

Trapped

How barriers to escaping an abusive relationship should be addressed by policy and practice

Tamar Dinisman and Ania Moroz
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Executive summary

Domestic abuse (DA) is a broad concept incorporating many forms of abuse, including psychological, physical, sexual, economic and emotional. DA also includes controlling and coercive behaviour, stalking and harassment, honour-based abuse, forced marriage and female genital mutilation.¹

The scale of domestic abuse is shocking and extensive: two million adults aged 16 to 59 experienced DA in 2017/18 in England and Wales, an estimated 7.9% of women and 4.2% of men.²

“I was bruised most of the time, I was in pain most of the time and had suicidal thoughts all the time. Well, I tried it a few times, because I’d have rather been dead than carry on in the relationship that I was in. Which isn’t a nice feeling when you’ve got kids and even that couldn’t stop you wanting to kill yourself.”

Lucy

Despite the severe impact of abuse on survivors, in many ways this is still a hidden crime as the majority of incidents are not reported to the police. The latest available estimates from the Crime Survey for England and Wales (CSEW) showed that around four in five survivors (79%) of partner abuse did not report the abuse to the police.³

To assist in the decision-making process on appropriate levels of intervention based on professional assessment, the risk level of each survivor is categorised as either high, medium or standard. However, differences and similarities between these groups in barriers to escaping an abusive relationship have hardly been studied.

This research was designed to explore the barriers experienced by survivors of intimate partner abuse to engagement with services. And to identify differences between those categorised as standard, medium or high risk. This report also makes recommendations for changes in policy and practice to address these barriers.

The research is based on two main sources:

1. In-depth interviews with 34 survivors of DA from all regions in England and Wales
2. An online survey with 196 Victim Support (VS) caseworkers and Independent Domestic Violence Advisors (IDVAs) who work in VS's DA specialist services and multi-crime services.

Barriers to escaping an abusive relationship: Required changes

We identified eight barriers to escaping an abusive relationship. These are the obstacles and difficulties that survivors face before and after they seek help from support services and the police. For each of the barriers, we make recommendations for policy and practice that should be taken by the Government, support services and the criminal justice system (CJS). If implemented, the changes could reduce the barriers and improve survivors' ability to escape abusive relationships.

Barriers to escaping an abusive relationship: Required changes



1. Fear of the perpetrator and retaliation – Ensure survivors are safe

Almost all the survivors who took part in the research described fear of the perpetrator and retaliation as a barrier to escaping an abusive relationship and seeking help. Practitioners also most commonly identified this barrier.

Survivors told us about the horrible intimidation they suffered from the abuser and the intensity of the fear they still feel years after they managed to leave the relationship. Many survivors also shared how terrified they were of the consequences of seeking help or trying to escape and reprisal if the perpetrator found out. The participants mostly talked about this fear in the context of reporting the abuse to the police.

“I guess in that way it’s a big fear, because you’re worried that he’s gonna see you or, you know, like someone tells him, ‘Oh, I saw [survivor’s name] with this lady today!’ So I suppose it’s not the fear of accessing it [support], it’s the fear of everything else around it... I couldn’t just call the police because he said, ‘Oh, you wait...!’”

Tina



Recommendation: Ensure survivors are safe

- Improve risk assessment and safety planning.
- Deal more robustly with the perpetrator through the creation of a new, stronger domestic abuse protection order, a breach of which would be a criminal offence.
- The police should update survivors on developments involving the perpetrator and the progress of their case in a timely, comprehensive and accurate manner.
- Make more services available for survivors to store evidence securely and confidentially.
- The police must gather all necessary evidence to build an evidential case after a report of domestic abuse.
- All survivors, male and female, who require support and protection from a refuge should have access to this service.

2. Controlling abuse and isolation – Break down the control

Nearly all the survivors in the research discussed controlling abuse and isolation. However, a smaller number (9.2%) of practitioners identified these factors as a barrier. This could indicate the hidden nature of this barrier, which makes it harder for practitioners to identify.

Participants discussed several types of controlling behaviour. Partners monitored survivors' personal communications; accompanied survivors to medical appointments and visits to social services; regulated survivors' everyday activities using location tracking apps; and prohibited them from working and earning money. All of these behaviours limited survivors' interactions with other people and prevented them from becoming financially independent. Using a variety of tactics, partners also gradually isolated survivors from family, friends and social networks.

“I know the support is out there but when you're scared, there's going to be another way around trying to get that support without having to do it by email or phone call. Because he read my emails, he had them transferred to his account. He read my messages, he had access to my phone, so it was a bit difficult. He had people looking out for me, spying on me. If you've got a controlling partner it's really hard to get access [to support] because he would have found out.”

Lucy

Recommendation: Break down the control

- Services for survivors need to be flexible in their location and provide a range of ways that survivors can access help when they are being restricted in their movements and their communications are closely monitored.
- The definition of domestic abuse should be broadened to include economic abuse.
- The welfare system needs to effectively provide financial support to women escaping abuse to address financial constraints.
- Guidance and support for families and friends should be easily available. Families and friends need help to understand coercive control and how to discuss concerns about the isolation of a friend or family member.
- The Government should introduce Ask and Act across England (it is already in place in Wales) to increase the identification of DA.
- Health and social services professionals should try to find ways of seeing patients on their own when they suspect they are victims of DA or when a patient has disclosed DA.

3. Lack of awareness of what DA constitutes – High-quality sex and relationship education in schools

Lack of awareness of what DA constitutes was the second most identified barrier by the practitioners. Numerous survivors also described how they did not recognise what was happening to them as abusive behaviour. Some, due to past experiences or sociocultural beliefs, perceived it as normal male behaviour in a relationship. Others felt something was wrong, but did not identify the behaviour as abusive. The findings demonstrate how it was harder for survivors to recognise they were in an abusive relationship when the abuse was not the common depiction of DA, namely physical violence. Furthermore, the findings highlight the challenges faced by younger survivors to realise they are in an abusive relationship.

“I struggled for four years understanding that what was happening to me was abuse. I knew it wasn’t right and that I didn’t like it, but I didn’t know it was anything I could do something about... I went to the caseworker and I told her the full story, everything about what had happened to me. And it was very reassuring to hear that it’s typical abusive behaviour. So that it’s not in my head like he kept saying it was... And not only was it real but that the abuse was no different, you know, the textbook typical. So all the time he had me doubting myself, he was absolutely doing the very textbook thing. And I didn’t know that because I’ve never been a victim of domestic abuse before.”

Charlotte

Recommendation: High-quality sex and relationship education in schools

- High-quality sex and relationship education is essential.
- Personal, social, health and economic (PSHE) education in schools must include recognising the signs and characteristics of unhealthy relationships as well as positive ones.
- Education and PSHE in schools should include information and/or handouts on where pupils affected by DA should turn for advice and support.
- More campaigns are needed to raise awareness about healthy relationships and domestic abuse.

4. Fear of involvement with statutory agencies – Improve training and additional co-locating of IDVA services

This barrier consists of fear of social services’ involvement and distrust in the police. Almost one in five (19.7%) of the practitioners named fear as a barrier to escaping an abusive relationship and engaging with support services. Many survivors shared how they were concerned that if they disclosed the abuse, social services would be brought into the picture and their children taken from them. This possibility prevented them from seeking help and escaping the relationship.

“I ended up [trying to escape] after about two years of putting up with him hitting me... I tried to get away from him and I did call the police, because he was hitting me again. When the police came up, I didn’t want to tell what he’d done. So I have done that twice. I nearly told them but I didn’t want to tell them because I was frightened that they were gonna tell social services because of my kids. I just told them that I wanted him out [of] the house; ‘cause I was too scared to tell them because of social services... I didn’t want social services involved [with] my children because as soon as social services comes up, you think, ‘God, they’re gonna take my kids away from me.’ ‘They’re gonna remove my children, I’m not gonna have my children anymore,’ and that’s the thing that stops a lot of women accessing support.”

Olivia

Another issue we found regarding fear of involvement with statutory agencies is distrust in the police. Survivors shared their distrust and fear of the police. They had several reasons: they were scared of the police; they were worried about not being believed; they had previously had a bad experience; or the police had failed to protect them in the past.

