June 2023

A public health approach to ending domestic abuse for the whole family

SafeLives

Ending domestic abuse

Acknowledgements

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SafeLives, (2023), A public health approach to ending domestic abuse for the whole family. Findings and Recommendations for Best Practice

Contents

Summary of key findings

01

A shorter Executive Summary of this report was published in March 2023[1]. This report shares our early findings from Steps one and two in 12 local areas, drawing on extensive research which includes surveys and interviews with victims and survivors, professionals, and those who harm. The report is organised into four sections; priority recommendations, survivor voice, consultation with professionals, and engaging with those who harm.

Key Learnings

1. Systems are not always responding to the whole family affected by domestic abuse

- Survivors identified mental health as a key area of need, yet many found that there were not enough mental health services offering long-term support.
- Poor communication between agencies led to survivors retelling their stories, which many found re-traumatising and encouraged a disengagement with services.
- Survivors who had children told us there was not enough good quality support available for children who have experienced domestic abuse. Of the 72% of survivors who had children, only 28% said their children were offered support.
- Many survivors told us that court was not a safe environment for them and that judges and lawyers had poor awareness of domestic abuse and associated trauma.
- Survivors highlighted the need for financial support and help with financial abuse
- Perpetrators of abuse are not being held to account. Only 3% of survey respondents said that the person who caused them harm had received support for their behaviour.
- Participants who had accessed support for harming behaviour were generally positive about the service and their behaviour outcomes and many people were motivated to address their harmful behaviours in order to maintain relationships with their children.
- However, barriers to support included a lack of understanding of healthy relationships and a lack of information about available services.

2. We need to take a public health approach to ending domestic abuse for the whole family

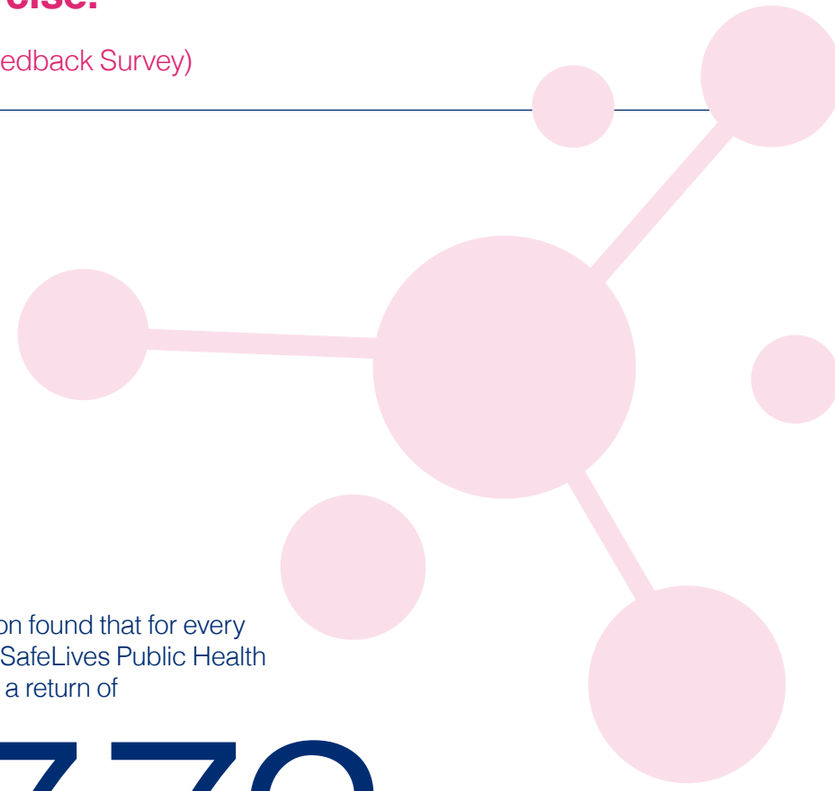
- We want to ensure that every adult and child at risk from abuse has an effective, empathetic response that's tailored to their particular circumstances, helps them become safe and well in the long-term, operates in a way that is right for them, and that there is provision for dealing with those who cause harm.
- Whilst some agencies are generally well trained in domestic abuse, there are clear gaps and areas for improvement, particularly training on those who harm.
- Professionals identified mental health support as a key need for both survivors and those who harm and described gaps in this support across areas.
- Communication and information sharing could be improved by more efficient processes and improved multi-agency relationships.
- Marac (multi-agency risk assessment conference) attendance was inconsistent across areas, with some areas seeing better attendance than others. We also found evidence of some professional uncertainty around referral criteria to Marac.
- Limited resources and funding were cited as putting strain on professionals and organisations and leading to long waiting times for survivors.
- Strategic leads highlighted challenges on how best to collect data to inform improvements to their area's domestic abuse response and to evidence the impact of support services.
- Professionals highlighted little provision for those that harm, with few individuals having access or engaging with support.

3. This holistic approach is already having a positive impact in local areas

- ✔ Local areas are strategically prioritising domestic abuse as a result of thinking in this holistic way, which they may have otherwise struggled to do with existing capacity.
- ✔ Local areas are placing the authentic voice of survivors at the heart of strategies to shape a more effective response to domestic abuse locally.
- ✔ Local areas are getting a better understanding of gaps around multiagency working, specialist service provision, and levels of awareness around domestic abuse.
- ✔ It is helping local areas work more cost effectively, making better use of the resources they have. Working with the Social Value Engine to measure social value, our first pilot is showing that their work on the first two steps is delivering a £7.72 return on each £1 invested

Note on respondents: We have captured professional perspectives on domestic abuse awareness, multi-agency working, training and strategic responses. We have worked with areas to meaningfully engage with local survivor voice and create mechanisms for staff with lived experience to participate. However, we acknowledge that we are missing voices, particularly those who services are not engaging with. And the survey and interview data presented in this report on those who harm represent small sample sizes, but the collection of this perspective provides valuable additional information for looking at the whole system response to domestic abuse.

> **It's made me think a lot about our gaps and weaknesses but in a supportive way. Survivor voices and experience have been kept central to the exercise.**
>
> (Professional, Feedback Survey)



The SVE calculation found that for every £1 invested in the SafeLives Public Health Approach there is a return of

£7.72

02

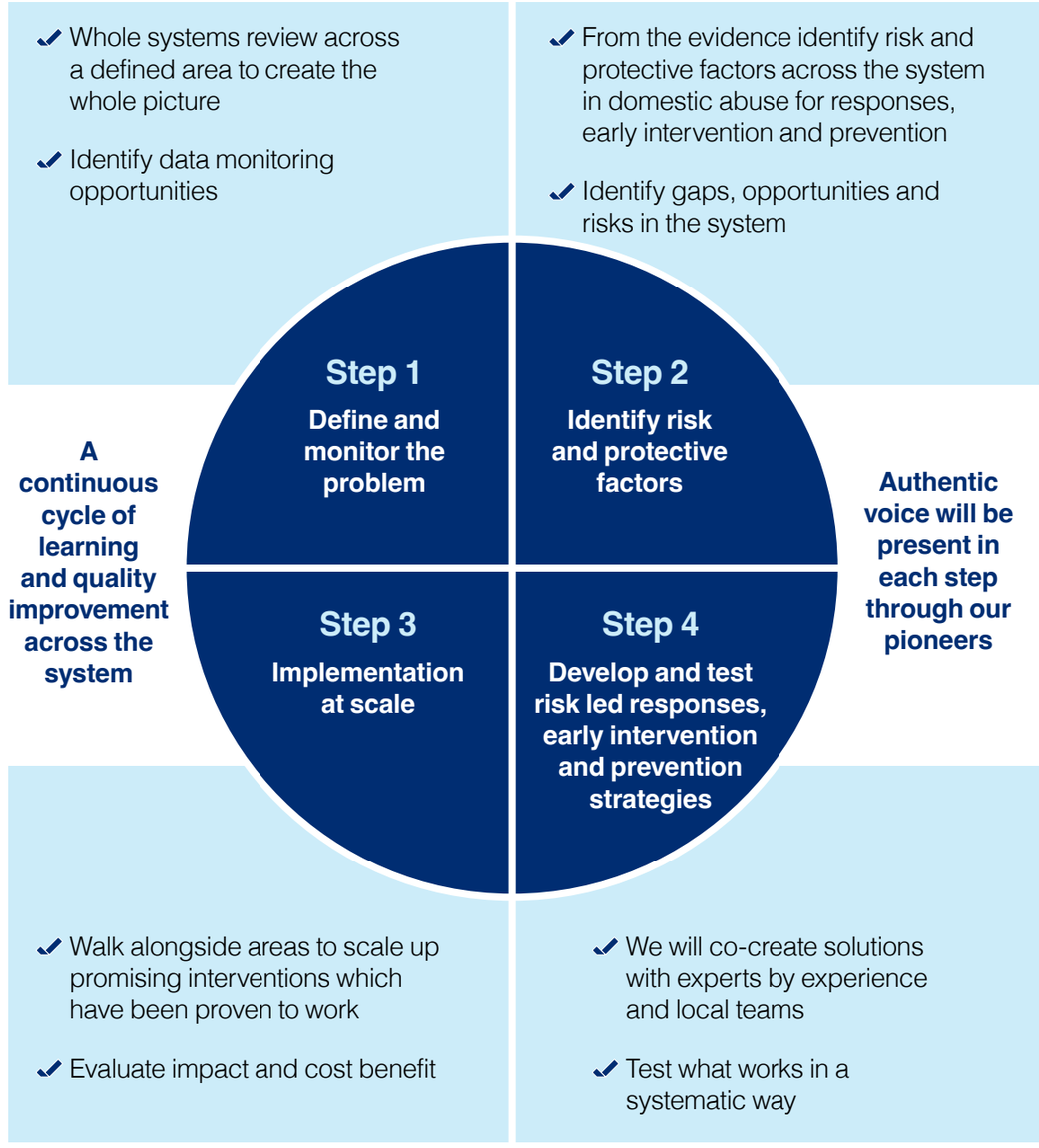
Introduction to a public health approach to ending domestic abuse for the whole family

Every survivor of domestic abuse deserves the right response at the right time. We need to support the whole person, not one concern at a time, and look at the impact of domestic abuse on the whole family. Risk and need must be addressed holistically if we are serious about supporting families to safety sooner.

Building on the existing framework of risk and recovery (Idva/Marac) and earlier pilots, including One Front Door[2] and Beacons[3] projects, SafeLives developed a four step public health approach for the whole family. This provides the next step in creating a sustainable and scalable way of implementing best practice when responding to domestic abuse at the local level and helps to: The four steps of the Public Health Approach are shown in Figure 1.

- ✔ Promote whole-family thinking and placing the authentic voice of survivors at the heart of recommendations to shape a more effective response to domestic abuse locally.
- ✔ Support areas to develop awareness of gaps around multi-agency working, specialist service provision, and levels of awareness of domestic abuse.
- ✔ Help areas to prioritise addressing domestic abuse, which they may have otherwise struggled to do with existing capacity.
- ✔ Recognise that local areas are best placed to know what will work for them and working with them to co-create recommendations for sustainable change.

Using a systems-thinking methodology and through the lens of the whole family, we work with local authorities, Police and Crime Commissioners, Clinical Commissioning groups and other multi-agency partners in local areas to identify opportunities to improve identification, risk assessment, referrals and interventions as well as early intervention and prevention of domestic abuse.



Right
Figure 1.

We help deliver the ambitious requirements set out in the Domestic Abuse Act 2021 and our approach supports the delivery of a Coordinated Community Response (CCR)[4]. A CCR aims to 'bring services together to ensure local systems truly keep survivors safe, hold abusers to account and prevent domestic abuse'.

Our work with areas includes a systems-wide assessment of the current local landscape, identifying data and ongoing monitoring opportunities, consulting with local victims and survivors and providers to understand risk and protective factors in steps one and two. We then develop and test risk-led responses, working with areas to scale these up and monitor and evaluate their impact.

The model is a continuous cycle of learning and improvement across the system and is underpinned by authentic voice, which is present through each step.

1 Step one:

In collaboration with the local area, we define and monitor the by gathering information about current provision, processes, agency responses and the experiences of families. We gather information gathered across the system through surveys, interviews, focus groups, systems mapping, meeting observations and a policy and process review. This provides an understanding of the whole picture.

2 Step two:

We analyse the information gathered in step one to understand what is increasing risk and what can mitigate risk locally across the socioeconomic spectrum in the area. The breadth and depth of data provides a comprehensive picture of what is working well, potential opportunities for development, and any gaps in the system.

3 Step three:

This begins with the delivery of a co-creation workshop with a wide range of stakeholders, including strategic and operational leads and local survivors. Facilitated by a SafeLives Practice Consultant, Research Analyst and Pioneer. This is an opportunity to present findings from steps one and two in an engaging and meaningful way. The workshop is facilitated by a SafeLives Practice Consultant, Research Analyst and Pioneer. Where possible, local survivors will join the delivery team and share their story and experience of the response they received in the local area. As themes and findings are fed back to the stakeholders, they are encouraged to reflect on them and work together to create meaningful solutions and recommendations to take forward as a multi-agency response. When the workshop is concluded, agreed recommendations are incorporated into the final report for the area.

4 Step four:

This takes what has worked in step three and implements it on a wider scale. In this step, SafeLives walks alongside a local area to identify promising interventions that can be scaled up and evaluates the impact and cost benefit.

Where have we worked?

To date, SafeLives has worked with 27 local authorities in England and Wales on the first two steps of the Public Health Approach. At the time of reporting, data had been collected from 12 areas in England between March 2021 and June 2022.

The data in this report includes the areas shown in the map in Figure 2 where we delivered the Public Health Approach between March 2021 and June 2022. There are 12 areas ranging from populations of under 50,000 to larger, more complex areas with multiple local authorities and populations of over 1,000,000. Each area has differed in its population, demographic, urban or rural location, economy, and crime levels to list just some of the variables, which has necessitated an individualised approach to planning and delivery.

Right
Figure 2

Please see Appendix 1 for more information about data collection.

173
Survivor survey responses

58
Survivor interview participants including 5 group interviews

1322
Professional survey responses

89
Professional interview participants

24
Those who harm/have harmed survey responses

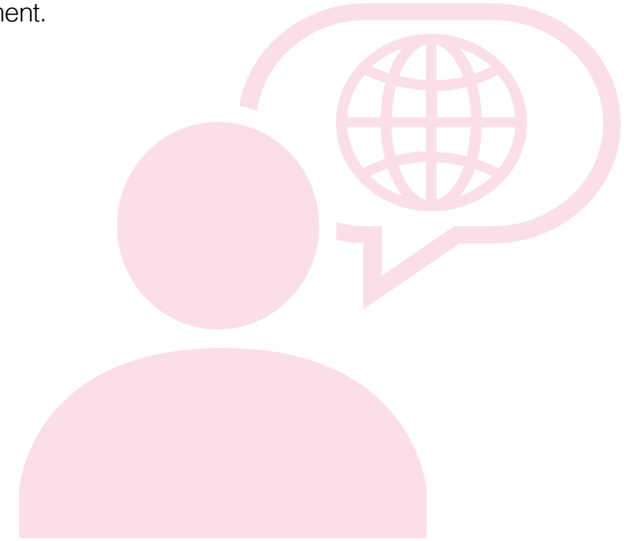
2
Those who harm/have harmed participants in one-to-one interviews

Language

We use the term 'survivor' to refer to people who have experienced domestic abuse unless a person is currently living in danger, where we may talk about them as a 'victim of domestic abuse'. We recognise that all experiences are individual, as is the language used to describe them.

Although SafeLives prefers to use 'those who harm' to refer to individuals who use harmful and abusive behaviour, we recognise that 'perpetrator' is a commonly used term. In particular, programmes that work with those who harm are referred to as 'perpetrator programmes' or 'perpetrator work'. We will use these terms throughout this document.

Throughout, we discuss findings from surveys and interviews. Data from surveys will be reported as exact percentages or count values depending on sample size, and data from interviews will be described using key themes without exact figures. The quotes in this report accurately reflect the words used by those who shared their experience and opinion; we have not edited the language, grammar or spelling in written quotes. Any mistakes in original quotes are indicated by [sic].



