed favourably were refuges and women's specialist support services. The participants believed that abused women were taken more seriously by specialist domestic abuse services, than by traditional services. The IDVA service in particular was seen to address and support many areas of participant's lives, which a significant number felt helped put their lives back together and address some other issues e.g. health issues, parenting or substance misuse. Recovery programmes were also identified as an essential part in the improvement and upturn of service user's lives to enable them to move forward. However, the participants were also very aware that these services were seriously under-funded, which concerned the service users.

A view from the majority of participants was the need to access to support as and when, including as things improved (the risk reduced) – i.e. drop-in centres or a weekly phone call for support, especially if the victim has had to move away from other sources of support (family and friends), or has to be careful who knows where they are now living.

"Women's Aid were brilliant with the court aspect and the before and after care. CIDVA helped with the children. Have had continued advice, support, been listened to, and direction. Without women's aid support I would not be here. They focus on the future, not as victims, but in gaining control and freedom of our lives. My children are safe and have the freedom and childhood they deserve."

Many felt that they were left at risk to further assaults before any action would be taken by statutory agencies. The majority of participants felt threats, intimidation, and coercive tactics were dismissed

as unimportant or not violent enough to warrant any action, despite the impact this had on the victim and their family.

"He kicked in the front door, smashed the kitchen window and back door. I lived in fear and didn't sleep. I wasn't injured, so I didn't report it. "

"no evidence means 'it didn't happen' in the current climate. Do I need to record every conversation before I am believed? "

"after another assault, I left with both children. I was homeless, but it didn't stop. The violence and threats continued for another 3 years"

The majority of participants mentioned the negative impact living in violent relationships had on their health, and the long-term consequences this had on them.

"He tried to make me have an abortion, and then he started hitting me to try to make me lose the baby"

"Illness meant I was no longer able to work. I kept collapsing, but he refused to call an ambulance"

Many wished they had been able to receive support from or through health services. The reasons behind this were they felt safe to visit the doctors or maternity clinics. However, a few participants felt that doctors were 'not allowed' to give advice or support where it involved domestic abuse, and GPs not having enough time to delve deeper than the presenting problem, not the underlying abuse was also mentioned by several participants.

"After one particularly violent incident, i was put in hospital for a few days. He would not leave my side, and was not asked to. I wanted to leave a note under the pillow for someone to find to help me"

Some participants said lacking motivation and energy to contact services themselves was a factor in not seeking help. They clearly wished for help but were either pessimistic about receiving any help, being blamed for their situation, lacking in confidence or did not have the energy to act as a result of their experiences of abuse. In addition, practical barriers such as having no money or time can make approaching agencies difficult.

'Looking back it's interesting because sometimes you know you should just pick up the phone but then you think 'oh God! I've got to go through it all again', it's exhausting"

"Living with someone who is controlling and unpredictable is taking its toll. Trying to hide fact of my abused body, so kids are not taken away from me – all my confidence has gone"

"I was isolated, scared, alone, helpless. I came close to killing myself as I had no self-belief that things would get better. Why should he walk free after 10 years of abuse? I wish I was dead sometimes"

Many said they hadn't realised they were victims of domestic abuse until they were in the recovery stage of the support. The Recovery Programme was praised as a means of support, in both learning and peer support.

Sexual Assaults

A significant amount of participants talked about their experience of sexual violence within the relationship. The majority had not reported this to statutory services, but had discussed it as part of their recovery with specialist services. Unwanted and aggressive sexual demands as a normal part of the relationship were mentioned by a few participants to the extent that one participant stated she stopped bathing to deter her partner's advances. A few participants also mentioned being drugged by their partners so they were more compliant about consenting to sex.

"my partner used to drug me regularly. I knew something was wrong, but thought I was ill. He would then rape me and record it. I didn't know he was doing this, but when I tried to leave him, he said would share the tapes if I left"

"After I had ended the relationship, he raped me. A week later, he battered and tried to kill me. When the police got involved, I was too scared to write a statement"

Substance Misuse

Many of the participants stated that they avoided any alcohol or other substances. The main reason given was they felt they needed to be prepared and able to recognise changes in behaviour of the perpetrator, and react as effectively as they could.

