
Whole Lives Scotland



National Survivor Survey

October 2020



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Thank you to everyone who supported this survey, including those who helped us promote it widely. Most importantly, thank you to the victims and survivors of domestic abuse who took part. Your story matters and we will work to make sure your voice is heard - together we can make a difference.

About SafeLives

We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

We work with organisations across the UK to transform the response to domestic abuse. We want what you would want for your best friend. We listen to survivors, putting their voices at the heart of our thinking. We look at the whole picture for each individual and family to get the right help at the right time to make families everywhere safe and well. And we challenge perpetrators to change, asking ‘why doesn’t he stop?’ rather than ‘why doesn’t she leave?’

Every year, nearly 130,000 people in Scotland experience domestic abuse. There are over 9,000 people at risk of being murdered or seriously harmed; over 12,000 children live in these households. For every person being abused, there is someone else responsible for that abuse: the perpetrator. And all too often, children are in the home and living with the impact. Domestic abuse affects us all; it thrives on being hidden behind closed doors. We must make it everybody’s business.

Together we can end domestic abuse. Forever. For everyone.

Whole Lives Scotland

Following our 2017 research report, *Whole Lives*¹, the National Lottery Community Fund in Scotland awarded SafeLives funding to carry out a three-year project working with Violence Against Women Partnerships (VAWPs) in different local authority areas to:

- Support local services to maximise their impact in terms of accessibility, practice, multi-agency working and victim and survivor experience
- Establish strong, locally relevant evidence bases that have national significance
- Build the case for a more ambitious, deep-rooted, improved response to domestic abuse in Scotland in the longer term
- Amplify the voices of victims and survivors across Scotland

A note on terminology: We use the terms ‘victims’ and ‘survivors’ throughout this report. Most of the respondents who answered our survey were not talking about current experiences of abuse, and so the term ‘survivor’ has been used more frequently to reflect that. We recognise that different people prefer different terms at different points and respect that. We have consulted with people with lived experience to check the appropriateness of our language.

Executive Summary

Survey context

Whole Lives Scotland is a three-year project funded by the National Lottery Community Fund which builds on our earlier report¹ of the same name. The project aims to understand the barriers survivors of domestic abuse experience in accessing specialist services; support local services to maximise their impact; and establish strong, locally relevant evidence bases of what works in tackling domestic abuse. The National Survivor Survey is a key part of the project's aim to amplify the voice of survivors in Scotland.

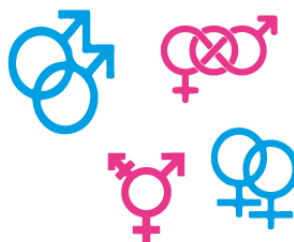
Conducted online between December 2019 and March 2020, we aimed to reach victims and survivors in Scotland who had never accessed specialist support, as well as those who had. We sought to identify barriers to service access, asking survivors what they needed in their journeys to safety and wellbeing. In total we received responses from 346 people from all 32 local authority areas in Scotland via several methods, including the online survey. This report presents analysis of 279 adult victims and survivors of partner abuse in Scotland who answered our online survey. Respondents were primarily female (94%), White British or Irish (97%) and identified as heterosexual (91%). See Appendix 1 for a full breakdown.

Our survey closed weeks before the COVID-19 pandemic unfolded across the UK. During lockdown, and as restrictions continue, victims of domestic abuse have faced heightened isolation and vulnerability. Meanwhile, domestic abuse services have had to adapt swiftly to engage victims and deliver support in significantly different ways. We cannot ignore the fact that the landscape of the sector looks incredibly different since we launched the survey. But the themes and findings from this survey remain highly relevant, as our recent [Safe at Home in Scotland](#) survivor consultation² demonstrates. Understanding and reducing barriers to service access now, and as we come to grasp the impact of COVID-19 on survivors and services, could not be more important.

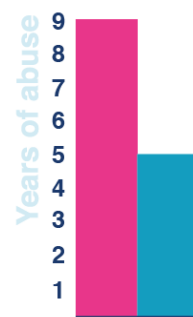
Survivors' experiences of domestic abuse

On average, survivors answering our survey said that they had experienced two types of abuse. One of these types was usually mental/emotional abuse which almost all survivors (96%) identified experiencing. Many survivors also experienced physical (64%), sexual (30%) and other (16%) forms of abuse, most often economic. Disabled survivors were more likely to have experienced both physical (73% vs 61%) and sexual abuse (40% vs 28%), and to have experienced abuse in a previous relationship (44% vs 30%). LGBT+ survivors were also more likely to experience sexual abuse (50% vs 29%).

Two thirds (65%)
of survivors
developed **mental
health needs** as a
result of the domestic
abuse.



**LGBT+ survivors
were more likely to
experience sexual
abuse** (50% vs 29%)



**Disabled survivors
experienced abuse
for nearly twice as
long**
(9 years vs 5 years).

The impact of abuse was multi-faceted – for many it led to financial difficulties (56%), problems in relationships with adult family members (47%), poor physical health (30%), employment issues (32%) and homelessness (23%). Two thirds (65%) of survivors told us the abuse led to mental health needs and these were usually not addressed through any kind of professional support at the time.

On average, survivors experienced domestic abuse over a period of five and a half years. Some factors, such as disability or having experienced sexual abuse, were linked to longer lengths of abuse. Qualitative analysis showed that survivors often were not aware they were experiencing domestic abuse for some time when the abuse was emotional or psychological rather than physical.

Survivors who had children also experienced longer than average periods of abuse. Qualitative analysis indicated that this was sometimes linked to ongoing abuse perpetrated through child contact arrangements post-separation. The stark impact of living with abuse on children was highlighted by comments left by adults who had lived with domestic abuse when they were children. These outlined the ongoing effects on their mental health, self-esteem, educational development, as well as the limited support they had received.

“ Survivors told us they need services to be more available with a broader range of options. The impact of abuse means funding for recovery services and support for children is vital, along with financial support, housing options for people in employment and more localised community support. Improving justice outcomes and family court processes was key to some survivors.

“Children desperately need support...I had no support throughout my school years despite the school being aware that I lived in a domestic abuse household, I suffered in silence for 18 years...”

Disclosure and routes to specialist support

One third of survivors (31%) had disclosed to a work colleague about the abuse.



Most survivors (87%) told multiple people about their experiences of abuse, with the first disclosure happening after an average of four years of abuse. Most frequently, survivors disclosed to family members (62%) and friends (58%). Disclosures to police (41%), counsellors (40%), GPs (38%), lawyers (36%), and colleagues (31%) were also common.

There were some differences in who different groups of survivors disclosed to. LGBT+ survivors were less likely to tell family (45% vs 63%) and more likely to tell friends (73% vs 57%) and disabled survivors were more likely to talk to their GP (50% vs 36%). Various factors appeared to influence the time that passed before disclosure, including disability, where survivors lived and the types of abuse they had experienced. Understanding how and to who survivors disclose is important in ensuring everyone in the community is prepared to respond to disclosures.



Survivors in rural locations experienced abuse for 2.5 years longer before disclosing than survivors in cities
(5 years 6 months vs 3 years)

“I felt comfort from them. They understood and listened and made me realise the abusive relationship wasn’t normal and I had something to fight for. My son and my life.”

While disclosures were common, half (48%) of the survivors who reached a specialist service had self-referred and referrals from many sectors were very low. In our small sample, survivors had experienced an average of eight and a half years of abuse before they accessed a service. Those referred by the police (25%) reached a service faster than those who self-referred and were more likely to have been physically abused (81% vs 63%).

“ Survivors told us receiving specialist support was ‘a lifeline’. The practical and emotional support offered was described as healing and empowering.

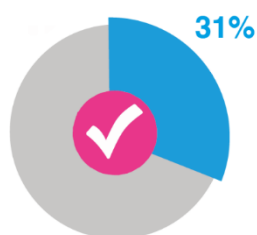
Getting to support was not always straightforward; survivors said more funding for workers and out of hours services would increase accessibility and capacity. Survivors said some professionals did not have the necessary information to respond to disclosures. They called for more professionals to proactively ask the right questions, and for agencies to work together to signpost and refer people to the right help.