Benefits of a Public health approach

The SafeLives' public health approach helps local areas by:

- ✔ Promoting whole-family thinking and placing the authentic voice of survivors at the heart of recommendations to shape a more effective response to domestic abuse locally.
- ✔ Supporting areas to develop awareness of gaps around multi-agency working, specialist service provision, and levels of awareness of domestic abuse.
- ✔ Helping areas to prioritise addressing domestic abuse, which they may have otherwise struggled to do with existing capacity.
- ✔ Recognising that local areas are best placed to know what will work for them, and working with them to co-create recommendations for sustainable change.

We gather feedback from local areas at the end of each project via a survey. Results to date indicate professionals had a positive experience of the approach and believed it would lead to positive changes for victims and survivors of domestic abuse and their families within their area. We have continued to work with two local areas as 'critical friends' through steps three and four to implement recommendations around support for children and young people.

When asked what they thought worked well, professionals commented on the holistic approach as well as the knowledge and supportiveness of SafeLives staff:

"The holistic approach taken, the supportive approach of SafeLives staff, the quality of the feedback."
(Professional, Feedback Survey)

"Professional and approachable. Task focused. Knowledgeable and able to give advice and guidance. Ready to provide information upon request."
(Professional, Feedback Survey)

"…The consultants have been absolutely amazing and I'm very glad that we got the opportunity to work alongside them. The dedication has been incredible."
(Professional, Feedback Survey)

Professionals explained how it will lead to new projects and programmes:

"We will use the findings to plan and develop projects/programmes that are of the most benefit to our survivors and their families." (Professional, Feedback Survey)

Others highlighted the benefit of all partners hearing the findings together, as well as survivor voice being central to the work:

"…All partners heard the feedback at the same time so can work together to improve things for our people."
(Professional, Feedback Survey)

"It's made me think a lot about our gaps and weaknesses but in a supportive way. Survivor voices and experience have been kept central to the exercise."
(Professional, Feedback Survey)

Professionals also commented on the benefits of using an independent organisation to review their domestic abuse response as it helps to reduce bias, allows for appropriate challenge within their local authority, as well as not having the time to do a review themselves:

"It's really important to have an objective view and approach – an organisation with no vested interest in the locality is the best option to allow for completely unbiased and honest responses."
(Professional, Feedback Survey)

"Literally the fact that its independent. Agencies and LA [local authority] can become quite biased and political in their approach. To avoid this, it's important that work and projects at this level are independent."
(Professional, Feedback Survey)

"…Because we don't have time to do it ourselves!"
(Professional, Feedback Survey)

The Social Value Engine and the public health approach

SafeLives has been working with the Social Value Engine (SVE) to develop a dashboard that will help measure the social value of the Public Health Approach. Our first pilot has calculated the social value of the Public Health Approach after completion of steps one and two in ten areas across England and Wales. The SVE calculation found that for every £1 invested there is a return of between £1.71 and £13.32, a higher value is indicative of an area having a better established domestic abuse response.

The SVE provides a systemised and academically robust assessment of value to forecast, plan and evaluate 'social value', which calculates an estimation of the social value informed by academic, peer-reviewed research:

'Social value' is the description of how a project creates value and a ratio that states how much social value in monetary terms is created for every £1 of funding. If £1 is spent on the delivery of services, can that same £1 be used to also produce wider benefit to the community?' – Public services (Social Value Act) 2012

This can help us understand where we are having the most significant impact, informing decisions about where to invest resources, and demonstrating value to funders and commissioners. It also helps us understand how we are building a better 'place'; a sustainable community where people want to live, work, and invest.

Future calculations will vary from place to place, considering individual and local arrangements.

> **We will use the findings to plan and develop projects/ programmes that are of the most benefit to our survivors and their families.**
>
> (Professional, Feedback Survey)

Priority Recommendations

03

These initial findings have helped us work with stakeholders in local areas to co-create recommendations applicable to any professional responding to domestic abuse. The recommendations are organised into eight main categories: authentic voice, communication and information sharing, mental health support, specialist support, those who harm, courts, children and young people, and training.

Authentic Voice

Authentic Voice is the voice of a survivor of domestic abuse who has chosen to share what they have learned from their experience. How, when, and what a survivor shares is always their choice, but it should be an essential part of a high-quality response to domestic abuse. In working with local areas, we have encouraged services and professionals to value the expert knowledge, perspectives, skills, and strengths survivors bring. In doing so, it is important for services to understand and respond to the impact of trauma on people's lives, to make sure that they do not cause harm to those working with them, and work with survivors in a trauma-informed[5] way from the beginning of their involvement.

We recommend:

- ✔ Local authorities develop an Authentic Voice strategy and framework that embeds the expertise of survivors with lived experience into every part of the system and routinely listens to the experiences of survivors with services as part of the development of a learning and improvement culture.
- This process should ensure that survivors are actively involved in the design, wording and process by which information is communicated, and that these groups do not merely 'sign-off' work that is already complete.
- Local authorities can implement SafeLives' Authentic Voice Toolkit which sets out principles that should be adhered to when working to develop a sustainable model for co-creation and empowerment.

Communication and Information Sharing

Survivors told us that poor communication between agencies negatively impacts victims. Often, poor information sharing has meant victims have to retell their stories again and again which many described as retraumatising. Consultation with professionals supports this finding as many said communication and information sharing could be improved by more efficient processes and improved multi-agency relationships.

"The information that we really need to know is hidden in the white noise of all the other information that we don't need to know because everyone just wants to share everything"
(Professional, council)

We recommend:

- ✔ Local authorities develop a domestic abuse champions network amongst frontline professionals, with a key lead in each organisation (or team) to support colleagues in understanding local processes and pathways. The network should be clearly promoted, with key contacts in each agency clearly articulated. The role of a champion should be clearly defined, in writing, with a confirmed set of responsibilities and expectations. Appropriate training and support should be provided for champions, with enough time to carry out the role built into their existing schedule. Champions should be visible within their organisations and teams and their input recognised, heard, and respected by individuals within senior positions.

Mental Health Support

- Agencies attending multi-agency meetings, such as Marac, Mappa (multi-agency public protection arrangements) etc., should ensure the same individuals act as representatives for their agency to assure continuity and trust between organisations. Chairs of meetings should take time to ensure that new members are inducted, and that terms of reference and expectations are clear from the outset.
- Partnership boards should identify a communications lead who will be part of a locality wide governance structure and manage communications at strategic level. This will ensure that recommendations around communication remain a priority and are embedded within the development of strategy and processes.

We found the most common need identified by survivors is mental health support. Professionals who answered the survey also highlighted mental health support as a key need for both survivors and those who harm and described gaps in this support across areas. SafeLives' Practice and Research project Spotlight on Mental Health[6] supports the findings from the Public Health Approach and provides further recommendations for local authorities.

We recommend:

- Multi-agency forums (e.g., Marac, Mappa) ensure their membership always includes a mental health representative who is supported and equipped to actively participate and share expert insights.
- Local multi-agency training strategies should embed an understanding of the relationship between mental health problems and domestic abuse in victim/survivors and those perpetrating abuse, including the risk dynamic where both parties have mental health difficulties.
- Domestic abuse services and mental health services should work closely together and ensure clear referral routes are established. Mental health services should have training in domestic abuse (DA), and DA services should have training in mental health. Integrated Care Boards should note NHS England's guidance on their responsibilities under the Domestic Abuse Act 2021 to highlight the need for Joint Forward Plans to ensure this happens.
- Mental Health Trusts and non-statutory mental health associations should review their current strategy and ensure it sufficiently covers a response to victim/survivors (both adults and children) and perpetrators of domestic abuse. The strategy should be based around providing trauma-informed care.

Community-based and Specialist Services

Survivors we interviewed told us about their experiences of gaps in specialist services, in particular, support for Black, Asian and racially minoritised victims, LGBT+ victims and male victims.

We recommend:

- The Ministry of Justice ensures that community-based services are placed on the same statutory footing as accommodation-based services in the Victims' Bill. The proposed 'duty to collaborate' set out in the draft Victims' Bill should be strengthened to be a duty to commission, accompanied by a funding package, so that community-based services are commissioned with sustainable and multi-year funding, and victims of domestic abuse at all risk levels can get safe and access appropriate support. This need is especially acute for services run 'by and for' marginalised communities.
- The Ministry of Justice ensures that the 'duty to collaborate' set out in the Victims' Bill requires partner agencies to uphold the principles for effective commissioning set out in the Victims' Funding Strategy, in particular: involving victims at every stage of the commissioning process; using needs assessments and other local tools to commission appropriate services in response to victim needs; working together to reduce the need for victims to share their experience multiple times; streamlining the victim journey through building complete victim pathways and promoting data sharing; and engage in collaboration across local service boundaries, to reflect the knowledge that victims move between areas but do not always get the same level of support.
- Local authorities contribute to the effective planning, design and securing of outreach and specialist and 'by and for' services, based on a thorough understanding of need across the local area, identified through a regularly conducted and comprehensive needs assessment, with data disaggregated by gender, ethnicity, age and all protected characteristics. This needs assessment should be used to identify gaps in provision and understand how services could better meet the needs of underrepresented and minoritised groups.
- Local authorities promote awareness of specialist services and by and for services that exist in their local area or elsewhere if the provision isn't available and how to refer into them.
- Local authorities develop a robust, sustainable domestic abuse joint commissioning strategy between partners covering the provision of services for the whole family. This strategy should be based on a thorough understanding of need across the area, service mapping and analysis of current and future resources. There should be clearly defined integrated referral pathways to ensure access to the right service at the right time for victims at all risk levels.

"it's just really complex because you know how the culture impacts, of, you know the woman, her wellbeing, and you know her, her safety. [...] This is what we deal with and because we understand the culture, the clients feel comfortable opening up because they understand where we're coming from"
(Professional, domestic abuse service)

'We have no accommodation for older people. You know, we end up often putting them into care [...] they don't actually have the needs, but there is no other place for them to go"
(Professional, adult social care)

Those Who Harm

The research found that many professionals lack training and confidence in responding to those who harm. Our engagement with families and those who harm indicates that nationally, provision of support and behaviour change programmes is inconsistent and can be difficult to access. Professionals across areas emphasised the importance of improving the response to those who harm in the interest of the safety and recovery of the whole family.

We recommend:

- ✔ DA partnership boards set up perpetrator working groups to ensure a robust perpetrator strategy and tailored provision as a priority.
- ✔ DA partnership boards support the wider workforce and empower professionals to work with those who perpetrate domestic abuse, that includes Engaging with those who harm training.
- ✔ Local authorities create a single pathway for support for perpetrators of abuse that do not access court mandated programmes. This includes working closely with partners to embed non-police referral routes across agencies, including those for perpetrators of abuse who may not be seen through the current referral channels (e.g. those from minority groups).
- ✔ Local authorities' communication strategies support the local area with the correct language and messaging surrounding whole family work and the system wide response; for example, changing the narrative from, 'why doesn't she leave?', to, 'why doesn't he stop?' – which applies whatever the gender of the victim or the perpetrator.

Courts

Survivors told us that the court was often an unsafe environment for them. Earlier research by SafeLives and the Domestic Abuse Commissioner[7] found that survivors were often not well supported in court and many Idvas (independent domestic violence advisors) were blocked from court. The report also found the single most commonly cited intervention that improved survivors' experience of going through the courts was dedicated court domestic abuse support, yet there are still very few Idvas who specialise in the family courts or criminal justice system. Many survivors we spoke to as part of the Public Health Approach told us they had not received specialist support in court.

We recommend:

- ✔ Dedicated court support services, specifically Idvas, should be recognised as an integral part of court systems and viewed as equally important as other professionals supporting victims at court or advising the court in relation to risk and safety. The role of the Idva should be formally recognised by the judiciary in consultation with specialist services and the Ministry of Justice and be formally described and recognised in dedicated court related guidance, policies, and practice.[8]

Children and Young People

The DA Act 2021 recognises children as victims in their own right and places a duty on local authorities in England to provide accommodation-based support.[9] However, almost three-quarters of the survivors with children who answered the survey told us their children had not been offered support in relation to domestic abuse. Our findings show that there are still gaps in relation to agencies conducting whole family assessments with a wide range of age groups and accessibility needs and ensuring the voice of children and young people is at the centre of assessments. Gaps also exist in being survivor- focused, at times impacting on delivering a trauma-informed approach or responding effectively to perpetrators of domestic abuse.

We recommend:

- ✔ Government departments should conduct an annual review of progress in meeting the Domestic Abuse Act 2021's training requirements for agencies responding to domestic abuse. Although Government has taken action to support and offer training to key groups of professionals, based on our findings, Department for Education (DfE) and the Department for Levelling Up, Housing and Communities (DLUHC) should, in particular, have oversight of levels of quality assured training being undertaken by children's social care, local education representatives and housing officers.

- ✔ Given their responsibility for supporting families experiencing domestic abuse, DfE, DLUHC, Department for Health and Social Care and the Home Office should:

  - Provide joined-up cross departmental funding to ensure there are adequate interventions available at a local level to support children and young people who have experienced domestic abuse. Provision should also be available for young people causing harm. This work should be enhanced by both whole family interventions and complimented by individual need for children, the parent who is abused and the person causing harm.

  - Provide guidance to local services and agencies on safely collecting, analysing and evaluating domestic abuse data to measure outcomes from interventions through a whole family lens. Multi-agency partners should be incentivised to share information in a standardised way that builds a joined-up picture of what support is being provided to each family member, and what impact it is having.

- ✔ As highlighted and also recommended in the Independent Review of Children Social's Care, providing families with higher levels of meaningful support via multi-disciplinary teams is key. To achieve this, local authorities should develop and implement a 'One Front Door' (OFD) approach.[10] This brings together multi-agency teams of specialist partners to risk assess and respond to individuals within families allowing the provision of earlier specialist support. This should be driven and overseen by a steering group and led by a designated funded single point of contact where training supports the whole spectrum of needs for families. This can act as a single point of entry for all domestic abuse referrals providing a triage system led by key agencies, both statutory and non-statutory.

- ✔ Local authorities' commitment to securing safe accommodation for victims, including children, should include a package of trauma-informed care and intervention which is appropriate for a range of different ages.

Training

Evidence from our surveys and interviews with professionals indicates that whilst some agencies are generally well trained in domestic abuse, there are clear gaps and areas for improvement, particularly training on responding to those who harm.

We recommend:

- ✔ Local authorities implement a training framework which should include a comprehensive training package, performance, and monitoring. This may include a review of the current offer and/or a Training Needs Analysis which should be reported against with the strategic board annually to measure the impact of training.

"When they're delivering the training, there's- it's not about blaming people for the way that they've practiced. It's about just refocusing and reshaping about why we- why we practice that way [...] all the plans, the responsibility would be with the survivor. You know, 'don't let them in, don't do this, don't do the other. You must do this; you must do that'. And then the lack of engagement around the perpetrator at a Social Care level because of worry of making it worse [...] All of that kind of approach very much shifting that balance. We can start to see in the practice the change and shift in engaging in perpetrators, holding them to account."
(Professional, 'other' agency)

"

I don't think domestic abuse training does focus enough on the perpetrator

(Professional, Children's Social Care)

Findings from Steps one and two of a public health approach to ending domestic abuse

04

In order to effectively review the response to domestic abuse in an area, we have captured perspectives from local survivors, professionals working across a range of agencies and roles, and those who have used harmful behaviour. This section outlines our findings from our analysis of surveys and interviews.

Survivor voice

A key element of the approach is embedding the voice of survivors and taking an innovative and evidence-based approach. Survivors and those who have experience of using the services are best placed to provide feedback and input into how these can be shaped for the better. We have worked with areas to meaningfully engage with local survivor voice and create mechanisms for staff with lived experience to participate.