However, a few participants mentioned developing a dependency on substances to deaden what was going on. Numbing of the abuse by dependency on substances was also a significant factor, even though this had serious long term impacts on their lives.

"my life became such a mess, i started taking heroin to drown it all out (the violence). After my children got taken into care, i stopped caring about myself. I didn't go to the hospital after incidents. After one violent incident, I super-glued a cut on my face. I didn't care anymore"

"My son called the police one night, as he (my partner) had beaten me with a heavy wooden coated hanger, knocked out a tooth, and beat me up with his new guitar. Police couldn't be bothered, and said as we had both been drinking, they couldn't take a statement"

Black & Minority Ethnic victim experience

Due to the [limitations](#) and time constraints of the research, there was only one specific group of black and minority ethnic (BME) victims interviewed. However due to the research coinciding with an Eid celebration (and the availability of translators), a significantly larger group were available for interview, which provided a considerable amount of BME information for the research. The majority of this group were non-English speaking women with children.

For quite a few of this user group, they had come to the UK as an arranged marriage, but a substantial number had been treated like house slaves and unable to access any support from outside. This left them isolated from the community they lived in, with no idea of their maternal rights about the children.

"For 10 years I was not allowed out of the house alone. I attempted suicide to get out"

Due to the language and cultural barriers, the two predominant 'access' points for this hard-to-reach user group were health services and schools. The majority of the service users had accessed medical care, especially maternity services, and this was often the only professional that they had any contact with. Almost half of the service users would not have disclosed to their GPs

of the violence, as they had the same doctor as the rest of the family, or the GP was a member of the community.

There was a higher than average length of time that service users had stayed in the violent relationships before seeking any help (one service user interviewed had been violently abused for over 30 years). Violence was also more prevalent in this group from other family members in addition to the intimate partner violence. Father-in-laws, mother-in-laws and male siblings of the partner violence was also more common. The majority of this group felt they were unable to access support from within the family, and cultural reasons kept them from talking to anyone outside of the household about it.

There was a strong feeling of having 'nowhere to turn to' from this user group. A significant number had only come to the attention of statutory services due to neighbours interventions (often as anti-social behaviour calls to the police). More support and increased awareness in schools would also be useful for this user group, as this was another place that they felt comfortable going to.

"I stayed because I had nowhere to go"

Support from other women who have similar experiences and from a similar cultural background was mentioned by the vast majority as an important source of support for this particular group.

"Groups like Umeed are important, as you are with other women who share your experiences and understand the need for discretion. You can also access support on a one to one basis for help with specific things – like help with the legal side of things"

Having non-biased translators, who also need to be non-judgemental, understanding, and preferably from outside of the community or area are fundamental for support. Having supportive community members for victims to access as they seek to rebuild their lives in their community was also seen to be useful.

Service user's experience regarding children and young people involvement

Where service users had children, their views of the impact the domestic abuse had on the child(ren) has been included. There was a mixed response ranging from service users who would rather there was no interventions on behalf of the children (although this was due to either bad experiences of interventions in the past or a perception of a negative consequence occurring) through to service users who feel children need more support in domestic abuse cases.

There was a very negative perception of children's social care, as if they added to the problem, not helped it. This came across from many participants, where they were the victim, but felt as though they were to be blamed for the incident because there were children in the household.

"You feel that you will be blamed for failing as a parent, or for asking for help, and you may worry that your children will be taken away from you if you report the violence. But it is acting responsibly to seek help for yourself and your children, and you are never to blame for someone else's abuse. It is important that you – the non-abusing parent – are supported so that in turn you can support your children and ensure that they are safe, and that the effects of witnessing (and perhaps directly experiencing) the violence are addressed"

The majority of the participants interviewed with children wanted the violence to stop, and had wanted to keep their family together. However, there was a strong feeling that statutory agencies had targets, did not see it from their (victim) perspective, and were seen to be working against them, rather than supporting the situation, especially when using terminology like neglect. This was counter-productive, as it meant the victim colluded subconsciously with the perpetrator and hid aspects of the violence from agencies.