“I attended a number of appointments with my GP regarding my deteriorating mental health, and I was never asked if I was being abused. The shame prevented my (sic) from disclosing, but perhaps the GP could have asked to provide me with that opportunity.”

Barriers to accessing support

Two thirds (67%) of survivors had never accessed a specialist domestic abuse service, despite disclosing to an average of three people or agencies. The most common factors in this, as identified by survivors, were not knowing about services that could help (51%), stigma-related feelings of shame or embarrassment (42%) or not wanting to access support at the time (27%). A fifth (19%) of survivors who did not access a service said professionals not asking them about abuse was a key factor, as was the fear of not being believed (18%).

One third of survivors accessed a specialist domestic abuse service.



Survivors who did not access a specialist service still told three people about the abuse, on average

Two in five (38%) survivors disclosed to a GP about the abuse at some point.



Only 2.4% of survivors who accessed a specialist service were referred by a GP.

Some survivors experienced compounded barriers connected to their identities and their needs. For example, disabled survivors were more likely to fear not being believed (30% vs 16%) or losing their children (18% vs 6.0%) and identified a lack of local services as more of a problem (18% vs 8.1%). Male and LGBT+ survivors were more likely to say services did not fit their identity and males were more likely to say professionals had not asked them about abuse (50% vs 17%). Survivors with mental health needs and financial problems were more likely to experience many of the barriers we listed.

“All professionals need to be informed about how to work with those affected by domestic abuse, and the perpetrators. It is not a specialist area of work - it is the bread and butter for everyone who works with families in all capacities. It is not a standalone issue - people need to understand how it relates to all other areas of people's lives in complex ways.”

All this demonstrates how the intersection of needs and vulnerabilities with domestic abuse may further isolate survivors and inhibit pathways to support. A low response rate to the survey from survivors from Black and Minority Ethnic (BME) communities meant comparisons around race were extremely limited. In itself the fact that our consultation was not accessible to survivors from racially minoritised groups highlights the additional barriers they may face accessing services.

“Survivors told us more awareness of domestic abuse, in all its forms, was the biggest thing that could make a difference to service access. Understanding of non-physical forms of abuse, including psychological and economic, and how to identify them, was key. Everyone needs information on where services are and what they do, from friends to GPs, so victims and survivors can find out what help is there as fast as possible.

“Police advised me [o]f the service I was totally unaware anything like it existed.”

Recommendations

1. Domestic abuse is recognised as ‘everyone’s business’ through sustained awareness-raising and creative engagement

We heard: Continuing to raise awareness of all forms of domestic abuse was the standout theme from survivors’ comments, along with ensuring the services that can help are visible. Survivors disclosed to multiple people about the abuse, from colleagues to GPs. They highlighted how important it is that professionals know how to ask about abuse and that everyone can identify it along with sources of support.

We suggest:

- Consistent, visible, long-term national awareness-raising activities that speak to friends, families, and communities, highlighting the power of ‘reaching in’.
- Co-creation of initiatives by survivors to elevate their voices and highlight the needs of victims and survivors with a diverse range of lived experiences.
- Approaches that focus on attitudinal and behavioural change amongst those who use, or who are at risk of using abuse, making it clear that abusive behaviours are not acceptable.
- Creation of a comprehensive Scotland-wide directory of services to give survivors, professionals, and bystanders alike accessible information on what is available to get support sooner.

2. Fully funded ‘Whole Family’ service provision across Scotland

We heard: Domestic abuse organisations across Scotland provide vital and exceptional services. Survivors described some limits to service capacity, accessibility, and inconsistently available services, such as for children. Many wanted support for their recovery after abuse and some called for improved responses to perpetrators, both in criminal justice and civil law systems.

We suggest:

- Long-term sustainable core funding for specialist domestic abuse organisations to encompass the full range of ‘whole family’ services required by survivors including interventions at all risk levels and for all ages, working with adults, children, young people, and wider family members.
- Specific, funded trauma and recovery programmes available after risk has been reduced to support survivors’ recovery, including the recovery of children who are also victims.
- A widespread integrated perpetrator response, encompassing both criminal justice and non-court mandated programmes, to ensure victim safety is front and centre of any intervention, and that abusers are held to account for their actions.
- Greater crossover between criminal justice and civil law systems, to dovetail court responses and provide a more informed approach.

3. Specialist approaches that reflect and respond to the diversity of survivors

We heard: Disability, gender and sexual orientation were linked to different experiences of abuse over different lengths of time, and different barriers to service access. Intersecting needs, such as mental ill health and financial insecurity, are caused by and interact with abuse. Survivors wanted local services that felt right for their identity and situations.

We suggest:

- A fully funded and equipped suite of specialist provision responding to the links between domestic abuse and health (mental and physical), as well as the complex intersections of race, disability, sexual orientation and gender, in order to meet every survivor’s unique identity and specific needs.
- Specialist standalone services, or services integrated within existing organisations, with clearly defined referral pathways to ensure access to the right service at the right time.
- The joining up of expertise and sharing of specialist learning and knowledge across the Violence Against Women & Girls (VAWG) sector and beyond, fostered with a ‘by and for’ⁱ approach to training delivery, resource development, and service provision.

ⁱ ‘By and for’: An inclusive approach to service design and delivery that involves service users.

4. Tailored 'culture change' programmes in key sectors

We heard: Despite multiple disclosures, self-referrals to services were common and referrals from some sectors, relatively low. Survivors identified not being asked and a fear of not being believed as barriers to service access, and called for agencies to work together. Professional attitudes were important in whether survivors reached support. Improving family court and social work responses around child contact was important to a substantial number of survivors.

We suggest:

- In-depth culture change programmes, similar to [DA Matters Scotland](#) for Police, that go beyond training and effect lasting change and action at an individual and collective organisational level.
- Programmes that are tailored to statutory and public sector organisations including health, social work, housing, and justice, including civil and family courts.
- The incorporation of a variety of learning methods for both frontline staff and senior leaders, supported by tailored resources and tools, clear and accountable systems for action, and a system of internal Domestic Abuse Champions to embed learning and promote best practice.
- The widespread creation of organisational domestic abuse policies and guidance addressing both the needs of service users and employees, as well as the actions of perpetrators.

Introduction

About the National Survivor Survey

Context

Whole Lives Scotland is a three-year project funded by the National Lottery Community Fund. The project follows our earlier report¹ of the same name which identified a postcode lottery of domestic abuse provision across Scotland, with some groups of survivors “hidden” from specialist services. Whole Lives Scotland aims to understand the barriers survivors of domestic abuse experience accessing in specialist services; support local services to maximise their impact; and establish strong, locally relevant evidence bases of what works in tackling domestic abuse. The National Survivor Survey was a key part of the project’s objective to amplify the voice of survivors in Scotland.

Conducted online from December 2019 to March 2020, we promoted the survey via contact targeting, posters, and social media to reach victims and survivors who had never accessed specialist support, as well as those who had. We worked to the Scottish definition of domestic abuse as that involving adults over the age of 16 and between partners or ex-partners. Children living in households where domestic abuse happens are also victims. The focus of the work was access to adult services so we did not aim the survey at children and young people. However, we take children into account in this report.

Our survey closed weeks before the COVID-19 pandemic unfolded across the UK. During lockdown and as restrictions continue, victims of domestic abuse have faced heightened isolation and vulnerability. Domestic abuse services have had to adapt swiftly to engage victims and deliver support in significantly different ways. We cannot ignore the fact that the landscape of the sector looks incredibly different since we launched the survey. But the themes and findings from this survey remain highly relevant, despite COVID-19, as our recent [Safe at Home in Scotland](#) survivor consultation² demonstrates. Understanding and reducing barriers to service access now, and as we come to grasp the impact of this period on survivors and services, could not be more important. Moreover, the pandemic has led us all to new and creative ways of working in online and physical spaces; these may lead to barrier-reducing measures for those experiencing domestic abuse to be considered alongside our findings.

Reading the results

Primarily, questions in the survey aimed to understand how victims and survivors sought help and their experiences of any professional support they received. If they had not accessed a specialist domestic abuse service, we aimed to identify any influencing factors. A smaller number of questions about the type of abuse survivors had experienced were included.