Authentic Voice is the voice of a survivor of domestic abuse who has chosen to share what they have learnt from their experience. How, when and what a survivor shares is always their choice. Authentic Voice is an essential part of a high-quality response to domestic abuse. It requires services and professionals to highly value the expert knowledge, perspectives, skills and strengths survivors bring. It is not an optional extra, nor something that is achieved by only listening to voices that agree with you. It is embraced by organisations and individuals aiming to end domestic abuse as it ensures responses to domestic abuse are rooted in lived experience. Services must seek to understand and respond to the impact of trauma on people's lives, to make sure that they do not cause harm to survivors working with them. For some survivors, engaging in this work will be hard emotionally – however, this may vary on different projects. It is important that support is always available and can be flexible around the needs and strengths of the survivor. It is important to work with survivors in a trauma-informed way from the beginning of a survivor's involvement.

In both surveys and interviews, survivors were asked questions about their experience of services (statutory and non-statutory). The findings indicate a range of positive and negative experiences with clear and actionable recommendations for improvement. The key findings from survivors we worked with are:

- ✔ Survivors identified mental health as a key area of need, yet many found that there were not enough mental health services offering long term support.
- ✔ Poor communication between agencies led to survivors retelling their stories which many found re-traumatising and encouraged a disengagement with services.
- ✔ Although the experience of most survivors involved the police, many had negative experiences ranging from judgemental officers to inaction which put them at risk.
- ✔ Many survivors told us that court was not a safe environment for them and that judges and lawyers had poor awareness of domestic abuse and associated trauma.
- ✔ Support provided through refuge was valued by survivors, but many found it hard to secure safe long-term accommodation. Failings from housing authorities were noted by survivors across England.
- ✔ Survivors highlighted the need for financial support, in particular the difficulty with accessing free or affordable support when they were working. Many survivors of financial abuse told us about the gaps in the means tested system.
- ✔ Survivors who had children told us there was not enough good quality support available for children who have experienced domestic abuse.

Methodology

Survivors' experiences and perspectives were collected and analysed using surveys and interviews.

94%

of respondents identified as a woman

58%

of respondents were aged 31–50

Surveys

Surveys with survivors were conducted in ten local authority areas in England between June 2021 and July 2022. Across these areas, a total 173 survivors of domestic abuse responded.

The survey asks survivors about their experiences with services including barriers to seeking help, support for their children and their support needs.

Who responded?

Whilst a range of age groups responded to the survey, both the 18-19 age group (1%) and those over 66 (2%) were underrepresented. Most survivors were aged 31-50 (58%).

Further inquiry is necessary to gather the perspectives of young people and older people experiencing domestic abuse and the specific barriers they may face to accessing support. We have begun work on the next phase of the Public Health Approach, which includes a survey designed for children and young people. Accessibility improvements are also being made to the project to better engage older people.

Ethnicity

The majority of respondents (86%) were White and 13% identified as being from a Black, Asian or racially minoritised background. This is slightly less than the overall estimate of survivors at a national level where 15-16% are from a Black, Asian or racially minoritised background.[11] Furthermore, the proportion of Black survivors who responded to the survey was low. The next phases of the public health approach will seek to engage more people from these racial and ethnic backgrounds to better understand their experiences.

Gender

Almost all respondents (94%) identified as a woman whilst 3% identified as a man, therefore, survey findings more strongly reflect the experiences and views of female survivors. As we continue to work with local areas, we are seeking to improve the representation of male survivors and transgender survivors.

LGBTQ+

The majority of respondents (85%) identified as heterosexual, 5% identified as bisexual or pansexual and 1% as gay or lesbian which is comparable to the national population.[12] One percent of respondents told us that their gender identity is different from the sex they were assigned at birth. Future research will seek to engage with more LGBTQ+ survivors to capture their experiences of services.

Disability

Thirty-nine percent of respondents said that they were disabled or had a long-term physical or mental health illness or health concern in comparison to the national average, which is around 20%.[13] This is a fairly high proportion of all those who answered and may reflect the impact of domestic abuse on survivor's mental health.

Interviews

Fifty-eight survivors took part in one-to-one or group interviews across six different areas in England. Interviews lasted between 30 minutes and 90 minutes.

The majority of survivors identified as a woman (n=27). A smaller proportion of participants identified as a man (n=5). There were 26 people who took part in groups interviews where individual demographic data was not collected, so their gender identity is unknown. The latest Marac data (2021/22) shows that 6% of survivors referred to themselves as men, compared to 94% who were women. This interview dataset is therefore not representative of population estimates. However, the voices of male survivors of domestic abuse are often underrepresented due to several factors including lack of awareness of domestic abuse and stigma. Therefore, the inclusion of male voices in this project brings us closer to understanding the experiences of male survivors, particularly in terms of seeking help from services.

We were not able to collect demographic information for all participants, therefore, we are unable to represent their ethnicities or disability accurately. For this reason, this demographic data is omitted.

The majority of survivors, 94% of survey respondents and 99% of interview participants had experienced intimate partner abuse (IPV). Therefore, the findings from this part of the project lean heavily towards the experiences of survivors of IPV. However, 11% of survey respondents had experienced abuse from a family member or child and 6% of the survey respondents had experienced abuse from more than one person. Findings from the survey and interviews indicate the lack of services and awareness for victims of child to parent abuse in particular.

Group interviews

Group interviews were conducted in refuges and support groups. One group interview was conducted at a "by and for"[14] service for Black and Minoritised Ethnic Women, whereas another took place with male survivors. Group interviews were often conducted where survivors felt more comfortable speaking about their experiences in a safe environment with a support network around them.

See Appendix 1 for more information about the analysis of surveys and interviews.

99%

of interview participants had experienced intimate partner abuse (IPV)

11%

of survey respondents had experienced abuse from a family member or child

The Findings

Support needs

Mental health

The following outlines the key findings from the research conducted with survivors. It is organised into sections; survivors' support needs, experiences with services, interactions with the police and the criminal justice system, seeking safe accommodation, support for children and support for those who harm.

We asked survivors what they needed, in terms of support, when going through domestic abuse and in their recovery. Survivors told us about many different areas that they needed support with, but the strongest themes were mental health and financial support.

69%

of survey respondents selecting mental health support as a key need

49%

had received counselling or therapeutic support

Findings from the survey indicate that the most common need identified by survivors is mental health support. Unfortunately, not all survivors received the mental health support they needed. Despite over two thirds (69%) of survey respondents selecting mental health support as a key need, just under half (49%) had received counselling or therapeutic support.

Across areas many survivors emphasised the importance of accessible and sustained support with their mental health as the impact of abuse continues and outlives the relationship. In one of the interviews, this survivor articulated the ongoing impact on her mental health and the benefit of sustained support:

"The 'I Matter' programme, or programmes of a similar nature… they are absolutely key to putting everything into perspective, and then ongoing support and help. Because although this stops when you move away and you move out, it actually never stops within your mind."
(Survivor E)

Survivors valued support from professionals to understand their experiences of abuse. In particular, where survivors had experienced abuse that was primarily emotional rather than physical, understanding the abuse helped to 'validate' their experience. This survivor found it hard to articulate her experiences and valued the support of mental health trained professionals to understand it:

"It also validated to me that it was abuse, because it is so hard to explain the abuse to people when someone is rarely physically violent towards you."
(Survivor survey respondent)

Unfortunately, not all survivors received the mental health support they needed. Multiple survivors told us that funded specialist mental health support was difficult to access and when they did receive help it did not suit their needs. For this survivor, the mental health support they received was not specialist or trauma-informed:

"I was told by a doctor that there is only a two level counselling provision and there wasn't anything specialist available on the nhs [sic]. Just basic CBT, which I previously had but it didn't even touch the surface unfortunately." (Survivor survey respondent)

Financial support

The cost-of-living crisis is putting pressure on many different groups of vulnerable and marginalised people. Survivors of domestic abuse can be more vulnerable to economic crises for various reasons. When we spoke to survivors, they told us that they needed financial support; help to manage their finances, help to access free and affordable support, and help with financial abuse. We know that many survivors of domestic abuse also experience financial abuse; 95% of female survivors report experiencing financial abuse.[15] Financial abuse can involve perpetrators withholding funds to survivors, taking out debts in their name and gambling with family resources.

Just over half of respondents to the survivors survey (51%) told us that they needed financial support. This was also strongly reflected in the interviews where multiple survivors across areas found that they didn't qualify for means tested support, particularly legal aid. This survivor spoke about how the system did not account for victims of financial abuse. She did not qualify for some forms of free support because her earnings and assets took her over the threshold. These financial assets were being controlled by her partner, but this was not considered in her assessments.

"It wasn't fair, I lived in a nice house […] and because of that, I was judged. I didn't get any financial support because they thought I had it, but I hadn't. He took it all with him. I had to borrow or do whatever. I was living in the house and he was paying the bills, but he was controlling everything from afar and I was treated differently"
(Survivor, Group Interview 3)

Moreover, this survivor's experience of financial abuse kept her from leaving the family home as the person using harmful behaviour had not been contributing to the mortgage;

"I stood to lose our home as he hadn't been paying the mortgage, everything was in my name I had massive debts I felt like I had absolutely no option but to stay but I knew I couldn't."
(Survivor survey respondent)

Where survivors found they were not eligible for means tested support they had to make difficult financial choices. For example, borrowing money to access the legal support that they needed. One survivor spoke about the debt she took on to hire a solicitor as her abusive ex-partner was taking her to court over the ownership of their joint assets. This case indicates the long-lasting effects of not receiving means tested support.

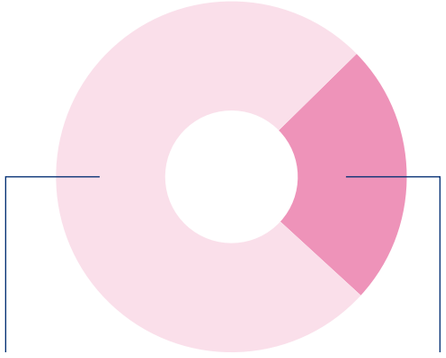
"I just put it all on a credit card, which I'm now just trying to pay off. But that's the only way that I could do it, it was either try and get a loan, or just take out a couple of credit cards and just, you know what whack it on the credit card, and I thought I'm gonna have to do that and then get through it."
(Survivor B)

95%

of female survivors report experiencing financial abuse

Experience of services

Of the 173 survey respondents, three quarters (76%) had received at least one type of support and just under one quarter (24%) had not received any support. Although most respondents had received support, only half (49%) felt they had received the right type of support. This data suggests a mixed experience for survivors with some receiving trauma-informed, supportive responses and others struggling to access services and receiving poor support.



76% had received at least one type of support

24% had not received any support

Positive experiences

Over three quarters (78%) of survey respondents identified emotional support as a key need. Effective emotional support was prominent in survivor's feedback about the services they accessed. In particular, non-judgemental approaches were valued by survivors – 84% ranked it as important to them when accessing support. Emotional support and non-judgemental responses are key elements of an effective trauma-informed approach which seeks to understand and respond sensitively to individual's experience of trauma. When asked about their experience of services, survey respondents highlighted this good practice by a mental health professional and a domestic abuse support service:

"He didn't rush me or judge me."
(Survivor survey respondent)

"I felt validated and believed."
(Survivor survey respondent)

Furthermore, many survivors commented that supportive professionals had helped them to come to terms with their experiences and develop a better understanding of domestic abuse. For these survivors, professionals helped them to put their experiences into perspective.

"They were brilliant, understanding, helping me to realise what abuse really is."
(Survivor survey respondent)

"Helped me come to terms with what happened to me and realise it was much more than I originally realised."
(Survivor survey respondent)

Survivors told us that understanding the abuse they suffered helped them to employ self-compassion in their recovery journey. For this survivor, support from a professional who told her that the abuse was not acceptable was comforting:

"And the support worker was really good. I went through in detail about what was happening in the relationship. And she comforted me, said, this is not your fault. This shouldn't be happening. This is not normal." (Survivor F)

Strong and consistent relationships with supportive professionals can make a significant difference in a survivor and their family's lives. In particular, having a key contact with a service was something survivors told us they valued:

"It's good to have a key worker because you've got somebody who knows you and get used to, can support you in a better way."
(Survivor, Group Interview 1)

For survivors with insecure migration status, no recourse to public funds or who are vulnerable to punitive action from the Home Office, reaching out for support can be extremely difficult. One survivor spoke about how the help of one key worker helped her to leave the person causing harm:

"I ask somebody and they said 'if you go out and nobody can help you you'll have to go back to your country' and I was quiet I don't tell my problem to anybody, and then I talk with my daughter health visitor, she said to me [name] 'trust me you can find somewhere, you can… we will help you', really key workers are here I feel confidence, before really I lost my confidence I said 'no I can't do anything'."
(Survivor, Group Interview 2)

Negative experiences

Accessibility and availability of services

Services which were easy to access were praised by multiple survivors. For example, services which offered 24-hour support were considered particularly helpful. Over two thirds (68%) of the survey respondents said that a 24-hour service was important to them when accessing a service. Many survivors who we interviewed praised services which were flexible to their needs and provided support at all hours of the day:

"I can ring them any time, 24 hours a day, and I know someone will come back to me."
(Survivor E)

Furthermore, not having to wait a long time to receive support was also highly valued by many survivors. Unlike many other participants, this survivor did not have to wait long to hear from support services after she reported the abuse:

"But it all happened really, really quickly, which was good for me because, I would say within 24 hours, I was just getting phone call after phone call, which was really good."
(Survivor B)

The survey indicates a mixed picture of the availability and accessibility of services across the country, with 40% of respondents agreeing or strongly agreeing that the right support is available when you need it, compared to 37% who said that support was not readily available. This reflects the Domestic Abuse Commissioner's comment on the situation being a 'postcode lottery' for victims seeking support.[16] Where services were available when survivors needed them, this had a positive impact on their recovery journey. For example, speaking to someone on a weekly basis helped this survivor to leave their abuser safely:

"a named worker who I speak/meet with weekly who has been supporting me through escaping and divorcing my husband safely."
(Survivor survey respondent)

Survivors told us that they need support services which are easy to access and that can support them in a consistent way. Services that worked around the survivor's availability, such as 24-hour support, were able to better support survivors' individual needs.

Survivors did not have positive experiences with all the services they interacted with. Here, services will be used as a general term to encompass many agencies and organisations that a survivor may come into contact with. Subsequent sections outline findings related to housing and refuge, the police, and the criminal justice system in more detail.

Almost a third of survey respondents (30%) told us that they had not received the right support at the right time. This finding is reflected in survivors' experiences of failings across multiple different services. These failings include disjointed responses from services, unsupportive or judgemental professionals and the lack of support available for male survivors.

Disjointed response

Many survivors who took part found that services were difficult to access, did not communicate and this led to them having to retell their stories again and again. Interviewed survivors described this as re-traumatising and exhausting:

"When you've got some many different agencies involved, that feeling of having to go through it all again, you've done it all with the police, then potentially you then have to tell several different people the same thing and I suppose it comes back to having that one person that can pull all that together."
(Survivor A)

"Gets annoying after repeating yourself all the time."
(Survivor J) [Young Person])

Having to self-refer to services was a common reason survivors had to tell their stories again and again. Data from the survey indicates that whilst half of respondents (49%) were referred to a service by a professional (GP, social worker, police etc.), two-thirds (66%) had found out about services independently. This includes being told by a friend or family member or conducting their own research through websites and social media. Self-referral was described as difficult by many survivors who found the system complex and difficult to navigate.

"I've had to research everything and try and act a bit and self-refer to everything."
(Survivor Z)

Unsupportive professionals

Some survivors found that professionals were unsupportive. For example, survivors described not being believed by professionals or being blamed for the abuse they experienced. Fear of not being believed was common; 86% of the survey respondents said that victims are not confident that they will be believed when approaching services. For one survivor, an unsupportive response from mental health services made him feel they did not believe that his trauma response was serious or justified. He noted that he felt overstretched services were being "desensitised":

"Mental health services, especially because I'm known to services and they know me well, to have that attitude of 'we're too busy, call back tomorrow.' Oh, I'll just schedule my… I'll just schedule my crisis for tomorrow. That kind of… and I don't think it was intentional, I just think it was, they were overwhelmed, and you become desensitised, but on the receiving end of it that was damaging, because people I needed in that moment, it was almost equivalent of 'we don't believe you, you're just having a drama' and it kind of weakens the situation"
(Survivor, Group Interview 4)

Moreover, survivors described services being actively unhelpful or making promises that they did not keep. We heard from survivors that sometimes help was offered but was not followed through. This survivor had multiple domestic abuse workers who gave her empty promises.