"the abuse started within a year of son being born. Social services were visiting the house but not seeing any abuse. I was hiding the marks, and keeping quiet, so the kids are ok" (remain with me)

"It's the only crime where women are penalised and punished over and over again... women are held accountable for protecting their children"

For service users with children where there was parental contact from the father, the majority said a lot of tension arose over this contact and the safety risks to both the victim and children were a great concern. Service users felt they needed support and advice in how they handle this difficult time, as it was only when there was a serious risk of harm to the child were any statutory contact arrangements put in place. Several service users said no importance is placed upon the mental health and well-being of this relationship on the children and young people. Service users also said they received conflicting advice from agencies telling them they must let the children see their father (and make those arrangements themselves); whilst other agencies were telling them to not have contact with him, as it could compromise their safety. Service users also said there was a vulnerability and fear of further violence during these child contact arrangement times.

Some service users felt that staff don't understand the risks of domestic abuse to children, especially where children have contact with the abuser (their parent). They felt they minimise the risks, take no action, or do not undertake the necessary parenting or risk assessments, and feel that because the child is not being directly physically abused it is assumed that their welfare is not compromised.

"They (children's social care) let my children down and put them at risk. They need to see the signs and listen. They need more time to do this"

Service users said there needed to be some way of seeing through the intimidation tactics that perpetrators sometimes used on the child, which meant the service user was beholden to decisions that did not reflect the true picture.

"He involved social services stating I wasn't fit as a parent."

"I was scared to go to work because I didn't want to leave the kids with him I felt I needed to protect the kids from him"

It was felt that there was a need for specialist support for service users to enable them to deal with children who were struggling to adjust to a new situation, or children who were emulating the perpetrator's behaviour and displaying aggressive behaviours themselves.

Children & Young People's experience

Young people's interviews have been included in this research, in addition to the specific adult victim's views of the impact their experiences has had on their children. Nearly all the participants, and the adult victims who had children living with them mentioned a lack of specialist service available that worked with children and young people living with or having lived with domestic abuse. This was seen as essential to help them deal with what's happening to them. This includes help dealing with the messy contradictions between their relationships with both their parents (often a victim and a perpetrator); getting the important factors around feelings of safety and security for the child right; and understanding the behaviours of children also under stress and change.

"my kids told the cafcass worker what they thought she wanted to hear. They had no understanding or anyone supporting them"

Many victims felt that if they knew their child was receiving specialist support it would help them repair or strengthen their relationship and move forward in their lives together.

"Specialist support WAS ESSENTIAL for acceptance, and understanding, especially for the children to move forward. It is not their/ our fault"

A significant number of participants also mentioned that a negative consequence of their children living with domestic abuse was imitation of the behaviours they had seen. They felt that support to avert developing aggressive or withdrawal behaviours in their children would be useful.

"My eldest child became very subdued, very teary, very jumpy, not concentrating and she started wetting the bed at 5 years old. He told her he wasn't her dad, and he was going to burn the house down with us all in it"

The majority of children and young people did not feel listened to, or able to articulate their needs or wants, and felt at a loss on how to handle the situation. Young people did not feel there was enough information available, especially in schools on support or what abuse looks like. Children and young people felt that too often they felt they had no control over the situation in their life; they needed to be listened to; be understood and have appropriate service specialising in their needs; be kept informed; and have supportive advice regarding their mental health aspects (not just the risk of physical harm).

"We never discussed anything about this in school. I would have liked to talk to someone about what I was going through. I didn't realise it wasn't normal."

More awareness of the fact that children are as affected by experiencing domestic abuse, and are often directly abused themselves is required. This leaves many children at risk when in contact with the abuser and without help to deal with the longer term impact it has on them.

Peer to peer support and weekend support (to reduce the isolating factor) were two factors that young people felt would have helped them more.

"School support for my son was fantastic, and still is" (High school)

Other's experience

One additional aspect of this research was the harm and impact on the victim's friends and/or family.

A common occurrence of other violence was when the perpetrator was unable to contact or get a response from the victim, they would often get at the victim by hurting or damaging the people they had emotional bonds with.