Most of the questions in the survey were optional so respondents had the choice to answer questions they felt comfortable to answer. Therefore, during the analysis process different samples have been used according to how many people answered the question and what sub-group is being considered. This report contains analysis and summaries of the quantitative data from the survey, combined with themes and quotes from qualitative analysis of several free-text questions. Where the quotes from the latter required context to explain them, the question is shown in light grey above the dark blue quote.

We received a good response from some groups of survivors which allowed us to make some fair comparisons. The proportion of LGBT+ respondents was greater than LGBT+ population estimatesⁱⁱ and the proportion of disabled respondents reflects that of the general populationⁱⁱⁱ. However, the response rate from minority ethnic communities was low^{iv}, with no responses from Black survivors, and this has unfortunately limited the conclusions we have been able to reach from the data. In itself the fact that our survey was not accessible to survivors from racially minoritised groups highlights the additional barriers they may face accessing support. Whilst we promoted the survey through specialist services that support BME survivors, this was not effective enough. We have committed to addressing this and have already

ⁱⁱ 2% of adults in Scotland identify as LGB or ‘Other’ though this is thought to be an underestimate:

<https://www.gov.scot/publications/sexual-orientation-scotland-2017-summary-evidence-base/pages/1/>

ⁱⁱⁱ 19% of working age adults in the UK identify having a disability - UK Government Family Resources Survey 2018-19:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874507/family-resources-survey-2018-19.pdf

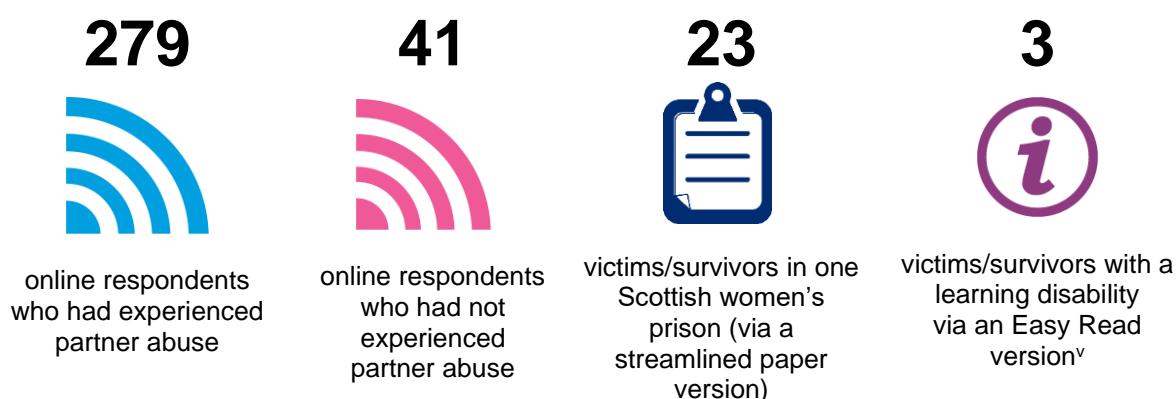
^{iv} 3.4% (1.5% not including White non-British) compared to 8.0% (4% not including White non-British) in the population (Scotland Census data, 2001).

taken steps to engage different groups in the community with a more pro-active approach in our [Safe at Home in Scotland](#) work.

The majority of survivors (82%) referred to non-recent abuse which, on average, started very approximately 15 years ago. The range was large, with some survivors talking about abuse that happened just months ago. We acknowledge some of this data may not give us a current snapshot of the sector, however many of these survivors feel the ongoing impact of abuse on their lives today and we still have much to learn from their experiences. The results of this survey are not statistically significant; conclusions cannot be generalised to the Scottish population nor to all Scottish domestic abuse services. This does not change the fact that the findings shed valuable insight on the experiences of a substantial number of victims and survivors of domestic abuse in Scotland. But all results should be read within the context of the survey and not taken to apply to Scotland as a whole nor compared with other parts of the UK.

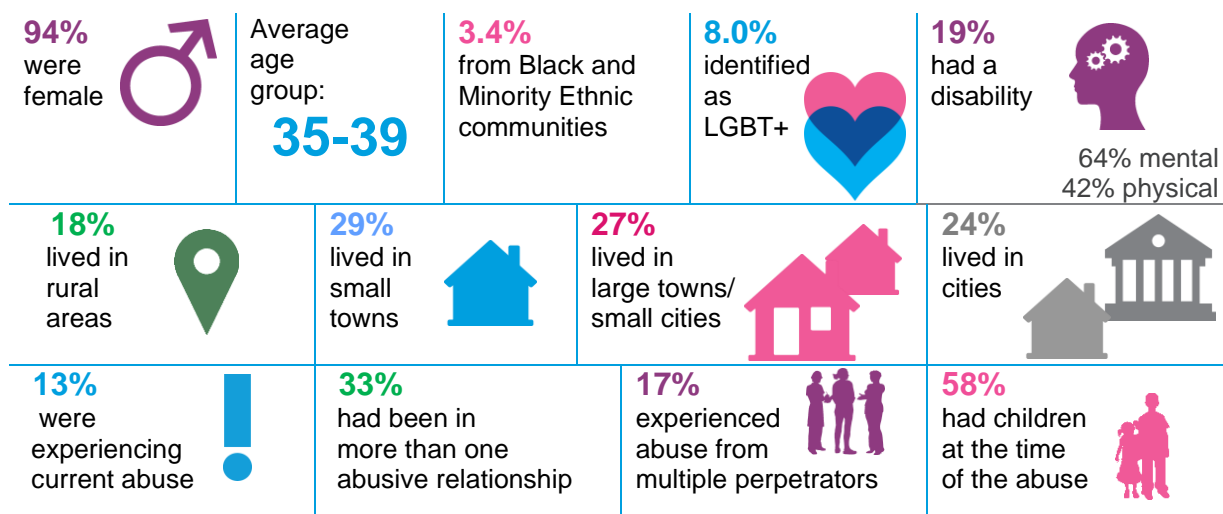
Overview of respondents


346 people responded to our survey, including:



This report contains analysis of responses from 279 victims/survivors of partner abuse who answered our survey online. Forty-one people answered but had not experienced partner abuse and were invited to leave general comments, some of which are highlighted in the report. Appendix 2 contains a summary of 23 responses we received from a women's prison. These responses are reported on separately as the survey was altered to print it for the prison context. The three Easy Read responses were referred to in local Whole Lives project work.

279 victims and survivors of domestic abuse:



 Most frequently, those perpetrating the abuse were male partners (65%) or ex-partners (26%). One in ten (10%) victims had been abused by a female partner or female ex-partner.

^v Created in conjunction with Disability Equality Scotland.

Findings

Summary of themes from free-text questions

Four key themes emerged from qualitative analysis of hundreds of responses to the free-text questions in the survey. We asked slightly different questions of survey respondents who had and had not accessed specialist domestic abuse support. However, there was a lot of crossover in what people considered important for services to offer, and what people thought was missing, regardless of whether they received support. These themes are summarised here and threaded throughout the following sections of findings.



Awareness of domestic abuse and services that can help

Two in five (43%) comments were about the need for more **awareness** of all forms of domestic abuse so everyone can play a part in identifying it and supporting victims and survivors. From friends to GPs, this was about **education** or training and professionals **proactively** asking the right questions and working together with other agencies. Awareness of non-physical abuse was key – many survivors did not recognise abuse at first due to the absence of physical assault. The **visibility** of services was frequently mentioned – everyone needs information on where services are and what they do so victims and survivors can find out what help is there as fast as possible.



More services with greater capacity

One third (32%) of comments were about the need for more services to be **available**, with a broader range of support options. Services need more **funding**, workers, and capacity to offer out of hours support and reduce waiting times. **Recovery** support options, namely counselling, and more **localised** community support options were the most frequent things mentioned, along with services for children.



Support reflecting the diversity of survivors

One in ten (12%) comments highlighted the need for services to understand and respond to the **diverse identities and lives** of victims and survivors. Support for male and LGBT+ victims, and people who are in employment and thus not able to access all services, was raised. The need for **integrated services** that work together where survivors have multiple needs, such as housing and addiction, was highlighted.



Better court and justice outcomes

One in ten (12%) comments discussed the lack of, or the importance of, appropriate **court and justice responses** to domestic abuse. For many, this was specifically about **safe child contact** and the family courts. Responding proactively to stop **perpetrators** was also key, but not solely within the courts.