"They give me a domestic violence support worker every time I asked for something 'Oh, we can't help you with that.' It were just like 'Oh, ask us if you need owt.' So, I'm asking, and then they're like 'No, we can't do that for you.'"
(Survivor, Group interview 3)

Many survivors had multiple or complex needs. This survivor felt that she did not receive adequate support or an empathetic response regarding her substance use:

"So when the social worker was trying to do the parenting assessment, she actually said… 'and the court is not going to like the fact that you're not doing nothing about your self-medicating'. I explained to her that I'd been to the [place] and they'd said they couldn't do nothing."
(Survivor N)

Furthermore, another survivor felt that bureaucracy in her area acted as a barrier to appropriate support. She had moved to the area to escape the person causing her harm and the council would not provide support as she did not have a registered address there. She felt that the lack of help at this point failed her and her family.

"And it really feels like because a lot of people weren't willing to take us on or to tick a box that we were just not supported in the way we could have been, and it might have been a quite different outcome."
(Survivor S)

Specialist services for men experiencing abuse

We interviewed five male survivors and found gaps across the area in the provision for men experiencing domestic abuse. The lack of available services or accessible information about services led some of the men we spoke to feel as though there was no one who could help them. This survivor felt that the lack of services led to men not seeking help:

"As far as I know there isn't none out there for men, or there may be but it's not publicised enough… that's probably the reason why men don't come as forward, because they don't...they're not aware whether there is anything out there…"
(Survivor G)

Respondents to the survey noted the lack of specialist services for both men and LGBTQ+ survivors of domestic abuse. This survivor highlighted the fact that those seeking specialist support would have to go out of their area to access it:

"No men services or bed or shelter only out of area beds for men and LGBTQIA+ members"
(Survivor survey respondent)

Police and criminal justice

Many survivors encounter the police during their experiences of abuse; the majority of survey respondents (72%) had been in contact with the police. Whilst there were some positive comments relating to the police, many survivors had negative interactions. This pattern also applies to the experience of the criminal justice system where many survivors had negative experiences, in particular the Children and Family Court Advisory and Support Service (CAFCASS).

Positive experiences

The few comments from survivors who had a positive experience with the police related to officers who actively listened and acted quickly to ensure the survivor's safety. For this survivor, the police helped her to access support:

"And it's the same policeman I've had all the way through and I can't thank him enough. And he then, got me into the I'm, the Endeavour, he put me through to the National Domestic Violence group, and from there, they then got me into the, the help to get the Non-Molestation done, and they introduced me to Endeavour. So it was all done through the police."
(Survivor E)

Another action which was praised by survivors was timely response from the police to protect their safety. One survivor we interviewed felt the police had reacted proportionately and quickly to an arson threat from the person causing her harm:

"I mean they were stunningly quick in response. I was speaking to them at quarter past ten, and they were here doing smoke alarms and letterboxes and what not by quarter past twelve. I was like oh, right, okay."
(Survivor C)

Negative experiences

Many of the survivors we interviewed told us about negative experiences with the police. These ranged from unsupportive officers and poor awareness of domestic abuse, inaction by police, and poor communication between forces.

Unsupportive officers
There were many examples given of judgemental and victim-blaming behaviour by police officers:

"The police were very unhelpful, laughing and joking with my ex-partner and ignoring me and my child."
(Survivor survey respondent)

Furthermore, survivors gave accounts of poor police understanding of domestic abuse. For example, this survivor experienced an officer questioning the severity of her experience because she had not left the home.

"And she did say to me at one point, "Well, if it was that bad, why didn't you leave him then?" And I just thought it's just, she just doesn't get it."
(Survivor B)

This example and others evidence the need to change the narrative around domestic abuse and ask, "why don't they stop causing harm" rather than "why doesn't the victim leave". This applies whatever the gender of the victim or the person causing harm. Domestic Abuse Matters training for the police, developed with the College of Policing and delivered by SafeLives, has been designed to transform the response to domestic abuse, ensuring the voice of the victim is placed at the centre, and controlling and coercive behaviour is better understood. The programme aims to have long-term impact: changing and challenging the attitudes, culture and behaviour of the police when responding to domestic abuse. The findings from this project and others highlight the need for specialist training for all police forces which places victims at the centre.

Police inaction

Almost half of survivors (46%) said that they needed protection or security in relation to the abuse they experienced. Despite survivors needing protection, many found that the police were slow to act or did not respond to threats to their safety from the person causing harm. For example, one survivor spoke about how the police failed to come out to her home after multiple attempts to get help:

"I rang the police numerous times. This time as well, and I've needed up having to leave my home because of the lack of support from the police…"
(Survivor, Group Interview 3)

46%

of survivors said that they needed protection or security in relation to the abuse they experienced

Moreover, many survivors we interviewed complained of cases being dropped because of a lack of evidence necessary for the Crown Prosecution Service to proceed with charges. Survivors felt that the burden of evidence collection was placed on them. For example, this survivor was told that she would need to record the abuse using video or sound for the police to act. She felt that this placed her in danger:

"So, it's… and obviously when you're going through domestic abuse, you're not in a position to be able to record yourself and record the incidences. If you do, you're putting yourself at significant risk. So, it makes it difficult, that you need evidence and you're not able to, to get that evidence."
(Survivor, Group Interview 3)

Criminal justice

Over half (58%) of survey respondents said they needed legal support and whilst there were some positive comments from those who had Idva support through court proceedings, many survivors felt they needed more support. The system was described by survivors as difficult to navigate and court itself as an unsafe and combative environment. Survivors told us that they had been made to sit in the same waiting room as the person who harmed them. These findings are supported by other SafeLives' research including a recent report which found simple safety measures like private waiting rooms were often ignored.[17]

One of the most common problems survivors cited was the lack of domestic abuse awareness by CAFCASS officers, solicitors and judges which resulted in emotional trauma for survivors. Moreover, a lack of understanding of coercive control was seen as enabling perpetrators of abuse to manipulate court proceedings. One survivor described the court as a 'perpetrator's playground' (Survivor Z). Another survivor spoke of feeling victimised through the court process and felt that the system 'put the abuser in control' (Survivor S). Survivors described the experience of court as re-traumatising and negatively impacting their recovery. For example, this survivor found the build up to telling her story in court caused her emotional stress:

"It stops you moving forward, don't it? I'll, I'll feel better emotionally, I'll feel stronger. I'm thinking, right, I'm in a new area, new life, everything's going great. Then, boom: court case. You have to drag every single little last thing up. This past two weeks I've been preparing my court cases, I don't sleep."
(Survivor, Group interview 3)

Safe accommodation

This section will cover the experience of survivors who accessed refuge and experiences securing safe permanent accommodation. Half of survivors (50%) had fled their home compared to the third (34%) who told us the person causing harm had moved out. Survivors fleeing domestic abuse often have to leave their homes in difficult and rushed circumstances. The accessibility and reliability of refuge and safe accommodation is of huge importance to survivors' safety and recovery.

The experience of refuge varied between survivors and across areas. Many survivors spoke about positive experiences in their interview, but others felt failed by refuges they had accessed. Many survivors told us about significant problems in the housing system including unhelpful housing officers, unsafe housing offers and huge waiting times.

Positive experiences

Multiple survivors had positive experiences with the support provided in refuge. In particular, survivors valued refuges which provided specific support such as play groups for their children, mental health support or "by and for" support. We interviewed survivors in a refuge run by and for women of colour and female migrants to the UK. Survivors expressed the value of this refuge as a safe space for everybody in contrast to the prejudice and discrimination they had suffered in the past.

"Asian, Pakistani, Bangladeshi, African, English, so everybody is here but if they sit here you will never know like they have any kind of problem you know, we have no issues of any kind of racism."
(Survivor, Group Interview 2)

Refuges can also provide support with other services, for example helping survivors apply for housing, register for health services and access psychological support. For survivors who had found it hard to access support, refuges opened doors for them so they could begin their recovery:

"So when I got here, I got to the refuge, I got believed, I got the support. Then everything turned into... take a turn and housing was, you know, brought in. […] everything started working."
(Survivor M)

Moreover, in our research we found a number of survivors who had difficulty leaving because of their pets. We know that people causing harm can use pets as part of their violence and control. Additionally, some survivors told us that they could not access refuge or safe accommodation with their pets. In this context, there were many positive reflections from survivors who had received support to keep their pets which enabled them to leave the person causing harm:

"They even helped to get care for my 2 dogs whilst I was in refuge, which was a huge relief to me, or I would have been still stuck in the same property with my abuser!"
(Survivor survey respondent)

Negative experiences

Refuge

The majority of negative experiences associated with refuge related to a lack of available refuge in survivors' local areas, long waiting lists and stretched resources in refuges leading to a lack of appropriate on-hand support. Long waiting times for refuge can increase the risk for survivors who may not be able to leave the person causing them harm. For example, this survivor had to wait nine months to access a refuge:

"Then at, because, because I had to still live in the situation for… I were still living in the same area because it took nine months for me to get into a refuge."
(Survivor, Group interview 3)

Furthermore, a lack of refuges in survivors' local areas means people are moving across the country to access safe accommodation. This is hugely disruptive for survivors and their families as they are uprooted from their communities and support networks. This survivor had to relocate her family from the South to the North of England to access refuge and escape the person causing harm:

"I couldn't get a refuge close to where I lived. I had to come all the way up north. The only one that was available was up here."
(Survivor, Group Interview 3)

Some survivors noted that stretched resources in refuges resulted in poor levels of support. This survivor felt that there were not enough staff to manage the refuge they stayed in:

"When in the refuge there was inadequate staffing and little out of hours advice and support. issues between residents were not dealt with and no support for the children in there."
(Survivor survey respondent)

Housing

Almost half of surveyed survivors (43%) said that they needed support with housing. However, many survivors we interviewed did not get the support they needed from housing officers to secure safe accommodation for themselves and their families. In particular, survivors told us about long waiting times, inappropriate housing offers and poor awareness of domestic abuse amongst local authority housing officers. For example, multiple survivors told us they were offered housing near where the person causing harm lived.

Evidence that some housing officers had poor awareness of domestic abuse comes through strongly in the data. For example, this survivor felt that housing officers did not believe that they were escaping domestic abuse:

"They made me feel like I was lieing [sic] just to get a new house."
(Survivor survey respondent)

Survivors spoke about long waiting times to access housing and poor communication from housing authorities. This survivor waited a long time to be contacted about safe accommodation and once contacted, was told that they could not help him because of his income. The housing officer did not account for the fact that the income was being controlled by the person causing abuse:

"They assigned me a housing officer and said, "This guy will sort it," and I didn't hear from him for nearly three months, just literally nothing… And they basically said, we can't help you. So I was waiting for months. And then I got that as a response. And the guy there did say to me, he was like, while you're giving your ex so much money a month for food, while you're doing that, we definitely can't help you."
(Survivor F)

Following other SafeLives' research into the experience of homelessness related to domestic abuse,[18] these findings support evidence of the extra barriers to accessing safe accommodation faced by women with no recourse to public funds. This was the case for a survivor with insecure immigration status who was refused support by the local authority Housing service.

"So when I approached the authority... local authority, I was told there's nothing they could do because I don't have a residency, in this country and I don't have a paper for them to do any... providing support for me, in terms of housing."
(Survivor M)

Experience of homelessness

Multiple survivors disclosed in interviews that they had experienced homelessness in connection to domestic abuse. We know that survivors of domestic abuse are particularly vulnerable to homelessness; in previous SafeLives' research, 32% of homeless women cited domestic abuse as a reason they were homeless.[19] Some survivors found themselves homeless when they left an abusive home and could not access a refuge place. This survivor found the help from housing services was too short term and did not provide him with somewhere stable to live:

"So they put me up in a B and B for seven days, so that was very helpful, the only trouble was after that seven days I ended up back on the streets again for another five days."
(Survivor G)

Support for children

Positive experiences

Unfortunately, many survivors found that there was inadequate support for their children in relation to the domestic abuse that they had experienced. The Domestic Abuse Act 2021 recognises children as victims in their own right and places a duty on local authorities in England to provide accommodation-based support,[20] yet findings in this report indicate that there is not enough support for children. Where survivors had experienced good support for their children they highlighted the importance of consistency, specialist mental health support and opportunities for children to play.

Survivors told us how important consistent and person-centred approaches were for their children. For example, one survivor's daughter experienced emotional and behavioural difficulties following the trauma she experienced. She had previously disengaged from support due to a lack of trust in professionals. She praised the approach taken by a support worker who took a person-centred approach to working with her daughter:

"[Name] from Women's Aid, she brought make up and she engaged [daughter's name] over make-up and they did each other's hair as they talked…"
(Survivor, Group Interview 3)

Many survivors found caring for their children whilst coming to terms with the abuse they had experienced very difficult to manage. This survivor found support for children in their refuge gave them some respite and restored some normality to their child's life:

"Yeah it's a massive help just a couple hours a week or just so you can do your jobs or you know, have a coffee in peace or whatever just… and it's for kids as well just getting used to different people and just normal day life coming down and having a play, that's what they should be doing, you know it's normal life, they should be having a nice time."
(Survivor, Group Interview 2)

Negative experiences

Of the 124 survey respondents who had children, only one in three (28%) said their children were offered support. This finding is reflected in recent research by the Domestic Abuse Commissioner which found "29% of survivors who wanted support for their children were able to access it".[21] Furthermore, of the survivors whose children had accessed support, many had to wait a long time or found the support unsatisfactory.

Some survivors felt that they were not equipped to support their children alone but could not access professional help. This was true for this survivor who laid out how she felt support for her child could have been improved:

"and I just think if she had done that talking with somebody with the skills and ability and professionalism to know how to have that chat in a way that it would help her rather than my mum who loves her, cares for her and is gonna listen but my mum's not skilled to know how to deal with what she's telling her."
(Survivor A)

Those who harm

Another survivor felt her children were let down by Children's Guardians who represented their rights and interests in court. Her children had many guardians and therefore had to retell their story again and again. Additionally, delays in organising the guardianship led to a longer waiting time for mental health support.

"So they were just waiting for about 18 months to speak to somebody, but because the guardians, they would explain it once and then have to explain it all over again. And then that guardian would leave, and then they'd have to explain it all over again. So, [name] was the fourth guardian that they explained it."
(Survivor B)

Despite 18% of survey respondents saying that they wanted help for the person causing them harm, only 3% said that the person causing harm had received support for their harming behaviour. This included mandatory support. Almost half (43%) were clear that the person causing them harm had not received support either because it was not offered, or they did not accept it. Over half (54%) did not know whether the person who caused them harm accessed support. For this survivor, her abusive partner had engaged with services, but she felt this had not had an impact on his behaviour:

"But obviously he signed his self out. And he's just gone back to like he used to be."
(Survivor I)

18%

of survey respondents said that they wanted help for the person causing them harm

Moreover, many survivors experienced post-separation abuse which prevented them from getting support because the person causing harm manipulated professionals. Two survivors spoke about their ex-partner using professional connections to prevent them from seeking help. One told us about how her partner had used their professional networks in social services to coerce the survivor into not bringing legal action against them or leaving the home. For this survivor her ex-partner coerced her into staying in the relationship:

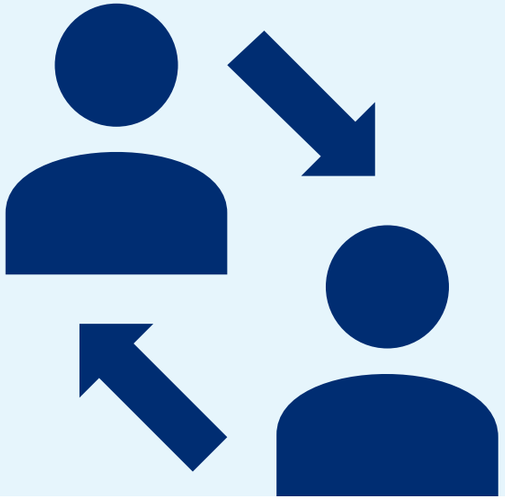
"So he'd always say, you know, 'I'll get the girls, because I know the Cafcass caseworkers, I know the system. I know all the social workers, I work with them. I know all the other head teachers,' and he did. And that for me worked for years to actually not saying anything."
(Survivor B)

Another survivor was coerced by a partner who worked in mental health and threatened to reveal his health records. He also found it difficult to access help from professionals who worked with his partner.