"He assaulted my neighbour, myself and my son"

"He threatened to murder and kidnap one of my friends"

Respondents talked about the difficulties involved in seeking assistance from family or friends

"It's embarrassing, they've told you (their thoughts/views) but you haven't listened and so you can't really go to them and say 'yes, you were right'"

"I usually hid at my grandparents to avoid the violence at home, but dad beat up granddad for not returning me home"

Perpetrators

Whilst no perpetrators were interviewed as part of this research project, the participants made the following comments about support and treatment of perpetrators. A significant number of participants felt that there was too much focus on what the victims were doing wrong, especially if there had been a previous domestic abuse incident. Participants said their views could contribute to an element in the evaluation of perpetrators' programmes, as they would know if there has been a 'true' change or cessation in the behaviour, or whether the perpetrator had learnt to hide it, or knew the answers they sought for evaluation purposes.

"There's nothing there to help these men change. They don't see their behaviours as wrong. He's moved onto another relationship, but it doesn't stop the behaviour. My children continue to see this violent behaviour through him"

"There was never any drink or drugs involved. He was sexually abused as a young child. It was the root of his anger and sexuality"

*"Men like this are a danger to women and society. Why do they keep letting him out? He threatens to kill me, shouting obscene things, saying you f***ing wait. What happens if he gets to me? I'm dead. I'm just happy if he gets locked up. He knows how to play the law. How bad does it have to get? To be killed?"*

"It wasn't until I got to court that I learned he had a string of previous offences, but the women feared him and would not come to court"

"I didn't know his history, but he'd been to borstal, had previous convictions, drinking habits and a violent temper. These got worse. I asked for help from his family about his heavy drinking, but they just brushed it under the carpet. He is an alcoholic"

"he had a history of fighting. It nearly got him discharged from the RAF, but he knows how to live just on the edge of the law, so he is never charged"

Disclosure

During the focus groups, the participants were asked what factors would have helped them and would help other people accessing a service, or disclosing information about domestic abuse.

The most common explanation for not disclosing domestic abuse was a lack of understanding of the dynamics in domestic abuse situations by agencies there to support victims and prevent harm. Even in cases where this was not identified as the predominant reason for non-disclosure, it was frequently mentioned in response to this question.

Not being aware of a specialist service or knowledge of the kind of support that it could offer was also a majority answer. A significant number of participants were completely unaware of appropriate support other than reporting to the police, and therefore did not wish to seek help.

"Didn't report, as didn't know. Wasn't aware. I wanted to leave but had no support"

"Out of hours support, especially at the weekends. By the time Monday morning comes, you think it's not going to happen again, or he has convinced you it wasn't as bad as you thought. But it was. You want to forgive and forget"

Some participants felt that images of domestic abuse did not reflect or represent them, and so did not feel the need for a service applied to them. A significant number did not realise how much abuse they had tolerated or noticed how it had steadily increased until there had been an intervention. Quite a few participants felt the 'recovery programme' (or an equivalent) was essential to help them move on in life, acknowledge trigger points and prevent becoming a victim in the future.

Many participants had experienced more than one abusive relationship, and felt the acceptance of abuse within a relationship was tolerated by society, and this added to the complacency or susceptibility of others to accept the behaviour and ignore a violent incident for fear of getting involved in other's private matters.

However, another barrier to disclosing domestic abuse was an escalation of the violence once services became involved, and a lack of trust that those services will act in your best interests and protect you. Concern was mentioned that if you do disclose the abuse, the perpetrators behaviour became more manipulative and coercive, which increased the level of violence, or made them behave in a more controlling manner. Participants said that even though they had the most knowledge of a perpetrators behaviour and knew his likely actions or reactions, they were often ignored by statutory agencies, and the consequence was often the violence or abuse became worse.

"The agencies must stop telling victims of abuse not to suffer in silence; that is until they can be assured and confident that their responses are safe enough. As it is, far too many responses are actually increasing the damage and risk through a combination of arrogance, ignorance and of not listening to victims. Ultimately, agencies are frequently causing more harm than good; where is the justice and safety in that for victims and their families?"