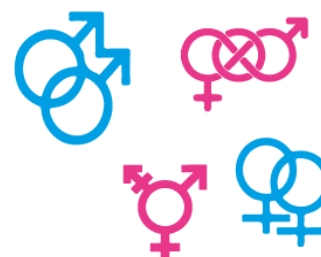
Experience of domestic abuse

On average, survivors experienced two types of abuse including mental or emotional abuse. Some groups of survivors were more likely to experience physical and sexual abuse.

On average, survivors experienced two types of domestic abuse with almost all (96%) experiencing mental or emotional abuse^{vi}. About two thirds (64%) experienced physical abuse and just under one third (30%), sexual abuse. Under a fifth (16%) selected 'Other' which usually referred to financial or economic abuse – one in ten (8%) survivors left explicit comments about their experience of economic abuse.

Disabled survivors were more likely to experience physical abuse (73% vs 61%) and sexual abuse (40% vs 28%). They were also more likely to state they had experienced 'other' forms (21% vs 14%), predominately financial abuse. The higher prevalence of sexual abuse amongst disabled respondents mirrors findings from wider research by SafeLives³.

LGBT+ survivors were much more likely to have experienced sexual abuse (50% vs 29%) than heterosexual survivors. Again, this reflects SafeLives Insights data showing the increased prevalence of sexual abuse amongst LGBT+ survivors⁴. LGBT+ survivors answering our survey also experienced a broader range of abuse – 2.5 types on average.



LGBT+ survivors were more likely to experience sexual abuse (50% vs 29%)

Survivors experienced domestic abuse for an average of five and a half years. Different types of abuse were linked to different lengths.

The majority of survivors told us how long, overall, they experienced domestic abuse for. We also calculated an estimate for those who told us they were currently experiencing abuse (13%). On average, survivors experienced five and a half years of domestic abuse. We recognise that there are limitations to quantifying how long abuse occurs for, as this survivor's words illustrate powerfully:



Average length of abuse: **5.5 years**

“I found it difficult to answer how long the abuse had been going on as I didn't recognise it till it really really escalated [sic] however reflecting back it was always there it was subliminal and better hidden it was like a genie came out the bottle and the same stuff happening only it was really intense and happening from hour to hour instead of odd day to day.”

Survivors who were sexually abused experienced abuse for nearly three years longer (7 years 11 months vs 5 years). Survivors who were physically abused experienced abuse for slightly less time overall than those who were not (5 years 3 months vs 6 years). In their free-text responses, many survivors told us they did not recognise the behaviour as abuse due to the lack of physical assault. This association could be relevant when considering the relationship between physical abuse and shorter abuse lengths.

Q: Is there anything you would have liked to have available to you to address the abuse?

“At the time I was really unaware that I was being subjected to abuse because it felt very much my fault. It was so gradual over the years and I started to disappear so possibly something to help me realise that it was an abusive situation. Because it wasn't physically abusive then I thought the mental/emotional abuse and isolation was my own doing.”

^{vi} Options in the survey were Physical, Sexual, Mental/emotional, and Other with examples listed from the Scottish Executive's 2003 Strategy to Address Domestic Abuse: “threats, verbal abuse, racial abuse, withholding money, coercive control including controlling behaviour such as isolation from family or friends”.

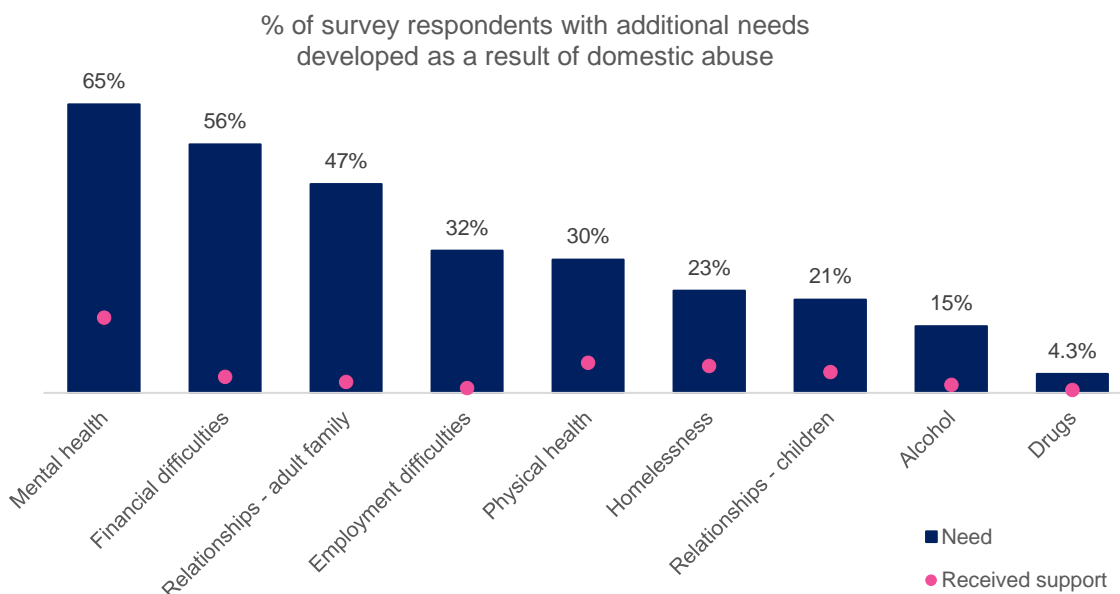
The abuse caused mental ill health for the majority of survivors and many developed other needs as a result of the abuse they experienced.

As the graph below shows, domestic abuse caused various problems and led to additional needs for many survivors. Two thirds (65%) said they had mental health needs that were caused by the abuse they experienced. Just over half (56%) said the abuse caused financial problems and just under half (47%) of the survivors said relationships with adult family members broke down because of the abuse.



The abuse caused financial problems for over half of the survivors (56%).

“I had never told anyone the full extent of the abuse. I lost a number of friendships and damaged a number of family relationships during the abuse. The support I got also helped me find the courage to begin to try to repair those relationships”



As indicated by the pink markers on the graph, most survivors did not receive any kind of professional support to address these additional needs at the time of the abuse. For example, less than a fifth (17%) received professional support to improve their mental health. This was strongly reflected in survivors’ free-text comments.

Two thirds (65%) of survivors developed mental health needs as a result of the domestic abuse.



Q: Is there anything you would have liked to have available to you to address the abuse?

“Support with dealing with the guilt of abuse that I was not strong enough to see what danger I put my family and myself in”

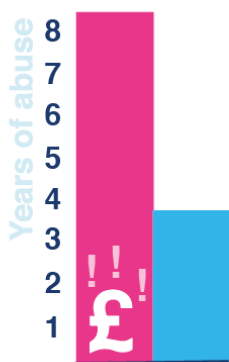
“Just more help and advice about services and other forms of support, especially mental health support.”

“...my son[’s] physiologist years later did trauma work with me as I was still suffering from PTSD 15 years later”

The importance of a broad range of services for survivors was key in survivors’ comments and recovery support - ongoing mental health support after the risk of domestic abuse has been addressed – was often unavailable.

Integrated services, supporting survivors with multiple needs, were important to many. Locating domestic abuse workers in hospitals and housing services was mentioned, as well as having specialist workers for survivors with addictions.

The length of domestic abuse varied according to the needs and identities of survivors.



Abuse lasted twice as long when it caused financial problems for survivors

(8 years vs 3 years 8 months)

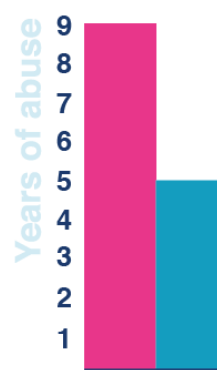
Abuse lasted longer when it caused financial problems for survivors (8 years vs 3 years 8 months). This was similarly the case with employment difficulties (8 years 5 months vs 5 years).

“Just because I was working didn’t mean I wasn’t facing hardship. I had significant debt as a result of abuse and there was no specialist finance advice for women in my situation.”

Physical health problems were also linked to longer overall periods of abuse (9 years vs 5 years), as was homelessness (8 years 5 months vs 5 years). The interrelated and cyclical nature of homelessness and abuse is well-documented in the SafeLives ‘Spotlight’ on homelessness⁵. All this highlights the complexity when additional needs, often caused by the abuse, reduce options and increase isolation and vulnerability.