Recommendation: Improve training and additional co-locating of IDVA services

- Social services practitioners should participate in training on DA to develop a better understanding of coercive control, increase their awareness of the ways fear of engaging with social services hinders survivors from escaping, and reflect on prejudices and assumptions around survivors of DA.
- Introduce co-located IDVA services within Multi Agency Safeguarding Hub (MASH) to provide social workers with valuable knowledge that should be considered where DA is suspected.
- All frontline police officers should undertake training on DA delivered by specialists, such as SafeLives’ Domestic Abuse Matters training.
- Increase the number of co-located IDVA services in police stations to ensure survivors receive appropriate support.
- All survivors should have access to support that is independent of statutory services.

5. Lack of information on existing services and how to access them – Increase services’ visibility and collaboration with health services

Several survivors said that they did not know what help was available or how to make the initial contact, particularly when they did not wish to report the abuse to the police. They also told us that if they had been aware of the services available, they might have sought help earlier. They emphasised the need for support services and the help they offer to be more visible.

“The nurse from the hospital got me in contact with Victim Support... But I think Victim Support could be more visible. Because if I know where to go, there is no point for me to wait until something actually happens. If I had got in contact before, maybe some things would not have happened. The earlier, the better. Later, I saw some kind of a leaflet in a building and I thought: ‘Okay, it [Victim Support] is in here.’”

Kimberly

Survivors often rely on professionals to provide them with information on support available and how to seek help. Health professionals play a key role, as they can often meet survivors in a safe and confidential setting. However, many survivors who took part in the research were disappointed by the information and treatment provided by GPs when they disclosed abuse.

Recommendation: Increase services’ visibility and collaboration with health services

- Services for survivors should seek opportunities to market the local services available and how to access them.
- GPs and other health clinicians should be encouraged to enquire about DA and be provided with training on the appropriate response and referral pathways.
- The number of IDVAs in health settings should be increased across England and Wales to ensure the early identification of, and provision of support to, survivors of domestic abuse.

6. Emotional manipulation – Increase education and awareness of the many faces of DA

Survivors shared how a variety of negative self-directed emotions such as self-blame, shame and low self-esteem had an effect on their ability to escape the relationship and ask for help. The participants told us how they had blamed themselves for the abuse and felt ashamed. These feelings are in many ways the result of the emotional abuse by the abuser. Survivors also described how reporting emotional or psychological abuse can be more difficult than reporting physical abuse.

“You’ve got no self-esteem, you think it’s you that’s done it. Is it you that’s upset the situation? Is it your fault? Like, I’d been told for 27 years everything was my fault.”

Louise

Recommendation: Increase education and awareness of the many faces of DA

- Increase education and awareness in society of emotional and psychological abuse by reflecting the variety of ways survivors are abused, for example on TV programmes, so that society can better recognise and call out abusive relationships.
- Improve police understanding and recording of emotional and psychological abuse. Frontline police officers should receive better training on the full range of DA behaviour, including emotional and psychological abuse. This will improve reports of emotional and psychological abuse and make them more robust. It will also increase police officers’ ability to assess the level of risk to survivors.

7. Pressure from the community and minority status – Ensure all survivors have access to services and safety regardless of their life experiences, identities, backgrounds or migrant status

This barrier reflects the additional difficulties experienced by survivors in minority communities in escaping abusive relationships. Survivors described the pressure they experienced from their communities to stay quiet and not seek help, in particular about reporting the abuse to the police.

Migrant women who have come to live with their partners in the UK have other unique barriers. Survivors told us about concerns related to immigration status and the risk of deportation that prevented them from engaging with the police and the legal system. Perpetrators also exploit their victim's immigration status and fears about seeking support from the police, by using threats of deportation and deceptive information to maintain control. Furthermore, survivors acknowledged that limited ability to speak English was also a barrier to reporting abuse and seeking help.

“He [the police officer] came back and told me that [this] is rape and in the UK this is [a] very serious crime. That’s when I really realised how bad it was, because I didn’t know even that I have my rights, because my husband always told me because I was a foreigner... he always made me think that I didn’t have proper rights in this country. That was one of the reasons that I never went to the police before.”

Lydia

Recommendation: Ensure all survivors have access to services and safety regardless of their life experiences, identities, backgrounds or migrant status

- The Government should ensure that all survivors can access support services regardless of their immigration status or background.
- Design services so that they are tailored to the needs of everyone, including those facing additional barriers because of their background, immigration status or limited English language skills.
- DA services should reflect the communities in which they operate – staff should be recruited from a variety of cultures and backgrounds and support should be available in a variety of languages.
- Information on DA services, how to access them and the rights of migrant survivors should be available in different languages.

8. Challenges in contacting survivors – Improve information provided by the police

DA survivors are entitled to an enhanced service from service providers under the Code of Practice for Victims of Crime (the Victims Code). The Code places an obligation on the police to pass on details to support services, subject to the victim's consent. Nevertheless, this report highlights that the police do not always meet its obligations to survivors under the Victims Code. The police do not refer all cases and, when they do, may provide insufficient or incorrect information to support services.

Furthermore, to ensure the survivor's safety, support services should leave no trace of contact attempts. This poses another challenge if survivors cannot be contacted on the number they gave to the police.

“They [the police] were supposed to refer me to Victim Support and they didn’t. It was actually the [name of a charity] that referred me when I went through all the investigation and everything. Then they actually referred me. I went three to four months without anything at all.”

Amy

Recommendation: Improve information provided by the police

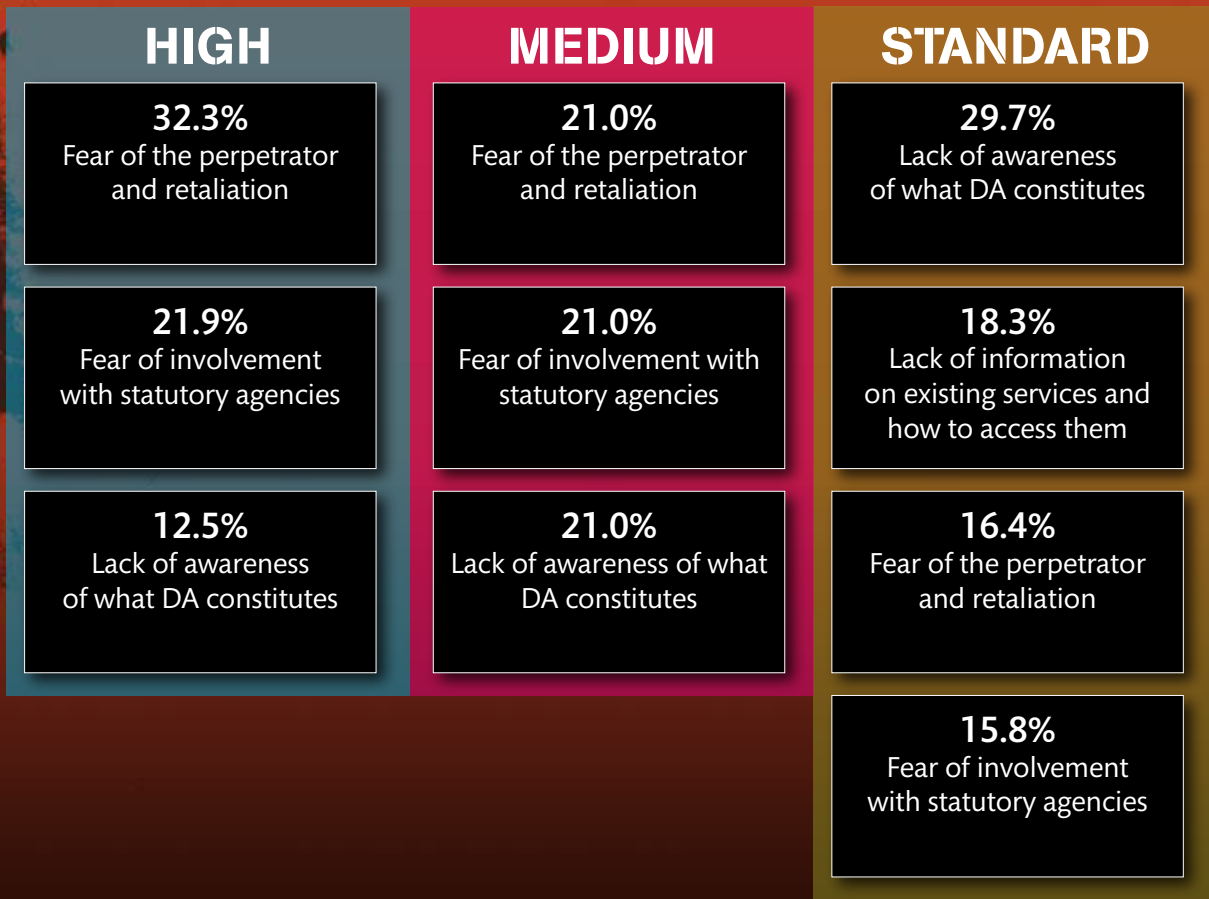
- The Victims Code must be monitored and enforced to ensure that all survivors who would give consent are automatically referred to support services.
- The police should make every effort to improve contact information received from the survivor when an incident is reported. Complete and reliable information should be forwarded to support services.
- When appropriate, the police should share information on available services with survivors to facilitate their ability to make direct contact with support services.