In Lancashire, even more victims risk being killed or injured as they are further betrayed through a process of secondary abuse by the agencies they turn to for help and safety; this all adds

significantly to their burden of distress, damage and risk. The situation needs to change urgently and agencies must stop being in denial”.

"Knowing who to contact without it making things worse (Children's social care threatening to take the kids away) because I've asked for help"

Respondents were equally reluctant to approach the police for help. Many talked about how their experiences of reporting previous incidents of domestic violence acted as a disincentive to reporting new offences. Many participants identified that there were problems with the way cases were dealt with after a perpetrator was arrested, but most commonly service users were negative about the delays they had experienced, the lack of information they had received and the bail and sentencing decisions that had been arrived at in the police station or court.

"There's no point reporting stuff because they come and if you're lucky they take him away but two three hours later he's back, he's told them some sob story and that he's sobered up so he gets bail. The abuse starts again"

Service Provision

Specialist Services

'Specialist service' refers to services received from specialist service provider, which are usually from the VCFS.

The vast majority of service users found out about a specialist service through the police and MARAC system referring them onto an IDVA (high risk cases), with leaflets (in health settings), friends, social services and help-lines being a secondary source of referral. Receiving information and support was the primary reason for using specialist support. Several participants also commented on the dedication and commitment of the staff, which helped them feel confident in using the service.

Other benefits were accessing the service for help to give up drugs, enrolment on peer support; empowerment and educational courses and to enable the service user to develop strategies to disassociate with the perpetrator.

Not enough specialist support for the children was mentioned frequently, as service users felt children need additional help to understand what was happening, especially if the family had moved from away their support networks or moved into a refuge.

Participants also felt that specialist services should be available across all levels of service, as often if there was no other 'supportive service' they felt at a loss when their time with the IDVA came to an end. Outreach provision was seen as an important next step and an exit strategy following IDVA support. Safety planning and sanctuary schemes for those that do not meet the criteria for IDVA services were also seen as crucial support. Many felt that the specialist support concentrated on the high risk end and there was not enough provision once they were no longer classified as 'high risk' even though they were still being threatened and needed support.

Service users would change very little about the way in which the specialist service is run, but would simply like to see it expanded. Many felt there needed to be further support networks developed, and further develop the peer support approach through former service users.

"The service advocacy and their knowledge of the stat sector was invaluable"

Providing a specialised service is particularly important for some 'hard-to-reach' communities (minority groups and rural areas), as victims of domestic abuse may feel especially visible amongst these communities, and thus find it especially difficult to approach services for help. Consequently, they may be more isolated from support and find that information is harder to access. Specialist provision may be their only source of support and advice.

Statutory Services

It was felt by a significant number of participants that statutory services do not do enough to change the outcomes for the better and that they only do sufficient to cover their statutory responsibility.

A lot of service users were anxious of the impact of statutory services, so preferred to keep away from them (e.g. having children taken off them) or being called on randomly by the police, which could increase their risk of safety.

"The attitudes of some services needs to be more understanding – the 'why do you put up with it?' stance is not helpful. What alternative do i have?"

A large proportion of the participants with children felt that schools could do more, and need to be aware of domestic violence occurrences and any injunctions that may be in place.

Many felt the lack of understanding of dysfunctional relationship dynamics or the presenting situation was due to lack of training of all services.

Improvements

Participants were asked or prompted to discuss where they felt there were gaps in the response of services, and what needs to be improved either collectively across all the agencies or on an individual agency basis. They were also asked how responses to domestic abuse can become more victim focused, and what can be done to help victims and communities support themselves more.

Accessible information was seen as an area for improvement. Victims want more information about where to go for impartial advice. Information about services for domestic abuse, especially specialist support should be more widely available in public venues. It also needs to be in different formats (adverts, radio information, leaflets, GPs, schools). Freephone numbers for general advice should also be publicised more widely (like the Childline adverts). Knowledgeable support being available from start to end was also essential.

All of the participants felt that the best suggestion that they could offer would be to maintain the level of service, rather than damaging it by making cuts. More specialist support was needed.

Outreach provision, safety planning and sanctuary schemes was seen as an important area of support especially for victims who weren't deemed high risk, but needed support to prevent them becoming high risk.