Survivors with disabilities experienced abuse for nearly twice as long as survivors with no disabilities (9 years vs 5 years). They were also more likely to have been in an abusive relationship previously (44% vs 30%). This reflects findings in the SafeLives ‘Spotlight’ on disability which showed disabled victims experience abuse for longer periods than non-disabled victims³.

In our small sample survey, the overall length of abuse was shorter for LGBT+ survivors compared to heterosexual victims (5 years vs 6 years). The number of people from Black & Minority Ethnic groups who answered the questions on length of abuse was unfortunately too small to make comparisons.



Disabled survivors experienced abuse for nearly twice as long

(9 years vs 5 years)



Survivors in rural areas experienced abuse for for nearly 2 years longer than those in cities and towns

(7 years vs 5 years 3 months)

Whilst the survey results are not statistically representative of rural and urban areas across Scotland, there were some interesting differences in terms of location. People in rural areas experienced domestic abuse for the longest period (7 years). People in large cities experienced abuse for a slightly shorter period (6 years), but longer than people in small towns (5 years 8 months) and large towns/small cities (5 years), on average. Combining the urban areas, the average length of abuse for people not living in rural areas was 5 years and 3 months.

Q: What would improve the support available for victims/survivors of domestic abuse in your local area?

“More funding for professionals to travel to towns/villages where people live before they manage to leave. I always found it difficult to travel as my time was monitored and I also had small children. I was always scared about the amount of time away...”

Victims and survivors who had children experienced abuse for longer than those with no children.

Survivors who said there were children in the household when the abuse was happening (58%) experienced abuse for more than three times longer than those with no children (10 years vs 3 years). Considering a substantial number of comments from survivors in free-text responses, this may be related to ongoing perpetration of abuse through civil and family courts.

“Domestic abuse doesn’t just happen when you live with the perpetrator it continues due to forced contact for children through family courts. Ten years and counting it’s never ended.”



One in ten comments concerned better justice responses, including holding perpetrators to account. Key factors raised within comments about justice and courts were the disparity between the criminal and civil/family courts and perpetration of abuse through child contact arrangements.

“A direct correlation between criminal and civil action to be taken into account. Currently the two are not linked. He can continue to abuse me and our child mentally, emotionally and financially which is criminality but this doesn't matter when trying to legally separate as this is civil. This puts us in a Catch 22..he continues to abuse and we can't break free”

A lack of understanding within Social Work and in the family court system of coercive control and non-physical abuse was repeatedly highlighted.

“Because his father never physically harmed him, he continued to be in his son's life, and through him was allowed to continue his abuse of me through our child, manipulating and coercing him, and creating an angry and confused young person with now ongoing issues with his mental wellbeing...access to children should be much more closely supervised where it is known that domestic abuse has taken place...”

“Social workers understanding more. I was constantly pushed to give contact because they wouldn’t listen to my concerns...- this ended in them seeing true colours and pulling out from doing any contact, I tried to save everyone the time and resources but I wasn’t taken seriously.”

As we discuss responses from parents, it is important to underline again that children living with domestic abuse are also victims of domestic abuse. Some of the 41 online survey respondents who hadn't experienced partner abuse left comments about their experiences as children. The ongoing mental health impact of living with abuse in the home and the lack of support, such as in schools, was discussed.

“Children desperately need support, I am only receiving support now at age 19. I had no support throughout my school years despite the school being aware that I lived in a domestic abuse household, I suffered in silence for 18 years...I have mental health issues that were never addressed; severe anxiety and PTSD. No child should be made to feel the way I did growing up.”

The effect of this on school progression and self-esteem was highlighted, as well as the difficulty disclosing as a child. The importance of counselling for children who have experienced trauma was clear, along with the need for multi-agency work to connect children with appropriate support.

“I experienced significant domestic abuse throughout my childhood due to living with abusive parents. I witnessed violence regularly [sic] and lived in fear of the unknown...I have never had any support and felt embarrassed [sic] to talk about my experiences with anyone, particularly [sic] at school where I was left feeling inadequate due to being unable to learn the same as children who weren't experiencing violence and abuse at home.”

“I grew up watching my mother being beaten by my step dad. My mother disclosed this to the police but me and my brother were never offered any sort of counselling for the things we had witnessed. We were left to just get on with it. If child protection services are made aware of children being affected by domestic abuse, I think a counselling service should be available to the children.”

Disclosure and routes to specialist support

The majority of survivors had told someone about the domestic abuse. On average, survivors experienced four years of abuse before telling someone and then told four different people.

Who people told about the abuse	n=279
Family or relative	62%
Friend or neighbour	58%
Police	41%
Counsellor / therapist	40%
GP	38%
Lawyer, solicitor or other legal professional	36%
Specialist domestic abuse service	35%
Work colleague	31%
Children & Families Social Work	13%
Helpline	10%
Hospital-based health professional	6.8%
Religious or community leader (e.g. priest)	5.0%
Other	3.9%
Adult Social Work	2.2%

The majority of survivors (87%) told at least one person about the domestic abuse. On average, survivors experienced four years of abuse before telling someone. Many people had told more than one person - four different agencies or people, on average. The table shows how common disclosures to different people were.



Who people told varied slightly if the victim identified as LGBT+ or if they had a disability.

In our small sample survey, LGBT+ victims and survivors were less likely to have disclosed to the police compared to heterosexual victims (18% vs 42%). They were less likely to tell a colleague (18% vs 32%) or a solicitor (18% vs 37%), though just as likely to disclose to a GP. They were less likely to tell family (45% vs 63%) and more likely to tell friends (73% vs 57%).

“There was little awareness or resources around domestic abuse in lesbian relationships, although I feel it may be better now, 10 years on from when I went through what I went through.”

People with disabilities were slightly more likely to disclose to the police (58% vs 49%). They were also more likely to tell their GP (50% vs 36%) or a counsellor (50% vs 38%). They were slightly more likely to tell a friend than a family member, while people with no disabilities were more likely to tell family. They were more likely to tell a hospital-based professional (13% vs 5%) compared to people with no disability.

Disclosure happened at different paces for different groups and the types of concern people had about disclosing was connected to this.

People who were sexually abused experienced abuse for longer before telling someone (5 years vs 3 years). In our small sample, LGBT+ survivors disclosed to someone in less time than heterosexual survivors (3 years vs 4 years).

Longer periods passed before disabled people disclosed to someone (5 years vs 4 years). The survey data also suggests abuse went on for longer after disclosure for disabled victims - four times as long when compared to non-disabled survivors, for whom the abuse stopped on average a year after first disclosure.

Disabled survivors experienced abuse for one year longer before they disclosed to someone (5 years vs 4 years)



The type of place people lived appeared to have some effect on the time that passed before disclosure. The abuse generally went on longer in rural areas with survivors experiencing five and a half years of abuse before they disclosed to someone. In small towns the average was five years and in large towns and cities, it was three years.

Most people had various concerns about disclosing, as the table below shows. In some cases, these concerns appeared to impact the length of time before they disclosed. The fear of losing children was associated with the longest length of abuse before disclosure (6 years). People who did not fear losing children disclosed to someone, on average, three years sooner. People who thought they would not be believed experienced abuse for two years longer before disclosing.

However, survivors who said they had no concerns about disclosing (n=24) still experienced two and a half years of abuse, on average, before telling someone.



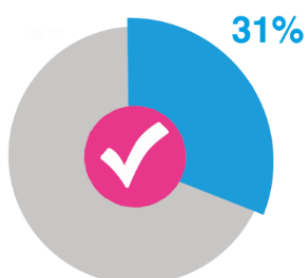
Survivors in rural locations experienced abuse for 2.5 years longer before disclosing than survivors in cities
(5 years 6 months vs 3 years)

What concerns did you have about telling someone?	n=208
Shame or embarrassment	89%
Did not think anyone could do anything to help	55%
Worried the abuse was my fault	51%
Fear for my own safety	51%
Did not think they would believe me	44%
Did not know who to go to	41%
Fear of losing children	26%
Too trivial / not worth mentioning	26%
Private / family matter	17%
Other	10%

“It’s hard as a parent being abused; you know the effect on your children, but don’t feel you have the strength or security to change what’s happening so it continues. The GP was aware of what was happening, but never had that conversation about help available. Other health agencies (health visitors, CAMHS,) and education all knew what was happening, but no one ever questioned or raised concerns. I wanted someone to ask, to step in and help. I couldn’t make that first move, but no one else ever did so we lived in that abusive controlling atmosphere for far longer than we should have”

A third of victims and survivors went on to access a specialist service after experiencing an average of eight and a half years of domestic abuse. Half of those self-referred to the service.