"My partner works for mental health, and so it's like you go up against a big machine, and I was getting threatened that he would destroy me, because he was able to get people to access my records, he was threatening to publish my mental health records."
(Survivor, Group interview 4)

Consultation with Professionals

In order to effectively review the response to domestic abuse in a local area it is crucial to speak with professionals working across a range of agencies and roles to understand the whole system and how agencies and individuals within this system communicate and collaborate. We have worked with areas to capture professional perspectives on domestic abuse awareness, multi-agency working, training and strategic response. This section outlines the key findings from this work, including priority areas for improvement as well as instances of effective co-ordinated response.



The key findings:

- Whilst some agencies are generally well trained in domestic abuse, there are clear gaps and areas for improvement, particularly training on those who harm
- Professionals recognise the impact of training on effective risk assessment and victim response, but delivery of training is limited and not always mandatory, with completion only sometimes being monitored
- Professionals identified mental health support as a key need for both survivors and those who harm and described gaps in this support across areas.
- Appropriate support was not available for all risk levels, leading to cases escalating before support is offered.
- Marac (multi-agency risk assessment conference) attendance was inconsistent across areas, with some areas seeing better attendance than others. We also found evidence of some professional uncertainty around referral criteria to Marac.
- Effective working around the Marac process reflected the key principles in Marac guidance, with professionals reporting good practice where meetings involve effective information sharing and are focused on action planning.
- Communication and information sharing could be improved by more efficient processes and improved multi-agency relationships.
- Limited resources and funding were cited as putting strain on professionals and organisations and leading to long waiting times for survivors
- Funding was not thought to be responsive or proportionate to increases in agency referrals and some professionals felt as though costing was prioritised over service impact.
- Strategic leads highlighted challenges on how best to collect data to inform improvements to their area's domestic abuse response and to evidence the impact of support services.
- Professionals highlighted little provision for those that harm, with few individuals having access or engaging with support

Methodology

Surveys

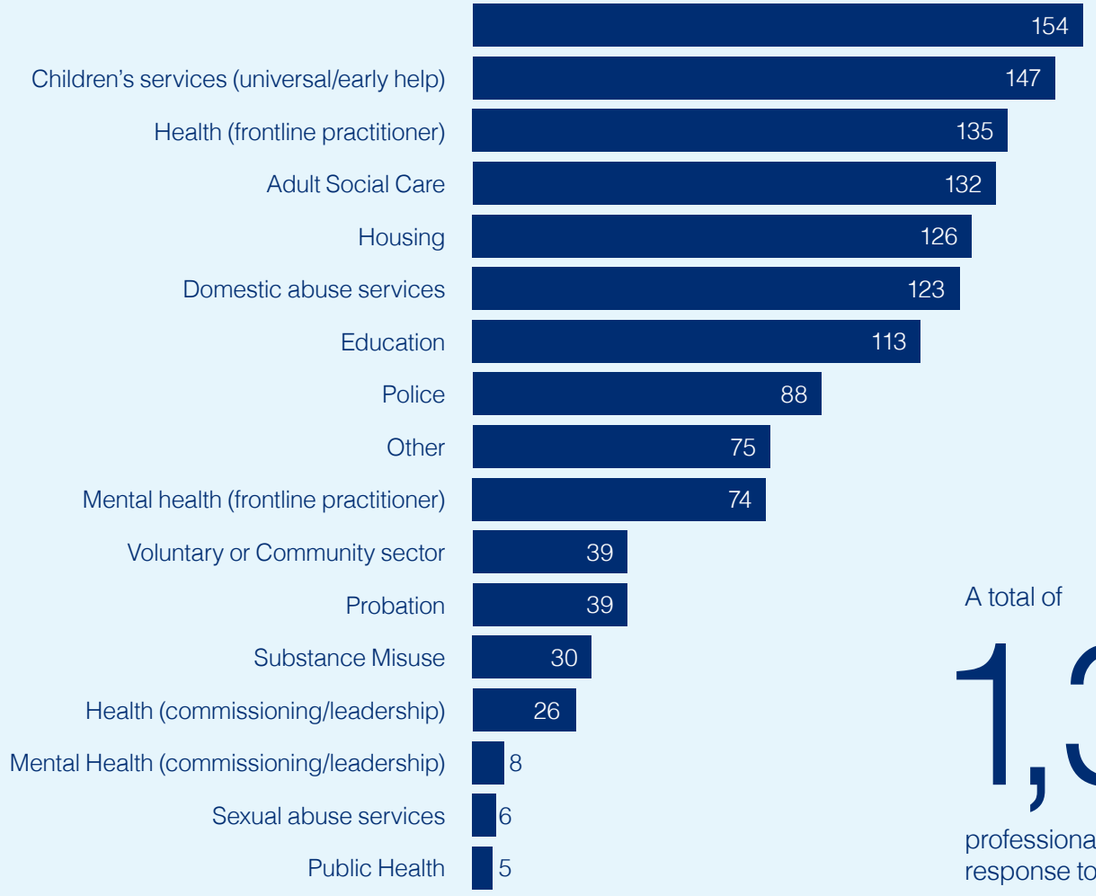
We received responses from professionals across 12 areas in England between March 2021 and June 2022. Across these areas, a total of 1,322 professionals working in the local response to domestic abuse responded. Survey questions were a range of open text, multiple choice and single choice answers and asked professionals about their experience of the domestic abuse response in their local area.

Who responded?

Professionals responding to the survey belonged to 17 different agencies as shown in the graph in Figure 3. The greatest number of respondents were from children's services, frontline health services, adult social care and housing. The agencies represented in survey responses by the fewest professionals were sexual abuse services and mental health services at the strategic level.

Professionals occupied a range of strategic and operational roles. The majority (62%) worked in a practitioner role or as an officer without management responsibility. Around one in six respondents (15%) were operational managers and around one in ten (11%) were strategic leaders or managers.

Number of responses from each agency



Interviews

A total of 89 interviews were conducted with professionals across six site areas. Professionals worked in a variety of agencies involved in the response to domestic abuse in the local area and occupied a range of strategic and operational roles. Interviews were semi-structured and asked about training, multi-agency working and general experiences of the local response to domestic abuse.

See Appendix 1 for more information about the analysis of surveys and interviews.

A total of

1,322

professionals working in the local response to domestic abuse responded

The Findings

Agency level responses

Good Practice

Findings emerging from consultation with professionals are organised into priority areas of the system approach to responding to domestic abuse, split by evidence of good practice and areas for improvement. These priority areas are agency-level responses, multi-agency operational responses, Marac, strategic response, domestic abuse training and responding to those who harm.

Responding to the whole family

Across the survey and interviews professionals provided evidence of good practice but also highlighted many gaps in the response to the whole family. Professionals spoke positively about assessments of associated children to the victim-survivor, as well as any vulnerable adults in the family. Some areas reported specialist provision around pregnancy and parenting and using effective multi-agency relationships to monitor the wellbeing of children. The voice of children was seen as central to an effective whole family response, building relationships through trusted adults and advocating for them with parents.

"We stop that response being about, 'h-he said, she said, they did this, that and the other' and lost sight of the child, instead making sure the voice of the child is central around the domestic abuse."
(Professional, 'other' agency)

Professionals across areas also spoke about working with those that harm within a whole family approach, though this was touched on as an area for improvement in cases were the victim wanted to remain in the abusive relationship. The importance of improving the response to those who harm in the interests of the safety and recovery of the whole family was emphasised.

"From my experience and the families I have supported this give both the perpetrator the knowledge that someone is supporting both them and their victim and it gives the victim the encouragement and makes them feel empowered to deal with this issue."
(Professional survey respondent)

Supporting victims was discussed widely as being at the heart of the response to domestic abuse. Professionals are committed to victim safety, and many believed their services provided good support. Specific support roles, often Idvas, were frequently reported as being knowledgeable, experienced, and engaging victims well.

"the primary objective is to resolve the issues as presented by the victim, to provide solutions, stop the abuse, tackle the domestic violence incidents."
(Professional survey respondent)

"…looks at the whole family context, children's, any others involved in trying to get a whole picture to see, you know, what the need is, and then look at how we can provide that.

(Professional, Substance Misuse)

A risk-led approach

There are areas of good practice where professionals are providing holistic support to victims and their families within a risk-led framework. The importance of professional judgement and effective information sharing was noted as crucial to building an informed picture of risk, as were appropriate referrals, monitoring risk, and early intervention. Around two thirds (63%) of professionals responding to the survey said they would conduct a risk assessment when encountering an individual experiencing domestic abuse. These professionals were also confident in their understanding (96%) and ability to recognise (91%) domestic abuse. The majority (69%) described risk assessments as 'easy' or 'very easy' to do, suggesting that risk assessments were used confidently. In interviews across areas, professionals described using risk assessment tools promptly and in a sensitive manner.

Attending multi-agency meetings resulted in informed risk assessment of cases. It was found to be important that other agencies were receptive to professional judgement when considering referrals, particularly in cases that may appear to lack high-risk factors.

"Some organisations may be aware of things that others aren't so it helps to build a bigger picture of what the family are experiencing."
(Professional survey respondent)

"If I'm referring a case in where there's no visible high-risk factors, but it's professional judgment, that is taken really seriously, and it's accepted, so long as the referral itself deems fit that it is high risk."
(Professional, domestic abuse service)

Professionals felt there were key systems and processes that facilitated effective monitoring of risk and assessment quality. An effective risk-led approach was felt to extend beyond management of high-risk cases, to viewing and acting on cases assessed as standard risk as opportunities for early intervention.

Consistent and actionable data collection

Professionals described good practice in data collection involving consistent monitoring and an actionable approach to evaluation. Interviews also highlighted the importance of presenting data in a way that is accessible and focused on actionable information. One professional discussed breaking down prevalence data by local areas to ensure interventions are targeted where they are needed most, while another spoke of quarterly meetings to investigate levels of engagement. Client feedback is also sought and utilised among some agencies to monitor performance.

"[We] contact families to get some feedback from them; to find out their experience of us as a front door and ... you know... how that's been for them, really, and whether they felt informed, they felt listened to, that sort of thing."
(Professional, children's services)

Staff support

Agencies were described as offering an appropriate range of support for staff including training, clinical supervision and wellbeing care. Provision of staff support within an area often operated under trust-wide safeguarding and domestic abuse policies that included information on vicarious trauma and supporting those with a personal history of abuse. In some cases, agencies represented in interviews were reported to have procedures in place for managing perpetrators of abuse employed by the organisation.

"What I will say is there's a very good network of support over a lot of things. So, wellbeing is high on the agenda at [site], of any colleague."
(Professional, education)

"There is always time for supervision and ...you know... time to be able to talk about anything."

(Professional, Children's services)

Gaps in Practice

Police, housing, and health response

The response to victim-survivors from police, housing and health professionals were most commonly cited as lacking. Professionals commented on difficulties communicating with housing and healthcare agencies to obtain or share information about victim-survivors:

"Despite repeated efforts it has been difficult to engage mental health & housing services in DAPP meetings leaving the potential for vital information or action setting to be missed."
(Professional survey respondent)

Interviews also indicated that professionals viewed police and housing as sometimes apathetic to the specific needs of victim-survivors in a domestic abuse context and the failure of these agencies to ensure appropriate support.

"For example, we were supporting one woman very recently, severity depressed, she was saying that she was going to kill herself. The following morning we find out she's on a seventh floor flat, when she has said she's going to jump off a building. It was just too much because we are not a mental health service. But there was no one there."
(Professional, domestic abuse service)

"I had a client … who was subject to, to sexual assault. She got assaulted I think, we went into lockdown March didn't we? … She went to the police station to make the report and the police officer said 'oh, we're in COVID now and… just go, we've got better things to do.' Those were the exact words."
(Professional, domestic abuse service)

Responses given in the professionals survey support that some misconceptions around domestic abuse are more common in the police. This reflects findings from the HMIC report[22] indicating the need for improvements in how police forces and officers understand and respond to coercive control. Of the 88 respondents from the police, just over two-thirds (69%) said they disagreed or strongly disagreed that victims of domestic abuse are confident about being believed, compared to 82% of professionals from other agencies. A fifth (22%) of police respondents were undecided in response to this question. Police were also more than twice as likely to agree or strongly agree that there are lots of malicious reports of domestic abuse (16%) compared to other agencies (6%). Interviews with professionals suggested that a lack of training and awareness of domestic abuse within these agencies explained the deficiencies in their responses.

Lack of specialist provision

Though there were instances of specialist support for victim-survivors, the majority of professionals across interviews reported some lack of specialist provision in their area. Whilst the nature of these gaps varied across areas, examples include support for male victim-survivors when they are racially/culturally minoritised; mental health support for victim-survivors, specialist support for victim-survivors of so-called 'honour'-based abuse; support for victim-survivors from Gypsy, Roma and traveller communities;[23] and access to support for those with no recourse to public funds. Professionals acknowledged how specialist provision was sometimes the only option for some victim-survivors who are deemed inappropriate for mainstream services.

"if they have complex needs ie [sic] substance misuse or poor mental health, most refuges often do not accept victims with complex needs."
(Professional survey respondent)

Gaps in specialist provision is due in part to a lack of specialist services, but also a lack of training and cultural understanding within mainstream services.

"With domestic abuse, from a cultural aspect and understanding the culture and the honour-based element, some of them just don't understand, and understanding the women's needs as well."
(Professional, domestic abuse service)

Furthermore, where specialist "by and for" services were operating in an area many professionals were not aware of them and did not know how to refer into them. More scoping is needed to fully understand the extent of the provision of specialist services. A recent report from the Domestic Abuse Commissioner[24] demonstrated a relatively high proportion of organisations across the UK offering specialist services for particular groups of victim-survivors, although it is unclear what these services look like, and it seems there is variation in how 'specialism' is understood across services.

Lack of support for low/medium risk cases

Professionals expressed concerns that as only high-risk cases were being taken on by Marac and IDVAs, there is a lack of support for low to medium risk cases. A lack of lower-tier support was also cited as a reason why victims would not return to services, as they may feel a lack of confidence in services' willingness or ability to help after an initial experience. This was seen as a significant barrier to accessing support for victims, leaving situations to escalate.

"They are only taking on high-risk cases leaving the many medium/lower cases being signposted on to local grassroots organisations, who because of their values and ethos struggle to say no, so they are picking up the slack."
(Professional survey respondent)

Professionals also cited a lack of step-down care leading to victims who were previously assessed as high-risk losing support when risk is reassessed as low/medium.

"There is no step down model currently for victims who no longer require a crisis led response to DVA, therefore when no longer high risk unless part of the IRIS model or self referral there is no ongoing support."
(Professional survey respondent)

"There is no support available for pupils or parents who are now out of a DV/DA relationship who are not at CIN/CP."
(Professional survey respondent)

Lack of support for children and young people

Supporting children effectively was often mentioned as a key challenge in victim responses. This included ensuring other professionals understood the impact of abuse on children as victims in their own right, and victim engagement over fears that children would be removed.

There is a lack of support for children and young people, with their voices not always being heard. Professionals discussed this in the context of children not being identified as victims distinct from their parents, in addition to the lack of support for children and young people generally. Refuge spaces were described as lacking childcare support and being unsuitable for families, especially for female victims with teenage sons. Support specific to children was rarely provided and their needs were not always taken into consideration, for example when encouraging families to relocate and removing children's existing support networks. Some professionals criticised a lack of communication and information shared to ensure support for children, such as within education settings.