Are there different barriers for different risk levels?

The findings suggest that survivors classified as high or medium risk have very similar barriers. DA practitioners identified fear of the perpetrator and retaliation and fear of involvement with statutory agencies as two major barriers for survivors who are classified as high or medium risk. However, while lack of awareness of what DA constitutes is also common in survivors classified as medium risk, it is considered less widespread for those classified as high risk.

Survivors who are classified as standard risk face somewhat different barriers. The most common barrier practitioners identified was lack of awareness of what DA constitutes, followed by lack of information on existing services and how to access them. Both barriers were much less prevalent for survivors classified as high or medium risk.

The most common barriers to escaping an abusive relationship and seeking help by risk-level



These findings emphasise the unique and distinctive needs of survivors classified as standard risk. While the 2005 introduction of IDVAs has made a major contribution to the support and safety of those categorised as high risk, policy makers and commissioning bodies pay much less attention to those categorised as standard and medium risk.⁴ More research on the different needs and experiences of survivors at different risk levels is required to inform service providers, commissioning bodies and policy makers on support and provision gaps. Commissioning bodies, including local authorities and PCCs, should also ensure that services adequately support those who are classified as medium or standard risk, and that they provide wide-ranging and high-quality services for all survivors and families.

“You know what, I came to the conclusion that unless my child was raped, or unless he [the partner] was threatening to kill me, then they won’t intervene.”

Esther

Recommendation: Better attention to the needs of survivors classified as medium and standard risk

- Commissioning bodies should make available a wide provision of services to address the unique needs of survivors classified as medium or standard risk.
- Use a whole-family approach to domestic abuse. This means that the identification of and response to the survivor and other family members are embedded in the day-to-day practice of statutory agencies.
- More research is needed to better understand differences or similarities between survivors who are classified as different risk levels and to inform appropriate support and gaps in provision.

This report shows how policy and services are not only failing to support survivors' ability to escape, but in many ways are accountable for the challenges that survivors face. As it is rarely one barrier that stops survivors from escaping, but the combined and cumulative effect of multiple barriers, one change alone would not ease all issues. Statutory and non-statutory agencies – including the police, commissioning bodies, health professionals, social services and DA services – should make efforts to improve their response to domestic abuse.





Introduction

Domestic abuse (DA) is a well-recognised public issue that affects an enormous number of people from all walks of life. In 2017/18, two million adults aged 16 to 59 experienced DA and approximately 17.4% of adults aged 16 to 59 years had experienced some form of partner abuse since the age of 16 years.⁵ While men do experience abuse, the vast majority of survivors are women who have been abused by their male partner, as illustrated by CJS statistics for DA-related prosecutions showing that 92% of defendants were men⁶ and 83% of survivors were women.⁷

DA is a broad concept incorporating many forms of abuse, defined by the Government as “any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. It can encompass, but is not limited to, the following types of abuse: psychological; physical; sexual; financial; emotional”.⁸ DA includes controlling and coercive behaviour (which is discussed in detail later in this report), stalking and harassment, honour-based abuse, forced marriage and female genital mutilation. While DA includes abuse by intimate partners and family members, this report focuses on intimate partner abuse.

The effect of DA on the wellbeing and everyday lives of survivors is significant and wide ranging. As well as physical injuries, survivors often suffer physical and psychological consequences that persist long after the abuse has ended. Survivors of DA are at higher risk of depression, post-traumatic stress disorder, anxiety, eating disorders, sleep disturbances and substance abuse.^{9,10,11} The abuse often has adverse implications for the financial situation of survivors, either as part of economic abuse or as a consequence of the survivor's physical and mental condition and can continue after separation from the abuser. Survivors may be left with debts in their name, no money for basic essentials, and no access to their own bank account or an independent income.¹² The abuse can also affect survivors' ability to work. They can be at risk of losing their jobs due to perpetrator sabotage, a poor absence record or because they have had to move away as a result of the abuse.¹³ The effect of the abuse goes beyond the immediate survivor and has devastating implications on the wellbeing, health and development of children who are living in homes where DA takes place.^{14,15}

"I was bruised most of the time, I was in pain most of the time and had suicidal thoughts all the time. Well, I tried it a few times, because I'd have rather been dead than carry on in the relationship that I was in. Which isn't a nice feeling when you've got kids and even that couldn't stop you wanting to kill yourself."

Lucy

"It [emotional abuse] affects you in your work, in your personal life, in your relationships, your family, children, you know, it affects you in all ways."

Jennifer

Despite the severe impact of the abuse on survivors, it is well known that, in many ways, this is still a hidden crime as the majority of incidents are not reported to the police. Shockingly, the latest available estimates from the CSEW show that around five in six (83%) survivors of partner abuse did not report the abuse to the police.¹⁶ Furthermore, only 43.7% of women who sought refuge in England and Wales due to DA reported the abuse to the police. This indicates that the percentage of reports is low also among survivors classified as high risk.¹⁷

It has been found that survivors remain in an abusive relationship for an extensive period of time and experience a devastating amount of abuse before they receive support. Domestic abuse charity SafeLives found that, on average, survivors live with DA for 2.3 years to 3.0 years and experience an average of 50 incidents of abuse before getting help.¹⁸

There are many harmful misconceptions and false beliefs about the reasons survivors stay in abusive relationships. These include the ideas that survivors could easily leave if they wanted to, that they decide to stay in abusive relationships and that they are to blame for the abuse.¹⁹ In contrast, evidence clearly shows that a vast number of factors and complexities stand in the way of survivors, preventing them from seeking help. It is rarely one barrier that prevents them from escaping and engaging with support services, but the combined and cumulative effect of multiple challenges.

Previous research has identified several barriers that prevent survivors from escaping an abusive relationship. These include fear of retribution, love, the hope that the partner will change, lack of money, lack of places to go, concern for the children, and lack of support from family and friends, the police and the CJS.²⁰

However, there is a need to move beyond this crude understanding to identify how society, support services, the CJS and government policies are very much accountable for these barriers.²¹ For example, a survivor may fear retribution, preventing them from escaping the abuse, which raises the question: how is society failing to ensure the survivor's safety?

This report tries to narrow this gap in knowledge, by exploring the barriers experienced by survivors and recommending changes in policy and practice to address them.

The research

To better understand the barriers that prevent survivors from escaping an abusive relationship, this research is based on two main sources: in-depth interviews with survivors of DA and a survey with frontline DA practitioners.

The research also explores differences in barriers to escaping an abusive relationship between survivors of different risk levels. The risk assessment model is used to help frontline practitioners and police officers identify high-risk cases of DA and decide appropriate levels of intervention. Based on professional assessment, the risk level of each survivor is categorised as either high, medium or standard.²² Differences and similarities between these groups in barriers to escaping an abusive relationship have hardly been studied, a gap that this research tries to address.

Furthermore, the research discusses how the Government, support services and the CJS are responsible for the barriers and identifies possible actions and solutions.

Throughout this report, we present examples of good practice in dealing with survivors of DA. While we acknowledge that there are many other examples of good practice and services, it is beyond the scope of this report to include all of them. We provide only a glimpse of some of the good work that is taking place.

The purpose of this study is threefold:

1. To better understand the barriers to engagement with services
2. To identify differences between those survivors categorised as standard, medium or high risk
3. To make recommendations for changes in policy and practice to address these barriers.