One third of survivors accessed a specialist domestic abuse service.



One third (31%, n=86) of our survey respondents said they had accessed a specialist domestic abuse service. On average, they experienced eight and a half years of abuse before accessing the service.

“I reached a stage when I couldn’t handle things anymore. I contacted a women’s helpline who signposted me to women’s aid.”

As shown in the table overleaf, the majority of people who accessed a specialist service said they self-referred (48%). A quarter (25%) were referred by the police.

“The police referred me to Women’s Aid after my husband was arrested. I was scared of my own shadow and didn’t know why... Following my initial assessment I had to wait a while for counselling, but was given advice on how to stay safe in the meantime.”

Two in five (38%) survivors disclosed to a GP about the abuse at some point.



Only 2.4% of survivors who accessed a specialist service were referred by a GP.

Referral route	% of people who accessed a service (n=85)
I referred myself	48%
Police	25%
Other	7.1%
Children & Families Social Work	4.7%
Housing	3.5%
Another domestic abuse service	3.5%
Community Mental Health	2.4%
Health Visitor/Family Nurse	2.4%
Primary Care (GP)	2.4%
Education - Primary	1.2%

Of those who self-referred, two in five (44%) found information about the service themselves online and seven (17%) said they were signposted by a professional.

“Easy to find contact details of the local women’s aid service online.”

A small number of people who self-referred (n=6) were given information by a family member or friend, or through another source, and a small number (n=4) were given information by a helpline.

“Friend suggested women’s aid.. found it easily”

Survivors described specialist services as ‘a lifeline’ with most saying support improved both their safety and their wellbeing.

Most survivors who received support from a domestic abuse support worker said it improved both their safety and their wellbeing. In the free-text responses, survivors left overwhelmingly positive comments about their experiences and the difference the support made. Survivors valued the experience of feeling understood and empowered and benefitted from a range of emotional and practical interventions for different types of abuse.

“They were/still are invaluable. They gave me help, understanding and provided me with a future. I am now 8 weeks out of a controlling, coercive relationship and have my 2&4yr old safely by my side. I will always be indebted to them.”

“Womens Aid support literally saved my life and I would not be here today without their understanding and help. Practical and emotional support. Invaluable service. I am forever grateful that Womens Aid helped me to turn my life around when I had nothing and no hope left.”

“Very friendly calming process... I was reassured believed welcoming.. my issues were not belittled because it was mostly emotional and financial abuse I had undergone...”

“It was the education that kept me from going back, the next time he tried to suck me in I seen the patterns of behaviour and stopped it before it happened again.”

There were some differences in routes to services for different groups of victims but the numbers of respondents in each group were too small to draw robust conclusions.



The sample sizes in this part of the survey are small and cannot be taken to represent the national picture. However, there were some interesting variations in referral pathways depending on where survivors lived. It was most common for people to self-refer to specialist services in all areas apart from in large cities where a slightly larger proportion were referred by the police.

Only two respondents out of the 86 who accessed specialist services had been referred by their GP and both lived in rural areas.

In our small sample, survivors in large cities (n=19) experienced abuse for the longest (12 years) before accessing specialist support. Survivors in large towns (n=19) and small towns (n=23) appeared to access services faster, on average after seven years. People in rural areas (n=19) accessed support after an average of eight years.

“Police advised me [o]f the service I was totally unaware anything like it existed.”

Disabled people who accessed a service (n=17) were slightly more likely to have self-referred than people without a disability (59 % vs 45%). Very few LGBT+ or BME survivors said they accessed a service, so it is not possible to compare how they reached services.

Survivors who reached specialist services were more likely to have experienced sexual abuse and more likely to have children.

Survivors who accessed specialist services experienced the same average number of abuse types as those who did not – two. However, they were almost twice as likely to have experienced sexual abuse (42% vs 24%).

“They saved my life. I am a survivor because of them.”

More than a quarter (29%) thought their situation had been discussed at Marac, compared to one in twenty survivors (4.8%) who did not access specialist services. Survivors with children were more likely to have accessed a specialist service (43% vs 13%).

“I felt comfort from them. They understood and listened and made me realise the abusive relationship wasn’t normal and I had something to fight for. My son and my life.”

Survivors with children were more likely to reach a specialist service (43% vs 13%).



Survivors referred by the police reached a service faster and were more likely to have experienced physical abuse.



Survivors referred by the police reached a specialist service 3 years more quickly than those who self-referred (6 years vs 9 years)



They were more likely to have been physically abused (81% vs 63%)

Survivors accessing a specialist service were only slightly more likely to have experienced physical abuse compared to those who did not (67% vs 62%). Those who were referred by the police, however, were more likely to have experienced physical abuse than people referred by other means such as self-referral (81% vs 63%).

“Only once police involvement occurred after physical assault had taken place was I offered support, or indeed knew of any support that there was available.”

In our small sample, survivors who were referred by the police reached services three years faster than people who self-referred (6 years vs 9 years). This may highlight how highly visible abuse can lead to service involvement more quickly. Survivors referred by the police also experienced shorter periods of abuse overall, suggesting the combination of police referral and specialist support was effective.

“It shouldn’t take someone to be physically abused and have the police involved before they get help for the situation they are in.”

Survivors who did not access a specialist domestic abuse service still disclosed to three people.

“Very under reported. Society isn’t aware until it’s too late then one problem becomes, two, three and onward. Domestic abuse needs to be dealt with under the umbrella of many more agencies and services. Public, private and charity services should be glued together to actually deal with a problem which will just become more insidious the more the system is manipulated.”

People/agencies survivors disclosed to	Did not access service n=186	Did access service n=86
Family or relative	58%	71%
Friend or neighbour	55%	63%
Counsellor / therapist	35%	50%
Police	27%	69%
Work colleague	27%	41%
GP	27%	59%
Lawyer, solicitor or other legal professional	24%	62%
Specialist domestic abuse service	13%	85%
Children & Families Social Work	4.8%	29%
Helpline	4.8%	19%
Hospital-based health professional	4.8%	12%
Religious or community leader (e.g. priest)	3.8%	7.0%
Other	2.2%	8.1%
Adult Social Work	1.1%	4.7%

Two thirds (67%) of survivors had never accessed a domestic abuse service. They were less likely to have disclosed to all people listed, as the table shows, but they had still disclosed to an average of three. This is compared to an average of six for survivors who accessed a service.

“I attended a number of appointments with my GP regarding my deteriorating mental health, and I was never asked if I was being abused. The shame prevented my (sic) from disclosing, but perhaps the GP could have asked to provide me with that opportunity.”

The data does not tell us at what point in time respondents disclosed to each agency. It is possible both that a disclosure led to specialist involvement or that survivors were supported by specialists to make further disclosures (e.g. to the police). However, the data does highlight the additional support people who access specialist services have as well as potential missed opportunities to refer to specialist services.

“The only person I told everything to was my lawyer when I sought a divorce. If he had been able to tell me about services I might have accessed support.”

“My divorce solicitor dismissed the whole thing, CAB we're equally unhelpful, both professional organisations that could have signposted me to support services.”

Barriers to accessing support

A variety of factors influenced survivors' ability and choice to access a specialist domestic abuse service. The most common barriers identified were not being aware of the support available and feelings of shame or embarrassment.

Two thirds (67%) of victims and survivors answering our survey had never accessed a specialist domestic abuse service. We asked if there were any factors which may have influenced this. On average, people selected two options from a list of potential barriers. One third of respondents chose three or more options.