"I think the biggest challenge is their safety and that the women and children are usually the ones that have to leave the area…they would have to leave their support networks and schools etc."
(Professional survey respondent)

"The children we support face many complex challenges and live with extensive violence. Due to our links with education, there is a huge gap in sharing of information between education and MARAC, with many schools being unaware of incidents, placing children's emotional wellbeing at further risk."
(Professional survey respondent)

The perspectives of children and young people experiencing domestic abuse in their family or intimate relationships are rarely captured, impacting support provision for these young people as well as preventing a whole family approach to understanding the abuse.

Resource and capacity

When asked what could be improved about the response to domestic abuse in their areas many professionals reflected on tight resources and funding. Services are under-resourced and over capacity, leading to a poor response for many victims. There is a particular lack of specialist "by and for" services, despite their clear need. Over half (54%) of survey respondents strongly agreed or agreed that "inadequate staffing impacts on the safety and quality of provision for domestic abuse in the local area". This reflection on the challenges of understaffing was particularly strong amongst professionals working for a domestic abuse service, with three quarters (75%) agreeing with the statement. Limited resources and funding were cited as putting strain on professionals and organisations and leading to long waiting times for survivors.

"We need better staffing to be more flexible to the needs of our families."
(Professional survey respondent)

Multi-agency operational responses

Good practice

Strong working relationships

A good multi-agency response to domestic abuse was evident through strong relationships between agencies, effective information sharing and clear referral pathways. Professionals felt that multi-agency meetings were an opportunity to gain a better awareness of other agencies' roles and capabilities. By attending partnership meetings and developing relationships with others, professionals are able to gain a richer understanding of what support other agencies can offer, increasing their ability to facilitate support for their clients.

"[You will] hear the other agencies say, 'Oh, we're able to do that – we're able to do that' and I'm like 'Oh! Ok, that's really good' – you wouldn't know, really."
(Professional, children's services)

Overall, 72% of professionals agreed that they "trust professionals from other agencies to advocate for a victim of domestic abuse and have their best interests at heart". However, there is some deviation when looking at individual agencies. Nearly one in five (19%) of professionals working for a domestic abuse service and 18% from a voluntary/community organisation disagreed with the statement, indicating a mixed picture across agencies and areas in terms of the effectiveness of multi-agency working.

Effective information sharing

Sharing information effectively across agencies was felt to increase the time efficiency of completing actions as well as creating a feeling of shared responsibility and accountability between agencies. Information sharing was often facilitated through shared systems or processes. Professionals described centralised case management systems (CMS) that include submissions from a variety of agencies and described these as an efficient platform for accessing a range of information and having oversight over cases.

"I can see the whole picture. And it's making that connection. It's putting all the pieces together with the information from the agencies … and making that connection for Adult Social Care."
(Professional, adult social care)

Professionals utilise these systems to disseminate information in a timely manner, working in partnership to assign actions and disperse information to relevant agencies.

"We often send out two notifications. The first is on the day it's happened, or as soon as it's recorded by the police, and the second might happen several days later, but it's more filtered and more refined about the information than they originally got." (Professional, education)

Clear processes and pathways

Generally, referral processes were described as easy for professionals to follow and complete. High numbers of referrals into services indicated a good level of awareness among professionals and suitable referral pathways. For most professionals this included the process of referring into Marac as well as clear processes when carrying out actions and delivering feedback, though professionals were less certain about the suitability of referrals for Marac.

"MARAC- safety plans and risk management plans are agreed and tasks shared and co ordinated between agencies."
(Professional survey respondent)

"MARAC days are known and feedback is regular and from the same people which is helpful and consistent."
(Professional survey respondent)

Professionals also spoke about processes in safeguarding and risk assessment being accurate and timely and this was highlighted as a key benefit to effective multi-agency working in local areas.

"The complex safeguarding review group is effective in understanding the lived experience and how we can improve and adapt our offer around domestic abuse."
(Professional survey respondent)

Gaps in Practice

Domestic abuse and sector awareness

To ensure families receive the most appropriate, timely and robust support it is vital that agencies develop a local culture that puts the survivors at the heart and start of their work. This is fundamental to an effective response to domestic abuse, which includes professionals having a good understanding of domestic abuse and the capacity to deliver trauma-informed support. Whilst most professionals who answered the survey held progressive attitudes to domestic abuse, one in ten (10%) professionals agreed with the statement "there are lots of malicious reports of domestic abuse e.g., making false allegations about people to agencies". Professionals from health and housing made up the biggest proportion of this group. Whilst the intention behind these responses cannot be inferred, it could indicate the need for training within agencies which deal with domestic abuse but might not consider it as their primary role.

Professionals were also restricted by limited awareness of other agencies' roles and capabilities to support the needs of victims and survivors. This included not wholly understanding an agency's capabilities or limitations, or not knowing an agency's referral process.

"I think sometimes they think we've got powers that we don't actually have, you know, with regard to what we can and cannot do, and then they don't fully understand what we can do, in regards to safety planning and all the rest of it."
(Professional, housing)

Additionally, when other agencies lack understanding of the specific needs of domestic abuse victims or survivors it is difficult for these cases to be identified. When they are, these agencies feel ill-equipped to hold that case and will sometimes make unnecessary and inappropriate onward referrals. The majority of professionals working for domestic abuse services recognised legal support (86%) and immigration (77%) as areas of need, substantially higher than the averages for the professionals surveyed overall (56% and 34%) suggesting some agencies may not have had training in, or may otherwise be unaware of, some nuances to the domestic abuse context.

"A lack of understanding around the needs of victims from different health professionals and the kind of support that they need and again, it means that victims are being bounced around different services."
(Professional, domestic abuse service)

Poor communication and collaboration

As cases move through a multi-agency system, some professionals experienced frustration that action plans can be disrupted due to a lack of communication between agencies or with clients and in many cases poor communication between agencies was felt to be causing significant delays in victims receiving appropriate support. Only half (50%) of the professionals responding to the survey agreed or strongly agreed that there was a clear process for making decisions to protect victims among the different agencies.

As mentioned, ineffective communication can be partly accounted for by understaffing leading to lack of representation at key partnership meetings.

"We always need to be striving towards better the communication.

(Professional survey respondent)

"I think plans are put together … but those conversations haven't properly been had with those services or, or those services go out to families, and families say well … we don't want to do the work and we're a bit like you should've probably checked that out first."
(Professional, children's social care)

Professionals also expressed frustration at rigidity in agency roles and a reluctance from other professionals to help in some instances. Although it is important that different agencies and professionals have their own responsibilities it is important for the safety of victims, survivors and their families to be at the heart of multi-agency collaboration.

"there is a lack of multi-agency working ensuring the clients/patients who are at risk as the main priority. Too much red tape. Too much "that's your role not mine". It is very frustrating."
(Professional survey respondent)

Poor information sharing

Information sharing between agencies is in some instances challenged by difficulty securing information sharing agreements. Even when these are in place, the information shared can still be inadequate, miss key pieces of information or be excessive, making interpretation more difficult.

"The information that we really need to know is hidden in the white noise of all the other information that we don't need to know because everyone just wants to share everything."
(Professional, council)

Even when information is comprehensive, concern was expressed by some that data systems are being treated as depositories from which little action is taken. Professionals noticed a lack of continuity in representatives at multi-agency meetings and did not think that information gleaned from multi-agency work was always relayed to practitioners working directly with families.

"I don't feel all the information trickles through to the practitioner on the ground to help practitioners understand the full picture of others information and involvement with the family."
(Professional survey respondent)

"Feedback from these meetings would be greatly appreciated. What was decided and a plan of action moving forward. It feels as though it is one way information and not shared, therefore in a school setting we are kept in the dark a little."
(Professional survey respondent)

Inefficient information sharing was also observed to be leading to victims not being supported quickly enough. This included professionals waiting on other agencies to provide evidence that would support referrals and a lack of actions and outcomes shared from multi-agency meetings.

Understanding victim engagement

Many professionals spoke about misunderstanding and a lack of awareness of victim experience and potential barriers to engagement among agencies. Some professionals described being an advocate for victims when working with other services who place responsibility on the victim. Expectations placed on victims included leaving the abuser or abusive household, self-referring or 'improving' parenting. These were cited as issues particularly when victims had additional needs or faced additional stigma, for instance victims with mental health difficulties or male victims.

"Victims require support and investment. We cannot just rely on victims to leave. Victims are sent on a 10 week course and are expected to change but research tell us it take victims many attempts to leave and upon leaving, this is the most risky time."
(Professional survey respondent)

Professionals also commented on long periods of no contact impacting how victims might engage with services in future by perpetuating a lack of confidence or anxieties about receiving support.

Marac

Good practice

Professionals reported good practice in Maracs where agencies attend consistently, information is shared in a timely and accessible way, and meetings are focused on action planning. Descriptions of effective working around the Marac process reflected the key principles in Marac guidance.

Consistent attendance from all agencies
Overall, 82% of professionals surveyed either knew their agency attended, or personally attended Marac. Professionals from domestic abuse services, probation and police were the most likely to attend themselves. In only 4% of cases (n=48) professionals said there was no representative attending Marac, with those working in education being the largest proportion of this group. A number of professionals felt that having a consistent and broad range of representation was a key advantage to Marac.

"All the appropriate people are there, and if we need somebody to be there, often people can be invited in as well. That happens, that people are invited in to attend. So, I think that's good."
(Professional, Substance Misuse)

"That's what we find sometimes with the Marac. You'll get consistency, I mean, a lot of the times, we will get the same IDVA, we will get the same people from the hospital […] those that we can invite that are revisiting the process, bring with them all that inherited knowledge, and it's vital to that process."
(Professional, police)

Sharing information and action planning
Marac was felt to be a good opportunity to share information between professionals and develop a clearer picture of a case including other agency involvement and historic incidents. This in turn informs and improves professionals' identification of risk. There were also comments on effective training being offered around the Marac process, including when updates to the process were made.

"I feel that the MARAC in our local area is working well. They have done some updates the last 12 months and they have made sure that all the local education establishments have been on the relevant training that they have provided to explain these changes."
(Professional survey respondent)

In effective Maracs where information is shared comprehensively and efficiently, representatives can come together to action plan and safeguard victims quickly. Around three quarters of professionals from areas with a Marac agreed that it greatly or somewhat improved the safety of victims (79%) and children (74%). Effective Maracs were described as having attendees who were engaged, owned their professional responsibility over the cases, and utilised data systems to update others on the progress of their actions.

"It's a responsive Marac and that helps me to put things in place very quickly. And I'm assured that those that need to know do know."
(Professional, domestic abuse service)

Professionals also mentioned how the Marac process allowed families, victims or children who were unidentified and at risk, to become visible to services and receive safeguarding and support.

"Many vulnerable, previously 'hidden' children who are living with domestic abuse are identified through the MARAC process."
(Professional survey respondent)

79%

of professionals from areas with a Marac agreed that it greatly or somewhat improved the safety of victims

Gaps in Practice

However, some professionals also report Maracs are facing many issues including too many cases, varying triaging systems, poor attendance from key agencies in some cases, and a lack of focus on actions and outcomes.

Timing and scheduling

The regularity of Marac meetings varied across areas from daily to fortnightly, others ran supplementary meetings when there were higher numbers of cases. Although some professionals felt that the regularity of the Marac process provided a reliable and quick response to incidents, when Marac were held early and in close succession to updates from previous meetings, professionals felt it was difficult to adequately prepare.

"We have to get admin staff to kind of work at half eight in the morning because there's no time to do the preparation. And you can be going into Marac […] whilst still trying to do your research on the system, so often there's families, you know, that have got thirteen children that you've got to research so you won't know all of that information."
(Professional, health)

Many professionals described long waits for cases being discussed at Marac at which point the situation for the victim and their family may have evolved.

"By the time a case has been heard I have worked with the survivors for 5 weeks and the risks have already been reduce [sic] in the most part."
(Professional survey respondent)

Professionals who attended Maracs criticised the duration of meetings and questioned whether time was effectively used. In some instances, professionals felt this was due to too many referrals, sometimes through unclear criteria on when a case should be brought to Marac discussion. While there are benefits to Maracs being well-attended throughout, when professionals are required to stay after their cases have been heard, their attendance at the meetings have a significant impact on capacity.

Lack of actions and outcomes

Concerns over a lack of outcomes was linked in some instances to inappropriate referrals or timing issues associated with the time allocated to each case and the number of cases discussed. For some professionals it was felt that outcomes were unclear because information sharing was unidirectional and Marac feedback was not shared at all, or not promptly, with agencies. In line with similar challenges at a multi-agency level, wariness towards disclosing information due to confidentiality concerns impeded information sharing for some professionals. Additionally, in some areas not all agencies had access to the case management system, which prevented them from receiving vital updates between meetings.

"They'll send the information in, but it's not always clear, or there's a load of information you then have to pick through. Or sometimes it'll be like, oh, you know, like, not aware or no cases or something. And then it's like, oh, no, actually, it turns out that, no, they should have cases or there should be aware."
(Professional, police)

Others felt that Marac meetings were not outcome-focused and were used only as a platform to share information. Particularly in a context where many professionals have discussed concerns around capacity, it is important to ensure the usefulness and efficiency of multiagency meetings.

"I have attended MARAC and feel it is 10 plus people saying what they have done, no one seems to link in or come up with any ideas to protect the person."
(Professional survey respondent)

Poor attendance and the right attendance

Professionals reported instances where key agencies have been missing from Maracs either through poor attendance or not being invited to attend. Agencies which were often cited as missing included mental health, health and education. The availability of expertise from certain agencies at Marac is also challenged when their representative regularly changes. When agencies are absent despite the submission of information onto case management systems (CMS), other attendees are unable to ask questions, follow up on missing information, or comprehensively action plan. This impacts negatively on delivering an appropriate risk-led response.

"It really does matter. Because we're trying to move on the strategies that we've got in place right across our partner agencies. It does matter when you've got missing people."
(Professional, education)

Referral criteria

Marac among other multi agency meetings were seen as important for understanding which services and agencies should be referred to. Findings from the survey indicate that over three quarters (77%) of professionals said they are aware of referral pathways to services if they suspect their client is a victim and 71% said they found referring victims easy or very easy. Referring specifically to Marac, around two thirds (62%) of professionals said they feel confident. Many professionals reported that the referral processes appeared to be well understood. There was also support from other practitioners in making referrals. On the other hand, evidence from interviews and case audits suggest that referral pathways are not always clear - often where there is a lack of knowledge of services or a clear procedure.

"I think we get referrals through. I do not think the referrals are always appropriate and I think what happens is because we have got lots of different services within the [place] hub I think sometimes we can be seen as a 'we'll refer it to Shelter even if it is not appropriate.'"
(Professional, Housing)

Across interviews, professionals discussed challenges with both too few and too many referrals into Marac. The reasons for this will vary across areas. However, our research indicates that low Marac referrals can be due to professionals not being appropriately trained as well as unclear referral pathways. This can lead to missed opportunities to thoroughly investigate cases and escalate them into Marac. Marac agencies were also at times perceived as risk averse and lacking understanding of the role of Marac. This suggested a strong need for ongoing training on risk-led approaches and Marac procedures for professionals as well as ensuring there are multi-agency pathways for all risk levels. One professional described their Marac as being overloaded with Marac referrals from professionals who were not appropriately trained in risk criteria. When information is being submitted unselectively, space for discussion within the meeting is reduced and impacts the ability of the representatives to action plan.

"I think the triage process for cases referred to MARAC should be more robust- a clear understanding of why something is bought to MARAC for discussion, as I do not believe all cases discussed meet threshold or require MARAC intervention."
(Professional survey respondent)

In areas with very high Marac caseloads, professionals explained that when there is a limited offer for medium risk victims this can lead to all cases being referred into Marac there is nowhere else for them to go.

"I think they're really scared. I think… there's been that… working in isolation, … they're getting all these referrals in – they're speaking to these people on the phone, in isolation, and they've gone "Oh! Oh, my God! I don't know what to do with it… Marac!"
(Professional, domestic abuse service)

Management and culture

Several professionals reflected on a concerning sense of apathy amongst some representatives at Marac. Whether that be evidenced through a lack of professional curiosity and challenge within discussions at Marac having to chase certain agencies to fulfil their obligations, professionals recognised the impact of this lack of investment on victims and other vulnerable individuals.