Victim Support and DA

VS is the leading independent charity in England and Wales for people who have been affected by crime and traumatic incidents. We run a variety of DA services across England and Wales, providing support to survivors categorised as standard, medium and high risk. We have achieved SaferLives Leading Lights accreditation for several services, the mark of quality for domestic violence services.

We have over 137 IDVAs, trained to the SafeLives standard, making us the largest single provider of IDVAs. To enable DA survivors to access our services, VS's IDVAs are based in a wide range of locations, providing vital support, training and guidance to other professionals in the health service, police, courts, children's services and substance misuse services. This approach enhances a coordinated community response to DA. In addition, we have a number of trained multi-crime caseworkers who support mainly non-high-risk survivors of DA and are linked through a community of practice. In 2018/19, we provided support to 43,850 survivors of domestic violence.

VS strongly believes in the importance of listening to victims and survivors of crime and we are constantly learning and improving our services using research and knowledge gathered from practitioners as well as service users. This report is part of our commitment to continuous improvement.

A note on language

'Victims' and 'survivors' are the two main words often used for people who have been affected by DA. Each reflects a different yet important view: while the word 'victim' acknowledges the fact that a victim of DA is a victim of crime, the term 'survivor' places emphasis on the strength and resilience of the person rather than the crime committed against them. Throughout this report we use the word 'survivor', as it was preferred by most of those we spoke to.

Methodology and participants

The research consists of in-depth interviews with survivors of DA and a survey with frontline DA practitioners.

In-depth interviews with survivors

The qualitative data collection took place between July and September 2017. We carried out 34 in-depth interviews with current and former VS service users who are survivors of DA from all regions in England and Wales. Three participants were male and 31 were female. All survivors were abused by their partner and were out of the relationship at the time of the interviews. Participants' responses were analysed and coded using thematic analysis. The names used in this report are not the participants' real names and any identifying details have been omitted.

A survey with frontline practitioners

Between July and August 2017, we carried out an online survey with VS caseworkers and IDVAs who work in VS's DA specialist services and multi-crime services. In total, 196 practitioners completed the questionnaire, 45.9% of whom were working in VS DA specialist services, including IDVAs, and 54.1% were working in multi-crime services.



Barriers to escaping an abusive relationship: Required changes

“The first step is always the hardest one.”

Emily

We identified eight barriers to escaping an abusive relationship. These barriers are the obstacles and difficulties survivors face before and after they seek help from support services and the police. For each of them, we make recommendations for policy and practice that should be taken by the Government, support services and CJS. If implemented, the recommendations could reduce the barriers and improve survivors' ability to escape abusive relationships.

Barriers to escaping an abusive relationship: Required changes



1. Fear of the perpetrator and retaliation – Ensure survivors are safe

The first barrier to escaping an abusive relationship that emerged from the findings is fear of the perpetrator and retaliation. Almost all the survivors who took part in the research described this fear as a barrier to escaping an abusive relationship and seeking help. Additionally, this barrier was the most commonly identified by the practitioners. As presented below, 23.7% of DA practitioners identified fear of the perpetrator and retaliation as a barrier.



Fear is a central component in DA. It is very different from the fear that all people feel from time to time. Despite fear's central role in abuse, more understanding of its psychological dimensions is needed, and why it is so difficult for survivors to escape.²³ To better understand the fear that survivors feel in an abusive relationship, one should turn to the theoretical framework of coercive control.

Coercive control moves beyond an incident-limited definition to include ongoing abuse and emphasises the cumulative harm of the abuse.²⁴ Stark includes intimidation as one of the four main tactics used by the abuser when conducting coercive control.²⁵ According to Stark, intimidation is used to instil fear, dependence, compliance, loyalty and shame, through threats, surveillance and degradation. The abuser's threats are made credible by what they have done in the past or what the survivor believes they can or will do if they upset or disobey them. These quotes from three survivors demonstrate the horrible intimidation they suffered and the intensity of the fear they still feel years after they managed to escape the relationship.

“Every time we moved, he used to make me pick a spot on the floor where I would have to sit, and if I moved from that spot either to cook or clean for him, he would batter me until he knocked me out. I still, even now, pick a spot on the floor to sit where I will sit for hours because I am scared to move.”

Amy

“You’re that frightened... although I know he couldn’t touch me, the mental abuse that he gave me was more. I’d rather have the bruises. I would have rather have had the bruises.”

Louise

“There’s still that fear, I suppose it doesn’t matter how much help there is, there’s still that fear.”

Tina

Many survivors shared how terrified they were of the consequences of seeking help or trying to escape and reprisal by the perpetrator if they find out. The participants mostly talked about this fear in the context of reporting the abuse to the police. Indeed, a growing body of literature shows that separation does not necessarily mark the end of an abusive relationship. In many cases, the risk may even escalate; for example, Fleury et al found that more than one third of the women in the study had suffered from abuse after the end of their relationship.²⁶

“It was very difficult to get support because he [the perpetrator] would find out.”

Lucy

“I guess in that way it’s a big fear, because you’re worried that he’s gonna see you or, you know, like someone tells him, ‘Oh, I saw [survivor’s name] with this lady today!’ So I suppose it’s not the fear of accessing it [support], it’s the fear of everything else around it... I couldn’t just call the police because he said, ‘Oh, you wait...!’”

Tina

“He [the GP] gave me a leaflet and there was about seven different numbers in there with who I could speak to, who I could go to. Three of them were involved in the police which, to be fair, when you’re in that sort of situation, that would make it worse... You don’t want it to go any further because it will cause more problems, more trouble. I’ll get hurt if I do too much.”

Louise

“I didn’t want to involve the police at that time because I knew he might do something.”

Emily

Some participants described a fear of being murdered by their partner if they reported the abuse or tried to escape. Survivors who try to escape an abusive relationship are at greater risk of domestic homicide; 76% of domestic homicides by intimate partners between 2009 and 2015 occurred in the first year of separation.²⁷

“I was always too scared. If it was someone else that phoned the police and he got locked up then I’d probably press charges, but if he was still out and they just removed him from the property then I probably wouldn’t press charges... Because of the fear of him not being far from you... it’s the worst fear... Because he would have killed me for phoning the police on him and getting him locked up.”

Lucy

Recommendation: Ensure survivors are safe

- Improve risk assessment and safety planning – Cardiff University and the College of Policing found that several issues impaired the risk assessment processes made by police officers. These were mainly a lack of understanding of coercive control and controlling patterns of abusive behaviour, which have implications for what they classified as DA and the level of risk identified.²⁸ Development of more accurate risk assessment to enable better identification of coercive and controlling behaviour is under way²⁹ and, if effective, should be rolled out across the country supported by appropriate training for frontline police officers and support services.
- Deal more robustly with the perpetrator – a new, stronger domestic abuse protection order should be introduced, a breach of which will be a criminal offence. To improve police understanding of the purpose of protection orders and to increase their use in appropriate situations, frontline police officers should have access to additional training opportunities. Our research has shown that not all police officers know that domestic violence protection notices (DVPN) and domestic violence protection orders (DVPO) are available, fully understand how they work or know at what point in the investigation they can be used.³⁰ To protect survivors, it is vital for compliance with orders to be monitored throughout.
- The police should update survivors on any developments involving the perpetrator and on the progress of their case in a timely, comprehensive and accurate manner. The police should also ensure that bail conditions are applied to protect the survivor from the perpetrator on release.
- More services should be available for survivors to store evidence securely and confidentially.
- The police must gather all necessary evidence to build an evidential case after a report

of DA. Video and photographic evidence are particularly valuable. In recent years, almost all forces have adopted body-worn video cameras that accurately record DA scenes and capture evidence that can be used to prosecute offenders. However, a Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) report found that some police forces have only a few cameras available, while others lack a clear policy on how they should be used. As a result, in more than 40% of DA cases, cameras were not used.³¹

- The Government must set out a sustainable funding strategy to ensure that all survivors of DA, male and female, have access to the support and protection of a refuge service, if they require it.



Good practice

Visual evidence for survivors (VEV)

Run by Victim Support West Mercia in partnership with other local organisations the service acknowledges that many survivors do not want to take action following an incident. It also provides a distinctive and safe method for survivors to document physical injuries or property damage, which can be used as evidence in the future if the survivor decides to take action.