Is there anything in particular that contributed to you not getting support from a specialist domestic abuse worker?	n=186
I did not know what support was available	51%
Shame or embarrassment	42%
I did not want to access support	27%
Professionals did not ask me about domestic abuse	19%
I did not think I would be believed	18%
I did not feel safe to access support	12%
Other	10%
There was not a local service for me to access	9.7%
I was scared of losing my children	8.6%
Services did not know how to help me	5.9%
Services were not able to help with all my needs (e.g. mental health, substance use)	4.8%
I was unhappy with previous support I received	4.8%
Services were too far away from where I lived	4.3%
Services did not feel right for my identity (e.g. gender / sexuality / ethnicity)	3.8%
Waiting lists for local services were too long	3.2%

Analysis of the free-text responses in the survey complement our understanding of the above list. Awareness was the strongest theme emerging from the free-text comments.

“I didn’t really think it was domestic abuse at the time, I’m still a bit hesitant to use those words, there were no punches to report or bruises to hide. Maybe if I’d known that it doesn’t have to be like that, I’d have told someone. It was my first real relationship, so I just thought that was the way.”

 **Half (51%) of the survivors who did not reach a specialist service said they didn’t know what support was available.**

This was about individual awareness of what constitutes domestic abuse, in all its forms, as well as awareness of the support options available.

“Did go to [service] but felt that there were others who were more in need of this service. I had a job and a house/home and I was still functioning - I did not realise the impact of the abuse until I left for good.”

Ensuring the visibility of domestic abuse services, educating people about healthy relationships and publicising options other than refuge were some of the solutions suggested, as well as social media and public information campaigns.

“More information, leaflets and helplines displayed clearly in public areas would help as I did not know for many years how to get help/where to get help.”

The table above indicates that service-related logistical factors such as waiting lists, location, and ability to offer appropriate support were not the biggest barriers for survivors who did not access a specialist

service. Professional enquiry, stigma, awareness, and feeling safe enough to seek support were more frequently identified.

“The first person I told was my GP. It took me 3 years to summon up the courage to do this. He ignored what I was saying about myself and my children living with a very angry partner and seemed only concerned if my partner was depressed. He never asked about the safety of my children. It took me months to tell someone else because of his reaction”

However, free-text responses from both survivors who did not access a service as well as those who did revealed some challenges related to service capacity and logistics.

“The service is fantastic, however underfunded and under resourced. Resulting in waiting weeks to be allocated a support worker.”

This included limited opening times outside of working hours or at weekends, waiting lists, or the lack of services in the local area. Services for children, and recovery-related support such as counselling, were the things mentioned most frequently as important in expanding the breadth of funded support options.

“Access to support workers to help deal with personal trauma after getting out of an abusive relationship.”

Some survivors felt being in employment meant services were less available to them.

“Could offer refuge if I was on benefits but as I was a worker I would have had no help with rent.”

Some survivors highlighted how the attitudes and perceptions of people around them could influence their ability to find support.

“Very difficult to get support due to lack of availability and referral dependent on attitudes of police personnel.”

Over a quarter (27%) of people who did not access a service said that they did not want to access support. For half of these respondents, shame or embarrassment was also highlighted as a barrier and one third also said that they did not know about the support available. That these factors were selected together shows how interrelated these issues are and how complex not wanting to access a service can be.

“I was a professional in a position of authority so it was difficult for me to access support locally. It was also embarrassing as it risked a loss of credibility in my employment.”

One in ten (10%) survivors who did not access support selected ‘Other’ from the possible factors. In their comments, the biggest factor was not having an awareness themselves that they were experiencing abuse.

“I didn’t realise I was in an abusive relationship till it got much worse and was ending.”

Several comments explained this as related to their young age at the time or highlighted a sense that it did not feel serious enough to access support. Some comments recounted what services could not offer, such as focus on ending the relationship not stopping the abuse.

“Specialist services focus on leaving and separating - I wanted the abuse to stop.”

Two in five (42%) survivors who did not access a specialist service said shame or embarrassment were factors that prevented them.



Where survivors lived did not appear to substantially affect service access though there were some small variations in the barriers that people highlighted.



The proportion of people who accessed specialist support did not vary substantially according to the type of place that they lived. Though a slightly larger proportion of respondents who lived in rural areas had accessed a specialist domestic abuse service.

The types of factor people said had influenced whether they accessed support were also quite consistent across different locations. Not knowing about services and feeling shame or embarrassment were always the top two barriers, though in slightly different order according to location. Some factors were more common in certain areas. For example, people in large cities were more likely not to know what support was available than people in rural areas, and more likely than people in other areas to say professionals hadn't asked them about the abuse.

Q: Is there anything you would have liked to have available to you to address the abuse?

“Knowing I was being abused and what to do about it. Knowing that no case is ever too small and everyone deserves help, not just people in worse situations than you”

For people in rural areas, not feeling safe to access support was a barrier for a larger proportion than in the more urban areas.

Q: Is there anything you would have liked to have available to you to address the abuse?

“Someone to talk to that wasn't local... everyone knows everyone or their daughter/mother father sister close friend etc etc.”

A slightly bigger proportion of people living in rural areas selected 'Other'. Among the comments left to explain 'Other', two concerned anonymity because they worked in or knew people in the local VAWG sector. Two said they felt they needed to deal with the abuse themselves.

“Built up resilience and got on with it until relationship ended.”

Disabled people identified different barriers to accessing a service compared to people with no disability.

“Survivors need to feel that they are believed and supported and the more services available to them and their families the more confident they will be to seek help.”

Survivors with a disability were very slightly more likely to access a specialist service. When those who did not stated what factors had influenced this, the fear of not being believed was very clearly a larger factor than for people without a disability. Disabled survivors were less likely to say shame was a factor in not accessing a service and much more likely to identify fear of losing their children. The lack of a local service also featured more prominently. They were half as likely to say they did not want to access support at the time.

Barrier	% of disabled respondents (n=33)	% no disability (n=149)
I did not know what support was available	52%	50%
I did not think I would be believed	30%	16%
Shame or embarrassment	30%	45%
Professionals did not ask me about domestic abuse	21%	18%
There was not a local service for me to access	18%	8.1%
I was scared of losing my children	18%	6.0%
I did not want to access support	15%	30%
I did not feel safe to access support	15%	11%

“I live[d] in an isolated property and had to call the police when my husband tried to strangle me. I didn’t feel able to cope with him being charged as I had no support and feared what the consequences would be. A week later I received a leaflet from the police about support for domestic violence - but my husband opened my post and this made things worse. I had no access to phones or any way to seek help. No one ever tried to make contact with me in a safe manner so I was left unsupported. It took another 10 years before I felt strong enough to force him to leave. During this time the abuse worsened, but no one ever helped.” (Disabled survivor)

Disabled survivors were more likely to say they did not think they would be believed about the abuse (30% vs 16%)



Male and LGBT+ victims identified slightly different barriers to service access.

The numbers of male respondents answering these questions was small (n=12) and so differences, though interesting, should be viewed in context. Half said professionals did not ask them about the abuse compared to under a fifth of women (50% vs 17%). Men were more likely to think they would not be believed (42% vs 17%) and to state that services did not know how to help them (33% vs 4.0%) or did not feel right for their identity (33% vs 1.2%). Similar proportions of men to women did not know what support was available (58% vs 51%) and felt shame or embarrassment (42% vs 42%).

Q: Is there anything you would have liked to have available to you to address the abuse?

“Police to have believed me, police to have not threatened me, and support services for males.”

The most frequently selected barriers for LGBT+ survivors largely aligned with the overall picture apart from that they were much more likely to feel that services did not feel right for their identity than heterosexual survivors (27% vs 1.8%).

“I also feel there is not enough support for LGBTQ+ domestic abuse survivors, which was another reason I was scared to reach out for support for my abusive queer relationship.”

This reflects findings from wider research by SafeLives which showed that LGBT+ people’s prior experiences of institutional discrimination and bias can contribute to barriers to service access unless services proactively show themselves to be LGBT+ inclusive⁴. Furthermore, LGBT+ people experience unique forms of coercive control that can be connected to their sexual identities for which it is important for services to be able to respond to⁴.

“There was little awareness or resources around domestic abuse in lesbian relationships, although I feel it may be better now, 10 years on from when I went through what I went through.”

Just seven survivors from Black and Minority Ethnic communities answered the questions on barriers and there were not distinct differences in the very small sample.

Survivors with poor mental health and financial problems were more likely to identify all barriers.