"Trying to chase agencies. That's ridiculous. And, you know, it's – and what ultimately they are doing is taking away time from- from front line staff who should be there supporting victims."
(Professional, domestic abuse service)

In one area, the chair was having significant negative influence on the culture of the Marac and the wellbeing of its attendees. In this Marac, the chair was credited as creating a culture of fear through berating attendees for not closely following processes and exhibiting a concerning attitude towards clients with mental health vulnerabilities. This inhibits professionals referring into Marac and stifles any confidence to challenge.

"It actually will put people off referring into Marac because of the level of criticism they get, and then the way that staff are treated when they're presenting a Marac referral from the Trust."
(Professional, Health)

Strategic responses

Good practice

Partnership working

Productive partnership working at a strategic level is important to ensure domestic abuse remains a priority. Productive partnership working was regarded as important to having an oversight of an area's response to domestic abuse at a strategic level. Professionals working effectively in partnership reported holding longstanding relationships at a strategic and operational level and making space for agencies to come together and feel valued at partnership boards.

"I think what works well is that the partners do come together at the different levels. So, right from chief officer strategic level to operational level at the locality."
(Professional, community safety partnership)

"I think a lot of it is network and that understanding how each of our organisations are changing and evolving and you know, there's new staff coming to post and things, knowing who to contact and knowing each other well enough."
(Professional, domestic abuse service)

Prioritisation and engagement

Professionals who were confident in their area's response to domestic abuse at a strategic level shared a perception that domestic abuse was being treated as a priority and that strategic partners were engaged overall. Prioritisation and engagement can be evidenced through a comprehensive area strategy, communication and awareness raising in the community, and direct experience of individual commitment from strategic partners.

"All those actions are very, very clear, that we definitely want this embedded, and we want a clear process and a good process around it, and at quite a senior level as well, which is really reassuring"
(Professional, Children's service)

"There was a really good … conversation that took place where the local authority, everybody was asked to engage in some sort of questionnaire, there was about five hundred young people … and businesses, local people, they just gave a view on all sorts of things. So, I think that is a really good indication that we are wanting to know what's important to people."
(Professional, Children's services)

Survivor voice

The inclusion of survivor voice in service improvement and review is essential and a central component to improving the domestic abuse response. Although professionals were committed to supporting victims and described victims and survivors as being at the heart of the domestic abuse response, professionals indicated that their areas could do more to include authentic voice in decision making. One professional we interviewed reflected that sometimes strategic leads in the area do not provide enough time and resource for consulting with survivors:

"We push for the focus groups and probably we could do more … the timeframes are too short, that … they're just, they don't give us… we're at capacity all the time."
(Professional, Domestic Abuse Service)

Areas which carried out effective consultation in the development of their response to domestic abuse also made sure to integrate the authentic voice of the community and of those with lived experience.

> **"… it would be great to hear that authentic voice of people who are living it in terms of you know, what would work better for then.**
>
> (Professional, Community Safety Partnerships)

Gaps in Practice

Funding

A lack of funding for agencies responding to domestic abuse impacted many professionals' capacity to meet demand. Professionals expressed frustrations that funding was not responsive or proportionate to increases in referrals for their agency and some felt as though costing was prioritised over service impact.

"It's the risk that comes with commissioning. You- you inevitably will get people …who say, 'oh we can do that cheap as chips' and that's exactly what they do. They deliver something that is cheap as chips. So, I think that- that's part of something we need to be just mindful of in [area], that there are a lot of knowledgeable areas of expertise, people who are delivering really good work, and being able to protect that in some way."
(Professional, housing)

Structures

Effective partnership working is impeded in some areas by management structures at the strategic level that are confusing and difficult to navigate. This results in a lack of clarity for some professionals about who is responsible for different aspects of an area's response.

"I don't think that we've even properly understood between children and families and public health what the different roles are. And and and that, I think that, well I don't think, I know that that has caused some difficulties over the last few months, if I'm honest, about who's doing what."
(Professional, Health)

"I think it's just confusing in terms of who's... at a strategic level, who's reporting to who and who's taking the, the, the lead and ownership. So, it's... yeah, I think that is still a very confusing picture."
(Professional, domestic abuse service)

Data collection

Whilst professionals recognise the importance of data collection, those working at a strategic level reflected on challenges engaging services when collecting and aggregating data to inform their understanding of domestic abuse in their area. In particular, professionals discussed the importance of presenting data accessibly in order to make the implementation of interventions actionable.

"I think there's huge amounts of data and information collected in [system]; I don't think much of that is useful to us in terms of telling us the story. It might be useful in terms of managing a contract. But I don't think it's useful more widely in terms of, you know, the kind of stuff that you need for needs assessment and developing strategies."
(Professional, health)

Effective and inclusive data collection provides opportunities for informed intervention including capturing unheard voices. However, poor data collection, management and analysis can waste resources and misinform policy and practice development. Some professionals spoke about chasing agencies to respond to requests for information and receiving a differential level of data across the area. Different agencies have different frameworks for data collection and subsequently possess information that is difficult to compare.

"It should go across the picture across all the districts in the county, very patchy, I have to send reminders every now and again to get people t-to to actually populate it. So that's been happening."
(Professional, housing)

When data is being collected and presented heterogeneously by different agencies, professionals at the strategic level experience real difficulty reaching an accurate and evidenced understanding of the whole picture.

"we're not all talking to each other in the same language around data. We're not all collating the same information in the same way, we're not actually even evaluating the same issues."
(Professional, children's services)

Domestic abuse training

Good practice

Widespread delivery
Surveyed professionals indicated a strong level of professional understanding of domestic abuse with 86% reporting a good understanding of domestic abuse and 86% feeling confident recognising the signs of abuse. Training was effectively delivered when it focused on and mandated domestic abuse awareness and risk assessment. In addition, agencies in which training was mandatory also had systems in place to monitor the progress and completion of different courses by staff. To allow for learning to be sustained, some professionals also had the opportunity to complete refresher training periodically.

"They do e-learning as a new starter, and then they have refresher training on a three yearly basis. And all of that compliance is tracked and monitored through our learning and development team"
(Professional, housing)

Most professionals had received training on child (79%) and adult (65%) safeguarding and domestic abuse of adults (65%) and children (56%) within the last two years. An agency breakdown shows Probation is the most consistently trained agency – 100% had trained in child safeguarding, and 95% in domestic abuse of adults, though it is important to note that this agency represented just 3% (n=39) of the total respondents surveyed.

Engaging and informative content
Whether held online or in person, training was reported as being effective when it was engaging and informative. Despite feeling equipped prior to training, one professional praised the course they attended for illuminating gaps in their agency's practice:

"We all did the training … two years ago and it really shifted all of our thinking. And we thought we were domestic abuse informed and all of a sudden you're like [gasps] oh my god, you know. Actually, how destructive have we been without even meaning to be destructive?"
(Professional, 'other' agency)

Professionals recognised that effective training was current and evolving, responding to changing understandings of domestic abuse and introducing new concepts and language. Professionals praised training that used lived experience to dispel common myths about domestic abuse, and that engaged trainees through multi-media.

"I always welcome the opportunity for my teams to learn more about domestic abuse. It's a constantly evolving situation. We're using language now that we weren't using five years ago. If you know, coercion and control wasn't really in the wasn't really in the organisation or, you know, language widely five years ago, and now it's something we're talking about in much more, much more detail."
(Professional, police)

In some areas, professionals reported that training is developed with the local area in mind, responding to increased prevalence in certain communities, evolving understandings of domestic abuse or identified failures.

"We have focused more recently as well on older people services cos we've had issues with- with older people and domestic abuse, male victims as well as being the other aspect that we have included more so in our information"
(Professional, 'other' agency)

86%

of professionals reported feeling confident recognising the signs of abuse

Gaps in Practice

Limited delivery

Training should be mandatory with systems put in place to monitor completion, though this is not always the case. Professionals discussed the limited delivery of DASH (Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment) training, which is not universally mandatory across all agencies, and spoke of its impact on accurate risk assessment and victim experience. Without adequate training in assessing risk, professionals can either feel reluctant to complete the assessments or will complete it insufficiently. In either case, victims and survivors have to repeat these assessments, causing unnecessary distress.

"It's about re-traumatisation. We were saying tell us the story again, because we're not really sure. We need to quality assure what your nurse has told us"
(Professional, health)

Whilst agencies are generally well trained in domestic abuse, there are clear gaps and areas for improvement. A number of professionals expressed criticism that they had not received training around supporting children and addressing those using harm.

With regard to children, professionals felt they would benefit from further learning both around the impact of domestic abuse on children as victims in their own right, and around children beginning to use harm. With regards to those using harm, one professional remarked that they were yet to receive training on rehabilitation and the success of new innovative initiatives.

"It covers perpetrators in so much as their relevance to the victim's safety, what it doesn't cover is their rehabilitation or the value of the new drive initiatives etcetera. I think that's a very much new and evolving area of practice nationally. I would be quite interested to see whether all this money that's being poured into drive is going to make a difference."
(Professional, 'other' agency)

Funding and capacity

Due to increasing demands on agencies, it is becoming more difficult to secure protected time for staff to attend courses.

"Unfortunately, the Commissioners are… I think they see that, and they say, "Right, we need to train everybody, but we want it free" – they don't want to pay for it. And it is all down to money, but actually you need to pay a service such as yourselves, that deliver that good quality, correct training – not somebody to make something up, just to… to 'do it' ...you know."
(Professional, domestic abuse service)

When accounting for gaps in training content and delivery, some professionals discussed the impact of limited funding on both the training offered and the capacity of professionals to attend. There was a perception from some professionals interviewed that commissioners in their area prioritise value-for-money over the quality of training.

Responses for those using harm

Good practice

Positive outcomes

Professionals reported that effective risk-led responses for those using harm involve action-focused multi-agency discussions, swift safeguarding actions from police, and tailored support. Around two thirds (65%) of professionals who had worked with those who harm felt that it was easy or very easy to share information with other agencies.

"So, it's getting better, of late, in that the police are much better in making attempts to arrest; there are bail conditions in place; they're presenting information to the CPS quickly, so that they are charging those bail conditions. Or where the CPS don't agree a bail, DVPOs are being used where possible, which is really good."
(Professional, Children's services)

In areas with programmes for people causing harm, they were viewed as having positive outcomes and professionals highlighted their importance. Where engagement with behaviour change programmes is sustained, positive outcomes for the whole family were noted.

"Then the feedback from the offenders is just amazing how much it's positive. They come on it and they're very resistant, 'I shouldn't be here, I'm not an abuser, you know, I've not hit my wife, I've only done this', and then you see the change throughout and the realisation and the feedback"
(Professional, perpetrator service)

Positive outcomes from responses for those using harm discussed in the interviews related to course feedback, disrupting cycles of offending, and personal development. Professionals working with those using harm discussed how much their clients valued the interventions, how they recognised that it changed their thought patterns, and that for some, they have been able to establish stability in their lives.

"We moved him because he lived so close to the victim. We actually moved him into another property so that he would have absolutely no need to go past her address or, see her in the shop, you know, to really embed the work that they were doing, and to be honest with you, he was great, he went to counselling, he went to an alcohol service. The organisation supported him back in, he didn't lose his job and he's doing really, really well. And like I say, that was the catalyst for me."
(Professional, Housing)

Engagement

Professionals discussed engagement from other professionals as being essential to good practice. This included wider agencies, such as the police, as well as the willingness and commitment of practitioners within perpetrator services themselves.

"We've got over six hundred referrals in that year, so yeah, [police force area] are really onboard with it, which makes a huge difference."
(Professional, perpetrator service)

The importance of engagement with those that harm was also acknowledged as essential by many. One professional spoke about positive engagement from peer influence within groups:

"Our live groups … are the epitome of what you would think of as a therapeutic group. So, they do the material, and they do the accountability stuff but, as a challenging group to each other … they are at the apex, they are what I would say is the ideal group."
(Professional, perpetrator service)

Gaps in Practice

Professional awareness and uncertainty
Professionals identified the response to those who harm as a key area for improvement across areas. Just 45% of survey respondents had worked with clients that were perpetrators of domestic abuse compared to 77% who had worked with victims. When asked what they would do if they identified a client was perpetrating abuse professionals appear to take fewer actions than when they suspect a client is a victim. Just over a third (37%) would discuss their concerns with the individual, compared to 85% with suspected victims. Of those who told us that they would not know what to do, over half had received no training on those who harm. Overall, only 38% of the total respondents had received any training on those who harm with the lowest proportion of those trained working in adult social care, housing and mental health.

Many professionals reflected this uncertainty about how to respond to those causing harm. A few professionals discussed challenges in the identification of those using harm. In health settings for example, one professional expressed concern that professionals may easily misidentify instances of violence as unrelated to domestic abuse. Others reflect on inadequacies in their data systems which are used to flag suspected victims but not suspected use of harm.

"One thing which is a bug bear of mine [name], like going back to system in GPs, that we never record that somebody is a suspected perpetrator of domestic abuse on their records."
(Professional, CCG)

Some professionals highlighted cultural issues where responsibility is placed on victims and there is a lack of attention paid to the behaviour of those who harm. Professionals expressed their frustration that the same individuals who use harm are identified as moving through different families when using harmful behaviours.

'Needs to be more focus on the perpetrator – far too much focus on the victim and the victim having to do things, rather than holding perpetrator accountable for their actions.'
(Professional survey respondent)

"But there's not a lot for perpetrators if I'm honest, if anything. And I think that's kind of always been a difficulty for me … we can see repeat offenders come into the daily risk meeting; you're involved with different families"
(Professional, children's services)

Gaps in police responses to those using harm typically centred around a lack of understanding of the needs of those using harm. For example, professionals reflected that police tend to not take mental health vulnerabilities into account when dealing with those using harm, or do not consider suitability when referring to support programmes at times.

"We had one that was, she was clearly a victim, that got fed back, you know, 'Is this person actually suitable? Well, she has committed a domestic abuse offense, so technically yes, she is suitable for this course"
(Professional, perpetrator service)

"Sometimes when you've got the police when you get arrested for this, the police they don't seem to know, focus on the mental health or supporting the person, they're just focusing on getting the numbers, the arresting someone."
(Professional, domestic abuse service)

Limited or no services
There is limited provision for those causing harm and professionals often have nowhere to refer people. In some areas there was simply no support services available, beyond a lack of specialist support for those using harm presenting with additional needs. Of those who had worked with those causing harm the most common needs identified were mental health (86%), drugs and alcohol (81%) and the wellbeing of their children (65%). The necessity of more programmes, and programmes that address or include those with additional needs, were acknowledged by professionals.

'I would [sic] to see a bigger 'investment' […] to address perpetrator behaviour, particularly, in regard to expanding access to perpetrator support programmes and facilitator training and development so, specialist intervention can be provided to larger number of perpetrators.'
(Professional survey respondent)

Additionally, one professional interviewed reported limited interventions for those using harm from racially and culturally minoritised groups. They posited that certain cultural understandings of family structure could benefit from specialist support.

"Even though I haven't got much knowledge, but I think there definitely needs to be perpetrator programmes rolled out for BAME men, because of the different cultures, because of the different cultures, and you know the beliefs."
(Professional, domestic abuse service)

Barriers to engagement

Survey data showed that professionals who had worked with those that harm were aware of many additional needs, with only 3% of professionals not being able to identify at least one area of life in which clients needed support. Professionals acknowledged poor mental health, substance misuse and housing issues among others as potential barriers to engagement, though some commented on minimisation from those who harm and the use of additional needs as explanations for abusive behaviour.