Trained staff take photographs with police-approved cameras. The photos are then stored securely and confidentially for up to six years or until the survivor decides to use them to report the crime to the police or in civil proceedings (eg family court).

The staff are also trained on DA and offer a sensitive and non-judgemental environment. The survivor is not persuaded to report the incident or engage in support services, although support services are offered. Often, the service is used to establish initial contact with a survivor which can lead to a significant engagement with services.

2. Controlling abuse and isolation – Break down the control

The second barrier to escaping an abusive relationship that emerged from the interviews is controlling abuse and isolation. Similar to the previous barrier, it was also discussed by nearly all the survivors who took part. However, a smaller number (9.2%) of practitioners identified this barrier. This could indicate its hidden nature, making it harder for practitioners to identify.

Controlling behaviour is a “range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour”.³² For many years, this behaviour was not acknowledged as abusive. It was included in the Government’s definition of domestic violence and abuse only in 2013 and became a specific criminal offence in December 2015 when it was introduced under the Serious Crime Act 2015.³³ These changes marked a shift in understanding. Previously, DA was seen as a one-off violent incident, but it is now recognised that, in many cases, it takes the form of a pattern of incidents. This abusive behaviour not only has a serious effect on the survivor’s emotional wellbeing,³⁴ it also has implications for the survivor’s ability to seek help for a variety of reasons, as demonstrated by the experiences of the survivors who took part in the research.

One of the types of controlling behaviour is personal communications being monitored. This kind of abuse manifests itself in the abuser reading all of their partner’s emails and text messages or preventing access to communication.

“I know the support is out there but when you’re scared, there’s going to be another way around trying to get that support without having to do it by email or phone call. Because he read my emails, he had them transferred to his account. He read my messages, he had access to my phone, so it was a bit difficult. He had people looking out for me, spying on me. If you’ve got a controlling partner it’s really hard to get access [to support] because he would have found out.”

Lucy

“It got to a point where I was not allowed a phone [by the perpetrator]. I did not have a house phone. I had no way of contacting the police. But there were many points where I wanted to. And I could not.”

Kelly

“He’d smashed up the phone so I couldn’t call anybody.”

Tina

Some survivors described another way of monitoring communications: their partner would accompany them to appointments with medical and social services to monitor what was said and prevent them from exposing the abuse.

“I went to my doctor so many times and my ex-partner would not let me go alone. My ex-partner would speak for me.”

Rebecca

“The only thing is I got my number [Victim Support helpline] from the doctor. I was very lucky; I went in and I told him exactly what he’d [the perpetrator] done. He gave me the number but there’s a lot of people out there that won’t do that and have that courage to pick that phone up but you can’t exactly give them the number when the partner is standing there.”

Louise



Good practice

Co-located IDVA service in Barnet Hospital maternity ward

The service offers a vital opportunity to detect domestic abuse survivors/patients when they are at their most vulnerable. It provides survivors with a safe place to disclose abuse to a trusted professional (midwives) at an earlier stage in an abusive relationship and provides easy access to an onsite service offered by a designated IDVA.

The IDVA works closely with midwives and takes part in their daily routines. They have a unique opportunity to reach survivors who have never disclosed abuse before; with complex needs; who don't realise they are experiencing DA; who have been pressured into becoming pregnant; or who have become pregnant as a result of a marital rape/sexual assault.

Furthermore, as part of the collaboration, the IDVA is integrated with the Hospital Safeguarding team and works to raise awareness of DA across clinical and maternity services. They assist staff in identifying patients at risk and improving their knowledge and understanding of DA. As a result, staff recognise the signs of DA in their patients at an earlier stage. The service works to help midwives feel more comfortable about discussing DA with their patients with the aim of easing barriers and encouraging survivors to talk, disclose and accept help.

Another form of controlling behaviour is regulating everyday activities. Survivors told how their partner made it difficult for them to travel and move around, and always monitored where they were. New technologies, such as location tracking apps, have facilitated the abuser's ability to stalk and monitor their partner's whereabouts.

"Then we moved out in the middle of nowhere; he would never let me drive, because he was always afraid that I'd leave him."

Tina

"It's fear. If you've got a controlling partner, it's really hard to get access [to support] because he will find out... You get found out... Nearly every man that does domestic violence towards a woman, they'll know where all the safe houses are or the places to go when you need help. So they'll always have people looking out for you."

Lucy

“He already made me have this app on my phone that tracked my every move... It’s really difficult because you have the potential of having to pose to be somebody else or something that you’re not, you know, to try and actually get in there [support services], because they are so controlling that it’s really difficult to try and get anywhere.”

Ashley

In some cases the level of control extended to the children.

“My kids were not allowed out of the house. They were not even allowed to watch television.”

Kelly

Some survivors said their partners prohibited them from working and earning money to control their lives, limit their interactions with other people and prevent them from becoming financially independent.

“It’s another thing that affected me a lot in my marriage – he always controlled my professional life. I wanted to work and have my own money and that was one of the things that he did to me.”

Lydia

Another aspect of financial control shared by the participants is exploitation of resources. This abuse includes, for example, the abusive partner refusing to contribute to household expenses, spending money needed for household bills or building up debt in the survivor’s name.³⁵

“But what can be happening is he doesn’t give you any money whatsoever. And he says, ‘I don’t have anything in my bank account. So can you have all the bills coming out of your bank account and I’ll give you the money?’ So I did and then he doesn’t give me the money. So you’re paying, you’re paying for everything that comes out of the house and you’ve got no idea what they do with their money, all you know is you’re in an overdraft every month and when you ask them for money, they laugh at you.”

Charlotte

If the abuser uses money as a source of power, there are also long-term implications for the survivor’s ability to escape and make themselves and their children safe. A Women’s Aid survey found that 52% of participants who were living with an abusive partner agreed that due to lack of money they could not get away from the relationship. Some of the reasons include personal debt, poor credit rating and lack of savings due to economic abuse.³⁶ The harmful implications may also continue after separation, preventing the survivor from taking legal action, as demonstrated by the experience of one of the survivors who took part in our research.

"I can't divorce him now, because it's gonna take me about two years to save the money up. I don't have enough to live on, let alone anything else. That's another thing that's not fair – how can you make yourself safe if there's not enough money in the pot. It is a problem, because it's not fair either, because if you're working how are you supposed to pay all this money out for injunctions and divorce and courts?... The police are telling you, 'You've got to get yourself safe'... and you're thinking, 'Okay, I'll make myself safe,' but I can't afford to make myself safe."

Olivia

The last form of controlling behaviour described by many of survivors as a barrier to escaping the abusive relationship and engaging with support services was isolation. Many of the survivors said the partner gradually isolated them from family, friends and social networks. The abuser used a variety of tactics and manipulations, such as limiting survivor's interactions with other people, controlling who they met and turning them against close friends and family or vice versa. Because their ties to outside support and resources have been severed, the survivor is forced to deal with difficult situations alone. Furthermore, it is harder for family and friends to realise that the situation is not right and offer support.

"He isolated me from my parents by telling me things about them. They didn't want to see me, they didn't want me to get in contact. He tried it on with every female friend I had, resulting in obviously the friends not coming round. Also, I wasn't allowed any male friends because I was clearly sleeping with them if I did, so I didn't have any friends, didn't have any family, didn't really have anybody... I wasn't strong enough to leave. I didn't have anyone to turn to because there was no one to turn to because there's nobody about long enough."

Ashley





“Relationship[s] with family and friends all broke down because he would come home from work and if there was anyone in the house he didn’t like it... I ended up feeling quite isolated and alone, even though he was there.”

Olivia

“He [the perpetrator] would keep everyone away from me. I was so isolated. I have never really been out much... It destroys a big part of your life not seeing people. As if I was not existing.”

Kelly

“About six months in, his whole attitude changed... and by this point obviously he had already started getting more control. I mean, he was basically controlling what I was doing, who I was seeing, where I was going. Even this early on he had managed to get in quite quickly, he knew what he was doing... he had isolated me totally.”

Amy

The following quote demonstrates how the tactics used by abusers to isolate their partners can be manipulative and hard to detect. The survivor described how she saw her partner’s behaviour at the beginning of the relationship as caring and loving.