Survivors with mental health needs were much more likely to experience barriers to service access compared to those without. They were three times as likely not to know what support was available and to feel shame or embarrassment. They were also three times as likely to say that professionals had not asked them about the abuse. They were four times as likely not to feel safe to access support and more than twice as likely to say they did not think they would be believed.

Around two in five victims with financial difficulties caused by the abuse accessed specialist support. Those who did not were much less likely to say that they had not wanted support at the time. They were twice as likely to say professionals had not asked them about the abuse.

Conclusion

This report presents analysis of the responses of 279 victims and survivors who answered our online National Survivor Survey between December 2019 and March 2020. We sought to understand barriers to accessing specialist domestic abuse services and to understand if they vary for different groups of survivors. We heard from a broad range of survivors, living all across Scotland, who identified in different ways. The findings are not statistically representative, and we were not able to engage as many survivors from some communities as we would have liked. Nonetheless, the data provides us with some valuable information. Most importantly, survivors' contributions gave us rich insight into their experiences of abuse and help-seeking.

Survivors who accessed specialist services told us about the benefits to their safety and wellbeing, describing the understanding shown by staff, and the practical and emotional support offered as 'a lifeline'. The majority of respondents to the survey, however, had not accessed a specialist service and so we were able to learn about barriers to accessing services both from the perspective of those who had, and those who had not, reached this level of support.

The combination of survey data and survivor voice told us that experiences of mental and emotional abuse were common, but survivors did not always recognise they were being abused when it was not physical. Survivors called for more awareness of all forms of abuse. The data shows us that some groups of survivors, such as LGBT+ and survivors with disabilities, experienced some forms of abuse at a higher rate. Different groups also identified more pressing barriers to accessing services. It is important we understand how these barriers present for all survivors. Survivors wanted services to meet their unique needs, including around their gender and sexual orientation.

Domestic abuse caused a variety of additional problems, from ongoing mental ill health to debt and homelessness. Though the survey focussed on support for adult victims, the impact of domestic abuse on children, who are also victims, was clear. Many of these needs and circumstances appeared to interact with the abuse and were linked to longer lengths of abuse. Survivors called for more funding for a broader range of services with services for children, recovery support options and more localised community support frequently mentioned. Integrated services that work together where survivors have multiple needs such as housing and addiction were discussed. Improving court and justice responses to domestic abuse was important to many, particularly child contact processes.

The data showed us that victims and survivors tell multiple people and agencies about their experiences, but that it can take a long time for disclosures to happen. Different groups of survivors were more likely to talk to different agencies. When they do happen, disclosures do not always lead to referrals to specialist services. Sometimes professionals did not have the information needed to identify abuse or respond to disclosures. Understanding how and to whom survivors disclose is important in ensuring everyone in the community is prepared to respond to disclosures. From friends to GPs, survivors called for more education or training and for professionals to proactively ask the right questions and signpost to support that is highly visible in communities.

On the basis of the findings outlined in this report, we are making four recommendations that reflect what we have heard from survivors throughout this consultation. These suggestions are provided to start a conversation about how this evidence-base can support the domestic abuse response in Scotland. We want to ensure the excellent provision and approach that benefitted some of the survivors who answered our survey is available for and accessible to all.

- 1. Domestic abuse is recognised as 'everyone's business' through sustained awareness-raising and creative engagement**
- 2. Fully funded 'Whole Family' service provision across Scotland**
- 3. Specialist approaches that reflect and respond to the diversity of survivors**
- 4. Tailored 'culture change' programmes in key sectors**

See pages 7-8 for more details.

Appendix 1 - Summary of respondents

The following tables summarise the 279 respondents to the online survey, as referred to in the bulk of this report.

Sex

	No. of respondents	%
Female	265	95.3%
Male	13	4.7%

Gender

	No. of respondents	%
Female	261	94.2%
Male	14	5.1%
In another way	1	0.4%
Non-binary	1	0.4%

Age

	No. of respondents	%
16 to 19	1	0.4%
20 to 24	8	2.9%
25 to 29	13	4.7%
30 to 34	32	11.5%
35 to 39	56	20.1%
40 to 44	45	16.1%
45 to 49	51	18.3%
50 to 54	36	12.9%
55 to 59	24	8.6%
60 to 64	7	2.5%
65+	5	1.8%
Prefer not to say	1	0.4%

Sexuality

	No. of respondents	%
Heterosexual or straight	251	90.9%
Bisexual	8	2.9%
Lesbian	6	2.2%
Gay	4	1.4%
Any other sexual orientation	4	1.4%
Prefer not to say	3	1.1%
Total LGB	22	8.0%

Ethnicity

	No. of respondents	%
White - British/Scottish/Irish	259	81.0%
White - Other	5	1.9%
Asian/Asian British - Indian	2	0.7%
Asian/Asian British - Pakistani	1	0.4%
Other	1	0.4%
Total BME	9	3.4%

Location

Local authority	No. of respondents	% of 279
Aberdeen City	9	3.2%
Aberdeenshire	7	2.5%
Angus	2	0.7%
Argyll and Bute	4	1.4%
Clackmannanshire	4	1.4%
Dumfries and Galloway	11	3.9%
Dundee City	2	0.7%
East Ayrshire	7	2.5%
East Dunbartonshire	2	0.7%
East Lothian	10	3.6%
East Renfrewshire	10	3.6%
Edinburgh City	16	5.7%
Falkirk	6	2.2%
Fife	10	3.6%
Glasgow City	37	13.3%
Highland	7	2.5%
Inverclyde	5	1.8%
Midlothian	5	1.8%
Moray	3	1.1%
North Ayrshire	1	0.4%
North Lanarkshire	10	3.6%
Orkney Islands	2	0.7%
Perth and Kinross	3	1.1%
Renfrewshire	28	10.0%
Scottish Borders	12	4.3%
Shetland Islands	28	10.0%
South Ayrshire	2	0.7%
South Lanarkshire	17	6.1%
Stirling	11	3.9%
West Dunbartonshire	6	2.2%
Western Isles	0	0.0%
West Lothian	2	0.7%

Appendix 2 – Overview of prison survey data

23 respondents

Average age group: **30-34**
21 (91%) were White Scottish/British

15 (65%) identified as having a disability
7 (30%) identified as Lesbian or Bisexual

Experiences of abuse

- 22 (96%) experienced physical abuse
- 7 (30%) experienced sexual abuse
- 21 (91%) experienced mental/emotional abuse
- Average length of abuse: 6 years and 9 months

Additional needs caused by the abuse

Mental health – 10 (43%)	Financial problems – 11 (48%)
Physical health – 4 (17%)	Employment problems – 9 (39%)
Alcohol – 10 (43%)	Relationships with adult family members – 14 (61%)
Drugs – 11 (48%)	Relationships with children – 3 (13%)
Homelessness – 14 (61%)	

Disclosure & referral routes

- **15 (65%)** had **disclosed** to someone about the abuse
- Most commonly this was family (12), friend or neighbour (7), police (8), lawyer (6), GP (6)
- First disclosures happened after an average of 2 years and 11 months
 - **6 (26%)** respondents **received support** from a specialist service
 - 3 of those referred themselves, 1 was referred by an addiction service, and 1 by Criminal Justice Social Work

“If I had not been using drugs I my never of got help. My worker asked me what was in my past that I hadn't dealt with that I kept going back to drugs.”

Barriers to accessing support

15 (65%) respondents had **never accessed** a specialist domestic abuse service. Most common barriers identified:

- Shame or embarrassment (12, 55%)
- I didn't know what support was available (10, 43%)
- Professionals didn't ask me about the abuse (6, 26%)
- I didn't think I'd be believed (6, 26%)
- I didn't feel safe to access support (6, 26%)

Q: How could it be made easier to access domestic abuse support?

“More information on where to go to get help and that help to be there 24/7 as abuse doesn't usually happen in office hours.”

“Efficient referral process so I didn't get lost in the system. I was left alone.”

“Stop sending women from prison back to the same environment where their troubles began. Housing authorities will not house people without links in the community in a different area. Women in here go back rather than be homeless.”

“Information on where and how and who can help. Somewhere safe to talk.”

“Someone to listen to both sides of a story before judging what the reality was.”

References

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