There was concern that by encouraging more reporting, more children will be identified as living with domestic abuse, yet there are very few specialist support services available in the local area to meet their needs. Many victims felt that if their child(ren) were able to receive a similar level of support as they were, it would help them move rebuild their lives and their relationship.

Parenting support and skills was another area identified that participants felt would help repair the developmental relationship with their children who were displaying negative reactions as a consequence of their children living with domestic abuse (e.g. imitation of behaviours or other signs of adverse reactions). Children and young people services were seen as essential to enable children and young people to be able to articulate their views/wants/needs. Development of peer support schemes for young people was also suggested.

Work needs to be undertaken by agencies to bridge any gaps that exist when working with victims and families of different cultures, in order to assist understanding and involvement. Agencies should not use family members as the translator at domestic abuse incidents or where domestic abuse may be suspected. Further development of the asset based approach (e.g. Umeed) would help to overcome the barriers in place that prevent BME women from accessing support.

Most domestic abuse victims and perpetrators go to the doctors at some point. This should be a main place to source information on services and support available. All health staff, not just doctors, need to be trained to ask the right questions at the right time. Also, GP practices need to introduce policies or best practice where members of the family (those living within the same household) do not share 'family' (the same) doctor. Access to independent translators and private unmarked rooms should be available in areas serving high levels of BME communities.

When police attend domestic abuse incidents they should ensure that they have female police officers to attend. Police officers could leave advice leaflets or leaflets of other support available before they leave.

Developments in domestic abuse need to be directly informed by domestic abuse survivors themselves. The challenge of enabling abused women to participate in real decision-making was seen to be a priority for future developments to help build self-support and resilience. Small local groups of supportive members could be established for victims of domestic abuse seeking to rebuild their lives, in order for them to receive support from others who understand the dynamics they face.

Preferred communication channels

Several channels of communication were discussed. Phone-calls were agreed to be a good way of communicating, but it was mentioned by one participant that they would not answer to anonymous caller phone recognition. In addition to the above, text messages and letters were mentioned as alternative methods for contact. The consensus appeared to be that text messages to mobile phones would be likely to get the most attention from them, but to check with them first.

Recommendations

Develop further service user engagement and work

- Increase and develop further service user research for further insight gathering
- Develop service user active participation in co-design of effective services
 - Specialist provision at varying service levels
 - Perpetrator programme evaluation
 - Children and young people development, including specialist parenting support
 - Service user engagement development and peer support activities
 - Developing campaigns and publicity

Increase the referrals to services

- Ensure consistent and sustained specialist service provision needed in place at all levels of risk and harm
- Victim, and as a result, outcome focus as the overarching goal
- Accessible, locally delivered services with flexible and open service hours
- Train and support former service-users to engage in outreach work and peer support activities to encourage people into services, and consequently empower individuals to make their own choices to support their situational improvement
- Training for frontline staff across health, social services, police, education, housing and employers to spot the signs of domestic abuse, know how to approach the matter safely and judiciously, and signpost to effective sources of help
- Develop appropriate service user-led publicity and campaigns

Prevent and minimise harm to children, young people and families

- Develop safety plans for all members of families, addressing individual needs
- Develop and resource peer support groups for young people
- Develop educational packages in schools, including experiences and success stories from service users and children and young people
- Develop combined whole family approaches, including parenting support

Effective joint working by agencies

- Identify models of good practice and use them as a basis for reviewing procedures, communication mechanisms and training to improve joint working
- All agencies to address issues raised in consultations and evaluations
- Link budgets to outcomes - improve or stop delivering services that do not demonstrably improve outcomes (not targets) for victims
- Assess, monitor, and continually improve to ensure successful outcomes (backed by statistical data, examples, case studies)

Improve awareness, understanding, attitudes and access to information about domestic abuse

- Recruit service-users, family members, specialist professionals willing to speak publicly about their experiences and success stories to a range of audiences, including strategic and budget holding officers

- Taking a multi-agency approach, develop a common strategy, using service users to effectively reach and influence key target groups, such as children and young people, parents, staff, the general public and also the media.

Further information

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