“There are extreme cases. But there are also slow burners, they’re pushing boundaries... He doesn’t like my friends. He picks me up early because he cares for me. You know, all that kind of stuff, because that’s what he used to do. He’d always say, ‘I’ll come and pick you up, darling.’ And [I’d] go, ‘That’d be nice.’ And I’d be out for an hour because he’d come and pick me up and I had to go. That’s the start of that, that’s the subtle start of terrible behaviour.”

Charlotte

Recommendation: Break down the control

- Services for survivors need to be flexible in their location – for example, having outreach points in shopping centres – and provide a range of ways survivors can access help when their movements are being restricted and their communications closely monitored.
- The definition of DA should be broadened, to include economic abuse. Experiences of economic abuse can have a devastating impact on survivors and can hinder their ability to end the abusive relationship.
- To address financial constraints, the welfare system needs to provide effective financial support for women escaping abuse. If Universal Credit is paid only to one member of the household, it risks perpetrators having financial control. Changes therefore need to be made to split payments. Additionally, the move to Universal Credit is creating further uncertainty for refugees, which rely on housing benefit for over half of their yearly income. Banks also need to improve understanding, have appropriate policies for survivors who have debt issues and must close joint bank accounts safely.
- Guidance and support for families and friends should be easily available. Families and friends need to understand coercive control and how to discuss concerns about the isolation of a friend or family member. In many cases, survivors seek help from someone they know. The latest data from the CSEW shows that many survivors disclose the abuse to a friend or neighbour (53.3% of women and 31.6% of men) or a family member (46.2% of women and 25.3% of men).³⁷
- The Government should introduce Ask and Act across England to increase the identification of domestic abuse. Already in place in Wales, Ask and Act places a duty on relevant public sector professionals to ‘ask’ potential survivors who may exhibit indicators of violence and to ‘act’ on information to reduce harm and secure relevant services.
- Health and social services professionals should try to see patients alone if they suspect they are DA survivors or when DA has been disclosed by a patient.

3. Lack of awareness of what DA constitutes – High-quality sex and relationship education in schools

The third theme that emerged from the interviews is a lack of awareness of what DA constitutes. One in five (20.6%) of practitioners surveyed identified this as a barrier to survivors engaging with services.

Numerous survivors described how they did not recognise that their partner's behaviour was abusive.

"I didn't really know a lot about it, I didn't really understand it, I just thought it was... I don't know really. I only began to understand it more as I got older, when I recognised the signs and everything else... And then I just came to live with what went on."

Tina

"[The abuse] was constant from the beginning but it was only really [when] I got to six years into the relationship that I began to realise that it... you know, these things weren't normal."

Sarah

Some survivors, due to past experiences or sociocultural beliefs, perceived the abuse as normal male behaviour in a relationship.



“Some of that goes back to my childhood as well with an abusive stepfather, so it’s a difficult one because I put up with stuff then that wasn’t good.”

Amber

Others felt something was wrong, but did not perceive the behaviour as abusive. For some survivors, it took several years to recognise that they were in an abusive, unhealthy relationship. By then, escape had become more complicated due to the growing impact of the abuse on their mental wellbeing and other considerations, such as financial and residential insecurity and child custody.

“I struggled for four years understanding that what was happening to me was abuse. I knew it wasn’t right and that I didn’t like it, but I didn’t know it was anything I could do something about... I went to the caseworker and I told her the full story, everything about what had happened to me. And it was very reassuring to hear that it’s typical abusive behaviour. So that it’s not in my head like he kept saying it was... And not only was it real but that the abuse was no different, you know, the textbook typical. So all the time he had me doubting myself, he was absolutely doing the very textbook thing. And I didn’t know that because I’ve never been a victim of domestic abuse before.”

Charlotte

There are many faces of abuse and the findings demonstrate how it was harder for survivors to recognise they are in an abusive relationship when the abuse was not the common depiction of DA, namely physical violence. Other forms include emotional abuse, coercive and controlling behaviour and sexual abuse.

“And so it went, and I knew it was wrong but I didn’t know, every time I went to the [name of a charity] website, I looked at coercive controlling behaviour, it seemed really bad and it seemed worse than what I was going through. So I didn’t think it was worth reporting... Lots of people say, ‘Well, I’m not there, so I’m not being abused.’ Or, ‘He doesn’t put my clothes out for me, so I’m not being abused.’ And he doesn’t control the finances, so I’m not being abused’... So I think there needs to be more stuff out about more subtle things that they do.”

Charlotte

“Doing a Freedom course¹ made me realise that my ex was actually a sexual controller. And actually all of my previous relationships had been with people who were sexually controlling and then I’d realised that... you know, then all of a sudden I realised that I’d been raped and that wasn’t something I ever thought I was, you know, I just didn’t realise it happened and it opened my eyes.”

Sarah

Other survivors explained how they would minimise the severity of the abuse as a coping mechanism. Some survivors believed they had experienced abuse but that it was not serious enough for the police to deal with.

¹ The Freedom Programme is a 12-week domestic violence programme created by former social worker and probation officer and author Pat Craven. It explores the beliefs and attitudes surrounding domestic abuse and considers how children are affected by witnessing abuse (www.freedomprogramme.co.uk).

“You will always in that situation feel like you’re a pain contacting the police. I mean, there are burglars out there, there are rapists out there, you know, there are murderers. My husband threatened to set me on fire. He didn’t physically do anything. Why the hell should I waste [the] police’s time? He sent me some messages. Why should I waste the police’s time? And then when the police come out and you have a conversation with them, they sit there and they reassure you, ‘No, it’s fine. We’re here. If you need us, call us,’ and they are very good at that... I spent 18 years thinking I was wasting their time.”

Ashley

“A lot of people, when they go through stuff, especially people like me, I play things down a lot... So if someone said to me: ‘You might need some support,’ I would say: ‘Why? It was not that bad.’ So no, I would not have got in contact with Victim Support myself. Even at first when Victim Support called me, I thought: ‘Just leave me alone. I do not need any support.’ But I did need support. I was just trying to tackle things on my own and dealing with it. But they [Victim Support] were very persistent. Otherwise I would not have gone through with it.”

Alison



“I was in an abusive relationship for almost four years. Being a bit naïve to the whole situation, the wife being abusive, hitting you with this, hitting you with that, I just took it. It was stuff like she was not breaking my jaw... it was minor incidents. I wasn't seriously hurt.”

Steven

Some survivors suggested that support services should increase awareness to overcome this barrier.

“It is about putting awareness out there and educating people because some people just do not know that they are going through it [domestic abuse].”

Alison

“I think a lot of it is about raising awareness about domestic abuse and about how you can help people – or Victim Support can help people – because someone's got to recognise an abusive relationship to kind of think that they need support.”

Anna

Research reveals that victimisation during adolescence is very prevalent and that young people, including those below 16 years, can experience all forms of DA. For example, in a survey of 1,143 year 9 pupils (aged 13–14 years) from Staffordshire, 45% of participants (46% of girls and 44% of boys) who had been on a date at least once had experienced some form of DA. The most common type of abuse was emotional (21%).³⁸ Furthermore, a SafeLives report demonstrates that young people (aged 16–19 years) experience the highest rates of DA of any age group.³⁹ A survivor shared her story with us, which shows how difficult it is for younger survivors to realise they are in an abusive relationship.

“I met my boyfriend when I was 13 and I started a relationship with him when I was 14 and I had no idea about domestic abuse. Like, I'd never have thought that it was something that would happen to me... I was so young. It was my first relationship and I didn't really realise for a year or two that what he was doing was really abusive at all. I just kind of thought we were arguing and I thought I was causing him to be like that and I didn't really see it as an abusive relationship for quite a while... And I hadn't thought of it like that before he [a police officer] said that. That was really good, because it kind of made me realise what was happening and what he was like.”

Anna

The SafeLives report highlights the greater vulnerability of young survivors due to the complexity of abuse and the particular characteristics of adolescence.⁴⁰ These findings, together with the findings from this report, emphasise the need for different responses for young adults than for adult survivors.