'The perpetrator does not recognise that is what they are and minimises the situation or assigns the abuse to another issue, their mental health for example'
(Professional survey respondent)

In areas with programmes, they are facing barriers to engagement with those causing harm not always recognising their behaviour as abusive. In fact, a number of professionals mentioned a challenge of working with those who cause harm was the service users' relationship with those who provide support. Some of these discussions were around establishing a relationship of trust that was non-judgemental and providing a safe space while encouraging the service user to acknowledge their problems with their behaviour and accept support. There was some professional uncertainty over work with those that use harm which referenced a lack of training and confidence, referral processes and how to prioritise needs and the bounds of responsibility for those who do not work directly with those that harm.

'Finding a service that fully meets the needs while trying to assure that all parties remain safe from harm'
(Professional survey respondent)

Prevention

While very few professionals mentioned programmes in their area, many commented on there being little provision for prevention or early intervention.

"I think I would have lots of adverts around about services that are available to perpetrators of domestic violence. Because you see lots of things on the backs of toilet doors, if you are a victim of this, but very rarely or not at all do you see, if you're a perpetrator of this, here's a confidential phone number you can ring. Or at least get the ball rolling if you want to change how you are."
(Professional, 'other' agency)

Professionals discussed ideas for development in this area both for children and young people who are showing early signs of harmful behaviours, and awareness raising in the community for anyone who may be concerned about their own behaviour to access support. Others noted the power of prevention to break inter-generational and repeat abuse.

"So, it's no wonder we've got these teenagers who are ...you know... perpetrating violence and abuse, because actually it's what they've witnessed – it's a learnt behaviour that they've seen – so, what are we doing to support that in them early years, as well?"
(Professional, health)

Engaging with Those who Harm

To end domestic abuse for good, systems must understand those who harm to implement effective prevention and provide support for people to stop harming. There is limited research about the perspectives of those who harm, both those who have engaged with behaviour change programmes, and especially for those who have not engaged with support services. The survey and interview data presented here represent small sample sizes, nevertheless, the collection of this perspective is necessary for looking at the whole system response to domestic abuse.

We asked those using harmful behaviours about their experiences of support services through surveys and interviews. The results showed a range of positive and negative experiences and indicated clear areas for improvement.

The key findings are:

- ✔ Those who harm often do not recognise their abusive behaviour and this is a common barrier to engagement and change.
- ✔ Many people were motivated to address their harmful behaviours in order to maintain relationships with their children.
- ✔ Participants who had accessed support were generally positive about the service and their behaviour outcomes.
- ✔ Though it does not reduce responsibility for harmful behaviours, many people who have used harm needed additional support with their mental health and drugs or alcohol.
- ✔ Those who harm felt barriers to support included a lack of understanding of healthy relationships and a lack of information about available services.

> **Getting them to engage in interventions. Getting them to recognise the issues to their behaviour.**
>
> (Professional)

Methodology

Surveys

Due to the lack of data from those who harm, additional evidence has been drawn from surveys and interviews with professionals and survivors to use as a foundation for these findings. In both surveys and interviews, professionals and survivors were asked about those who harm, regarding the ease of access to services, the positive and negative experiences of these services, and any barriers to accessing them. Where relevant, this information has been used to support the findings here.

Surveys with those who harm were conducted in six local authority areas in England between July 2021 and January 2022. At time of reporting (June 2022), across these areas, a total of 24 individuals who have used, or are using harmful behaviours responded.

The survey asks those who harm about their experiences with services including their awareness and acceptance of harming behaviours, their support needs, and barriers to accessing support.

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individuals who have used, or are using harmful behaviours responded to the survey

Who responded?

Whilst a range of age groups responded to the survey, the largest group of respondents were 31–50 years (n=17) of age. Four respondents were aged 20–25 and three were 51–65 years. The age groups 18–19 years, and 66+ were significantly underrepresented, and absent from the survey.

It is important to acknowledge the voices that have not been captured through the survey and to recognise that, due to our limited data, the voices here cannot be representative of all of those who harm in the United Kingdom.

Almost all respondents (n=22) were white, while one identified as Asian or Asian British, and one preferred not to say. Female respondents were underrepresented in the survey, with 22 of the respondents describing themselves as male and only one describing themselves as female. One respondent preferred not to say. The majority of the respondents described themselves as heterosexual/'straight' (n=22), while one said they were gay or lesbian and one preferred not to say.

Interviews

Interview data has been drawn from two separate interviews with individuals who have used harmful behaviours in an area in England. The length of the interviews was approximately 40 minutes.

See Appendix 1 for more information about the analysis of surveys and interviews.

The Findings

The following sections outline the key findings from the research conducted with those who harm. It is organised into sections; awareness and acceptance of harming behaviours, support needs, barriers to accessing support, and experiences of support (positive and negative).

Awareness of behaviour and motivation to change

Survey respondents and interview participants were asked about their motivations to address their behaviour. The most common response to the survey was wanting to repair and maintain relationships with family and friends. Within this theme, contact with children came through strongly. This respondent recognised the harm that they caused and wanted to repair their family relationships:

"Fed up of doing the same cycle over and over and over again. i was fed up of making me, and most importantly, my (ex) partner and her daughter miserable. Something had to change. it is not acceptable."
(Those who harm survey respondent)

Other participants told us they had been made aware their behaviour was abusive through court processes and that engagement with behaviour change had been court mandated.

"We ended up at a fact finding, which said that… basically, we went through like, basically, our arguments, and all the aspects in relation to the nature of our relationship. And it was determined that obviously I'd handled a lot of situations in the wrong manner, and caused some emotional abuse to my ex-wife."
(Interview with someone who has used harm)

Evidence from interviews with professionals indicates that a lack of awareness of abusive behaviour often demotivates those who harm to address and change their behaviours.

"The vast majority of perpetrators that contact our service do not see themselves as such." (Professional, 'other' agency)

Support needs

As identified by professionals who had worked with those who harm, survey respondents told us that they needed support with their mental health, specifically, emotional support (n=16). They also told us they needed help with anger management (n=15), this is reflected by the qualitative data. Multiple respondents emphasised the value of earlier help:

"When I was with my ex partner I didn't know exactly what I needed, however if I'd been able to access anger management courses at an earlier date that would have benefited me, and may well have led to other needs to be addressed and support sought."
(Those who harm survey respondent)

Further evidence from surveys and interviews with professionals emphasised that mental health support for those who harm is limited, and that there is a need for more widespread and easily accessible mental health services. Consultation with professionals both via the survey and professional interviews identified the top two areas of need when working with those who harm as mental health (86%) and drugs or alcohol (81%):

Barriers to accessing support

"Quite often alcohol will be an underpinning factor or drug use and mental health, those are the three that come to mind that underpin a lot of the behaviours and quite often there's a need to address those as well as the actual domestic violence offending behaviour. Because there are underlying triggers."
(Professional, Probation)

Although professionals felt that additional needs needed to be addressed when working with those that harm, it was important not to use additional needs as explanations for abusive behaviour or to minimise responsibility.

> **…lots always have past childhood traumas or alcohol issues currently or drugs, a lot of mental health, chaotic, very chaotic lives.**
>
> (Professional, Perpetrator service)

We asked participants about the barriers to accessing support for their harmful behaviours. One participant spoke about how their limited understanding of domestic abuse was a barrier to identifying their behaviours as abusive.

"My… my understanding of domestic abuse, I suppose, was more… I don't know, I would say it was more physical."
(Interview with someone who has used harm)

Furthermore, another participant highlighted their understanding of gender roles and family units as a barrier to awareness of harming behaviours.

"My sort of upbringing and beliefs that I held of what a family unit and what the roles played was potentially another"
(Interview with someone who has used harm)

This quote supports existing evidence that educational work on gender-based violence is an essential component of preventing harm.

Evidence from professional interviews and surveys also supports some of these findings and further identifies other issues. When asked the question, 'When you have identified someone that uses abusive behaviours, what do you usually find to be the biggest challenge in ensuring they get the support they need to change?', a third (33%) of survey respondents said, 'recognising their behaviour', 23% said 'lack of services', and 17% said 'engagement'.

Professionals said that lack of services and the struggle to recognise behaviour were major barriers for those who harm in accessing support.

"it's a voluntary package, which really means that people who really want to change will volunteer, but if you're… if you feel that you've done nothing wrong, and you think your behaviour is acceptable, to yourself, you will continue to perpetrate. So, I think that's a challenge for us, as an alliance, of how we start to tackle those behaviours, but also mandate that training that's required to kind of change that behaviour."
(Professional, council)

Interviews with survivors further supports pre-existing evidence that an inability for those who harm to recognise their behaviours as abusive was a significant barrier to accessing support.

"Of course he won't. He would never, d'you know why? Because he doesn't believe he's in the wrong. He thinks it's, he is the victim in everything. It doesn't matter what he does. He's so deluded."
(Survivor E)

Some professionals spoke about the need for perpetrator programmes designed for individuals from minority ethnic groups and identified how cultural differences often create barriers for those who harm needing to access support.

"I mean the culture difference as well, like, some, like in African culture when you've been abused you don't go because you have to stay with your partner, but if your partner wants support as well they're not going to go and get the support, they're going to feel like they're going to be judged as well, or they're going to be arrested. So it just depends."
(Professional, domestic abuse service)

Experiences of support

Positive experiences

Of the 24 survey respondents, the most common type of support accessed was a voluntary behaviour change programme (n=11) which accounted for 46% of respondents. Three survey respondents (13%) were receiving support through a court mandated programme. A further eight people (33%) had accessed anger management support. There were four people (17%) who had not received any type of support.

Across the survey and interviews, participants spoke positively about the support they received and emphasised the need for it to be more widely available and accessible.

Both interview participants had mostly positive experiences of behaviour change programmes including consistent communication from the service, mental health support and ongoing support. This participant spoke about being able to reach out to the programme after completion:

"I can reach back out to [Behaviour change programme] for support – it's not like a 'your support finishes, and that's it' ...you know... it's… your support is there for when you need it, which I think is really excellent."
(Interview with someone who has used harm)

Others highlighted the positive outcomes of behaviour change programmes including increased self-awareness and more effective emotional regulation.

"It has taught me what impact my behaviour on others [sic], and techniques to cope with situations that would normally "trigger" me. These techniques have been invaluable during the transition away from abusive behaviour. For example, I now understand the physiological and psychological changes that are associated with my anger, and how a simple breathing exercise can alleviate both of these."
(Those who harm survey respondent)

Negative experiences

On the other hand, there were also some negative comments about support from those who harm. Participants often preferred face-to-face support to online delivery. For example, one participant felt uncomfortable in an online group session:

"I did have a couple of reservations […] because you do it in a… well, in a Teams meeting, but there's like yourself and […] 3 or 4 other blokes along the bottom of the screen."
(Interview with someone who has used harm)

Comments from survivors in both interviews and surveys offered more information about negative experiences of services. When asked how they felt that the help or support offered had affected the person using harmful behaviours, survivors said that they often experienced no change in the behaviour of the person causing harm.

"But it hasn't helped. No change."
(Survivor survey respondent)

Survivors also said that there were long waiting times for services and a lack of follow-up to ensure that those causing harm were accessing the services provided.

"She was referred to some mental health thing, we had to phone our GP and sort of follow that up. She was given a crisis hotline number. But I'm not sure if she ever called it or if anything ever came of that. Regarding the GP referral, they just said that she could join some class, like months later, and then they might refer her on to cognitive behaviour, cognitive behavioural therapy. But again, the waiting list is like six months."
(Survivor F)

What Next?

05

The findings described here were collected in local areas working with SafeLives on steps 1 and 2 of a public health approach. These focus on identifying the issues and gaps in the approach to domestic abuse in local areas and co-creating solutions to strengthen the system-wide response. In the next stages of the work, we will be expanding engagement with different groups and communities and supporting the implementation of recommendations in local areas.

See Appendix 2 for more details of ongoing work.

Data collection

The perspectives of children and young people (CYP) experiencing domestic abuse in their family or intimate relationships needs to be collected at scale. We are expanding surveys and interviews to include CYP and build a more substantial evidence base which will aid local areas in developing specialist service provision. Furthermore, we want to understand the wider public's understanding of domestic abuse and their awareness of available services. We have developed a public survey to collect this data.

We are also undertaking ongoing work to capture more diverse voices and have commissioned a review into the accessibility and inclusivity of the tools used to collect evidence. The findings from this review will be integrated into the future development of this approach to working with the whole family.

Steps 3 & 4: Implementation, intervention and impact

Steps 3 and 4 will build on what has been identified in steps 1 and 2 and will focus on translating local systems review recommendations into a working plan to test and develop responses across risk levels. SafeLives will act as a critical friend to local areas, providing practice expertise to consider protective factors and what is working well, whilst supporting implementation of approaches that will strengthen the response across the system. This could include specific interventions identified in the recommendations, processes and pathways within the system, training or other areas identified from the initial project.

Continuing learning

We are continuing to grow our learning by working with existing and new local partners. As we work with more sites across England and Wales, we are building a better understanding of the national picture of the response to domestic abuse.

For more information about the Public Health Approach or if you are interested in SafeLives reviewing your area's domestic abuse response, then please contact **info@safelives.org.uk**

“Working with SafeLives was a very positive experience and it helped to receive affirmation of where things are working well for us and the approach is the right one. Equally it helped to highlight areas that might benefit from a different approach.” (Professional, Feedback Survey)

Appendix 1 – Analysis

Surveys were developed by SafeLives, reviewed by our Pioneers (experts by experience), and distributed via local authority networks. The data was analysed by SafeLives analysts.

Interview schedules were developed by SafeLives. Interviews were conducted as one-to-one or group sessions online or in person. All participants signed consent forms and were provided with detailed information on how their data would be used. The interviews were recorded and transcribed securely, then coded using a content analysis coding framework relevant to the type of interview. These coding frameworks organise codes into categories. Within these categories there are subcategories and codes which break down the information to a finer degree of detail.

Quotes were selected from interview transcripts and survey responses where permission was provided.

Appendix 2 – Ongoing work

Since the time of reporting, we have started or plan to start work in other areas in addition to those included in this report.

Continuing work in steps 1 and 2, we have already commenced Public Health Approach work in five areas, are starting work with four others and have interest from six additional areas.

For steps 3 and 4, we are supporting areas to implement recommendations that emerged from previous steps. This work involves supporting by-and-for organisations to tailor interventions for children from racially minoritised communities experiencing domestic abuse to better reflect and support their needs. We are continuing conversations with areas included in this report as critical friends.

Endnotes

1 SafeLives, (2023), SafeLives' Public Health Approach: Emerging findings and recommendations: Executive Summary https://safelives.org.uk/sites/default/files/resources/PHA_Executive_Summary.pdf

2 For more information and to access the evaluation of One Front Door go to www.safelives.org.uk/one-front-door

3 SafeLives' piloted whole-family interventions co-created with adult survivors in 'Beacon sites' across Norfolk and West Sussex. Read more in the Practice blog on our website: https://safelives.org.uk/da-response-beacon-sites-blog

4 More information about the Coordinated Community Response (CCR) can be found on the Standing Together website: https://www.standingtogether.org.uk/what-is-ccr

5 The Office for Health Improvement and Disparities defines a trauma-informed approach in more detail here: https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

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14 Imkaan defines "by and for" services as 'specialist services that are designed and delivered by and for the users and communities they aim to serve.' (https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Joint-Briefing-for-Meg-Hillier-MP-Debate-EVAW-Imkaan.pdf)

15 Surviving Economic Abuse, (2020), Statistics on financial and economic abuse: Economic abuse limits women's choices and ability to access safety. https://survivingeconomicabuse.org/wp-content/uploads/2020/11/Statistics-on-economic-abuse_March-2020.pdf

16 Domestic Abuse Commissioner, (2022), A Patchwork of Provision How to meet the needs of victims and survivors across England and Wales https://domesticabusecommissioner.uk/national-mapping-of-domestic-abuse-services/

17 SafeLives, (2022b), …Don't complain" Domestic abuse survivors' experiences of family lawyers. https://safelives.org.uk/sites/default/files/resources/Don%27t_complain-Domestic_abuse_survivors%27_experiences_of_family_lawyers.pdf

18 SafeLives (2018) Safe at Home: Homelessness and domestic abuse. https://safelives.org.uk/spotlight-5-homelessness-and-domestic-abuse

19 SafeLives (2018)

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