Recommendation: High-quality sex and relationship education in schools

- High-quality sex and relationship education is essential – the introduction of sex and relationship education in schools is a welcome step forward, but the Government should go further and make all PSHE compulsory in all schools.
 - PSHE in schools must include recognising the signs and characteristics of both unhealthy and healthy relationships.
 - Education and PSHE in schools should include information and/or handouts on where pupils affected by DA can turn for advice and support.
 - More campaigns are needed to raise awareness about healthy relationships and domestic abuse.
-

4. Fear of involvement with statutory agencies – Improve training and additional co-locating of IDVA services

Fear of involvement with statutory agencies is the fourth theme that emerged from the research. It consists of fear of social services involvement and distrust in the police. Almost one in five (19.7%) of the practitioners named this as a barrier to escaping an abusive relationship and engaging with services.

The negative experience of DA survivors with social services is well documented.⁴¹ Research has found that survivors felt blamed by social services for putting their children at risk by continuing to stay with an abusive partner. Sometimes, social services threatened survivors that their children would be taken away if they did not leave their partner. And some survivors felt that their complex situation and needs were not taken into consideration by social services.⁴² In contrast, when survivors felt the response from social services was helpful, they viewed such support as invaluable.⁴³

Perpetrators sometimes use the survivor's fear of social services to control them and stop them from escaping the relationship. For example, they might make the survivor feel guilty about what will happen to the children if they seek support; accuse them of being a bad parent if they escape and break up the family; convince them that the children will be taken away by social services; or tell them that they will not be believed and that the children will be given to the abusive partner.⁴⁴

Many survivors who participated in the research told how the possibility of social services being brought into the picture if they disclosed abuse was a major concern that prevented them from seeking help and escaping the relationship. Survivors were especially worried that social services would take their children into care if they were made aware of the situation.



“You don’t get out of it, you still don’t want to go for help, because of the kids and everything else, I suppose... I was always afraid of the police and, to be honest, social services in that they’d take my children away from me. And that’s a big part of not getting help.”

Tina

“I ended up [trying to escape] after about two years of putting up with him hitting me... I tried to get away from him and I did call the police, because he was hitting me again. When the police came up, I didn’t want to tell what he’d done. So I have done that twice. I nearly told them but I didn’t want to tell them because I was frightened that they were gonna tell social services because of my kids. I just told them that I wanted him out [of] the house; ‘cause I was too scared to tell them because of social services... I didn’t want social services involved [with] my children because as soon as social services comes up, you think, ‘God, they’re gonna take my kids away from me.’ ‘They’re gonna remove my children, I’m not gonna have my children anymore,’ and that’s the thing that stops a lot of women accessing support.”

Olivia

Another issue we found regarding fear of involvement with statutory agencies is distrust in the police. Survivors shared their distrust and fear of the police. They had several reasons: they were scared of the police; they were worried about not being believed; they had previously had a bad experience; or the police had failed to protect them in the past.

“The neighbours did hear the shouting and came to the door during this time... to see if we were okay, and my ex-partner opened the door and talked to the neighbours. They asked if I wanted to have the police called but I said no. I was scared of the police.”

Amber

“It’s so difficult to explain your emotions at the time when you’re going through it and are you doing the right thing. Will they [the police] believe you?... Now I don’t care if they believe me or not. I know it happened.”

Louise

“To be honest, I feel absolutely let down by them [the police]. So I don’t trust them, which is why when I [was abused] I’ve not rung them. I don’t trust them. So other people have rung them.”

Abigail

For one of the survivors who took part in the research, not only did the police officers who attended the call made by her partner fail to believe her but they also falsely accused her of abusing her partner.

“He called the police after the assault and I was arrested and wrongfully held in custody because he had said he called the police and said that I was trying to strangle him... and within a few minutes they had arrested me and they put me in custody – this was about three in the morning and I was held in custody until one or two in the afternoon the next day... Then the police realised... they said to me his statement didn’t hold up and mine didn’t change throughout the whole time. But to begin with they didn’t realise, the police in custody, the severity of my injuries, that was very difficult for me... I went to A&E and had a whole series of tests, they then found out that I had a punch to my eye and punches down my face, I had some marks on my hand and on my chest and three fractured ribs and contusion on my lung and the possibility of fractures the other side.”

Amber

In a recent research report, entitled *Survivor’s justice*, VS raised several areas for improvement in police work with survivors of DA. Primarily, there is a lack of understanding of DA among police officers, and a need for more empathic and respectful treatment and for reports to be taken seriously.⁴⁵ Previous research with survivors of violence abuse has highlighted that fair treatment by the police is a key factor in the decision to report the crime, more important than the perceived effectiveness of the police.⁴⁶

While steps have been taken in the past few years to improve the police response to DA,⁴⁷ Mayes et al⁴⁸ suggested further improvements. The main recommendations were training in DA for all frontline police officers, more co-located IDVA services with the police, a same-gender policy and the option to be available for a police officer of the same gender as the survivor to deal with the case.

Recommendation: Improve training and additional co-locating of IDVA services

- Social services practitioners should participate in training on DA to develop a better understanding of coercive control, increase their awareness of the ways fear of engaging with social services stop survivors from escaping, and offer the opportunity to reflect on prejudices and assumptions regarding survivors of DA. The literature suggests that social services practice that is sensitive to women's needs and focuses on perpetrators' coercive and controlling behaviour can better protect women and children and work towards change.⁴⁹
- Introduce co-located IDVA services within MASH teams.ⁱⁱ Having a DA expert in the team would provide social workers with valuable knowledge that should be considered in cases where DA is suspected.
- All frontline police officers should undertake training on DA delivered by specialists, such as SafeLives' Domestic Abuse Matters training.
- Increase the number of co-located IDVA services in police stations. The benefits of a co-located IDVA service with police staff for both survivors and police officers have been widely acknowledged: guidance and support are on hand for complex cases, risk assessments can be conducted by a DA specialist and close collaborative relationships with IDVAs can be established.⁵⁰ However, SafeLives reports that in 2018 only seven police force areas (out of 43) had the recommended number of IDVAs and only 27% of IDVA services were co-located in police stations. It is therefore important to increase the number of IDVAs in police stations across England and Wales.
- All survivors should have access to support that is independent of statutory services. Co-location and close partnership working are key for support services. However, because fear of the involvement of statutory services is a barrier to seeking support, it is vital that independent services are available for survivors. A February 2018 YouGov poll of domestic abuse and sexual violence survivors found that 87% believed it was important for victims of crime to receive help and support from an independent victim service.

ⁱⁱ The MASH is a multi-agency team made up of representatives from a range of services that provide advice, support and protection in decision making whenever there are concerns for a child.



Good practice

Co-located IDVA service in Sutton Police Station

The service is a collaboration between IDVAs and specially trained officers who deal with allegations of domestic abuse to ease barriers to further engagement with services and the CJS following a report to the police. To this end, the IDVAs work in several main channels:

First, the IDVAs directly liaise with the officers dealing with the DA cases and can advocate on behalf of survivors. They can also arrange additional home security and request police markers on a survivor's address and other relevant locations.

Secondly, the IDVAs mediate the criminal process by: providing updates on case information, advice and support regarding the criminal justice process; clarifying professional language; ensuring that pre-trial visits and special measures at court are offered; and liaising with the Witness Service and Witness Care Units. IDVAs can also accompany police officers attending a call when appropriate and safe, for example, when the perpetrator is in custody. Furthermore, the IDVAs also support survivors in civil justice procedures, including accompanying them to court and assisting with applications for protective orders and child arrangement orders. This is particularly important for the many survivors who are not eligible for legal aid and would otherwise be alone at court, often with the perpetrator present.

5. Lack of information on existing services and how to access them – Increase services' visibility and collaboration with health services

"You don't realise the help there is."

Tina

Lack of information on existing services and how to access them has been identified by survivors as another barrier to seeking help and escaping an abusive relationship. Furthermore, 13.9% of the practitioners also identified it as a barrier. Several participants said that they did not know what help was available or how to make the initial contact, particularly when they did not wish to report the abuse to the police.

Participants also told us that they might have sought help earlier if they had known of the services available. They emphasised the need for support services and the services they offer to be more visible.

“The nurse from the hospital got me in contact with Victim Support... But I think Victim Support could be more visible. Because if I know where to go, there is no point for me to wait until something actually happens. If I had got in contact before, maybe some things would not have happened. The earlier, the better. Later, I saw some kind of a leaflet in a building and I thought: ‘Okay, it [Victim Support] is in here.’”

Kimberly

“It’s [support services contact number] not very well advertised. There could be more done to advertise it, so women in that situation are aware of it before... because it’s not exactly easy to go to your doctor and go, ‘Oh yes, my partner is battering me and raping me.’”

Amy

Social media was mentioned by the interviewees as a key channel to promote DA support services. With 89% of the adult population in the UK using the internet weekly and 69% of women using it for social media,⁵¹ promotion of services via social media has a good chance of reaching survivors. However, given the level of control enforced by abusers, information on how to cover your tracks online and hide and exit web pages quickly is essential to help survivors keep safe online.

“I think there needs to be more information about what support there is... I could have used the support earlier. Facebook, Twitter or Instagram: just to let people know that there is support out there and that they are not left alone.”

Jessica

Then again, some survivors are denied access to the internet by the perpetrator as a method of coercive control.

“We didn’t have the internet. I didn’t know about Women’s Aid or anything like that at that point. I just didn’t know.”

Jennifer

“You don’t know what is available and so if people don’t tell you what’s available, you have no clue.”

Alyssa

For these survivors, exposure to information on DA from other people and professionals is crucial.

“At work in the toilets you’ve got leaflets up, telling women, like women’s places, saying, ‘If you’re in trouble, this is the number to ring; is this happening to you?’, which, a few times when I was going through what I was going through, I’d been in a toilet and seen it on the door and I thought I need to ring that number, I need to ring it. But I think at that point I wasn’t ready to, but those sorts of things really were triggering things in my mind, so you do need to ring it. That is happening to me, I need to ring it. Those sorts of things were what helped me to access the support I needed.”

Melissa

In the same vein, survivors often rely on professionals to provide information on the support available. Health professionals, such as GPs, midwives, nurses and health visitors, play a crucial role, as they often meet survivors in a safe and confidential setting. However, many survivors were disappointed by the information and treatment provided by GPs when they disclosed the abuse. This echoes findings from SafeLives, which found that on average 85% of survivors sought and failed to receive assistance five times from professionals in the year before they received effective help to stop the abuse.⁵²

“You don’t know what is available because the GP wasn’t... she was useless, to be honest. All she wanted to do was give me tablets; that was not going to take away my problem.”

Alyssa

“I went to the doctors numerous times and asked for referrals for domestic violence [support services]. They used to give me numbers and stuff and send me on my way and tell me to just go. Here’s the number, ring them. We can’t do anything... I think the doctors should be able to give more help, so you can actually manage to get an appointment.”

Amy

A few survivors said they were unaware of services for survivors still in abusive relationships and were put off engaging with support services because they assumed the services would ask them to report the abuse to the police or leave their partner. As demonstrated in the previous section, survivors often shy away from reporting to the police for various reasons. In addition, a large number of survivors either do not contact support services or make the first contact while still living with an abusive partner. According to SafeLives, 21% to 31% of survivors were still living with the perpetrator when they first contacted support services.⁵³

“I think, maybe, also in terms of helping people earlier, like, maybe saying that you can support people, even when they’re still in the relationship, because a lot of people don’t... you know, you’re sort of in two minds about leaving the relationship and so having the option of getting support and, at least, you’ll have someone to talk to whilst it’s still ongoing.”

Anna

Safelives further emphasised the need for effective help for survivors regardless of whether they report or leave the perpetrator. They have found that a hospital setting is a good opportunity to approach survivors who are still living with the perpetrator; 42% of survivors supported by IDVAs in A&E departments are still living with the perpetrator compared to 28% in local community IDVA services.⁵⁴



Good practice

Co-located IDVA service in Chelsea and Westminster Hospital

The IDVA service is co-located with health professionals in the hospital wards. This provides an important opportunity for support services to help health professionals spot signs of abuse and also gives the health professionals the confidence to raise questions about DA. This model uses the confidential and trusting nature of relationships with health professionals to disclose abuse. We have found that many survivors turn to a health professional either as a consequence of the abuse or for routine check-ups.

Working alongside health professionals allows effective access. The IDVA receives direct referrals from all hospital wards and teams, including A&E, Sexual Health, Maternity, Hand Clinic, Psychiatric, and the Burns Unit, and can quickly make contact with the survivor to offer a full range of services. These include crisis intervention, safety planning, emotional support, information as well as advocacy with statutory and non-statutory services, regardless of the survivor's decision to stay or leave the relationship.

Recommendation: Increase services' visibility and collaboration with health services

- Services for survivors should seek ways to market the local support available and provide information on how to access the services, such as posters in women's toilets or in university halls. Due to limited funds for paid advertising, it is important to find alternative options, such as making applications for grants, media coverage and taking up corporate responsibility offers.
- GPs and other health clinicians should be encouraged to enquire about DA and provided with adequate training on the appropriate response and referral pathways. An evaluation of the Identification and Referral to Improve Safety (IRIS) programme showed that primary health clinicians who attended the programme were significantly more likely to identify and refer survivors to designated support services.⁵⁵

- The number of IDVAs in health settings should be increased across England and Wales. Many people affected by DA will access health services, not necessarily for a reason associated with the abuse. Research conducted by SafeLives demonstrated that IDVAs based in health settings are more likely than services based in the community to have contact with, and can therefore offer support to, some of the most vulnerable survivors, including those who are still living with the perpetrator and experiencing severe abuse.⁵⁷ So, co-located IDVA services in health settings can help identify survivors of domestic abuse early, and provide support to them.

6. Emotional manipulation – Increase education and awareness of the many faces of DA

The sixth barrier is emotional manipulation inflicted by the perpetrator. Survivors told how a variety of negative emotions such as self-blame, shame and low self-esteem reduced their ability to escape the relationship and seek help. In addition, 6.6% of the practitioners identified this barrier. These negative self-directed emotions are, in many ways, a result of the emotional abuse. Past research has shown that living with an abusive partner exposes the survivor to constant attacks on their self-identity and self-esteem, mainly due to the cumulative effect of the intimidation and verbal and emotional abuse. This in turn can lead to feelings of uncertainty, hopelessness and depression.⁵⁸ While survivors' physical injuries heal with time, their self-esteem and identity remain damaged.

“You’ve got no self-esteem, you think it’s you that’s done it. Is it you that’s upset the situation? Is it your fault? Like, I’d been told for 27 years everything was my fault.”

Louise

“It’s not as easy as just going, ‘Oh yes, he hit me, I’m leaving,’ when they’ve got emotional claws so far deep in you. It’s a case you feel like you can’t get out.”

Amy

“I said, ‘I don’t wanna be with him anymore, but at the moment I’m not strong enough to leave him.’ So I said, ‘I need to rebuild myself first before I leave,’ because if I try and leave and I’m not strong enough, how am I going to stay away?”

Ashley



Several of the survivors told us how they blamed themselves for the abuse and felt ashamed at what was being inflicted upon them. This is also part of the abuser's manipulative tactics: in an abusive relationship, it is common for the abuser to blame their victims for their abusive behaviour.⁵⁹ After years of abuse, some survivors internalise the abuser's notion that they should not have made them angry or should have done as instructed and consequently attribute the abuse to their own behaviour.⁶⁰ This is a trap, as the abuser will always be able to find a reason why the survivor deserved the abuse irrespective of what they were doing. At the same time, it is important to note that research on self-blame has yielded inconsistent findings; some studies found that more than half of survivors experienced self-blame,⁶¹ while others reported a negligible percentage.⁶²

"You always think you're on your own, that it's your fault that it's happened to you... When I first went to Victim Support, I didn't tell them everything... You're ashamed really to actually say what you are having... People feel ashamed. It took me ages to get over [it]. I felt ashamed that it was my fault that he did all those things to me. It was my fault."

Louise

"It [the abuse] was obviously very upsetting and distressing at times. I think it caused a lot of, like, anxiety and kind of blaming myself for what he [the perpetrator] was like with me."

Anna

“Physically, trying to cover up the bruises and go to work and holding it all in, not really telling anybody. I didn’t want anyone to know my marriage was failing. I was ashamed, really; I didn’t want people to know that I was... I’d only been married like a year. It was embarrassing for me tell everyone, well, actually it’s not working, so it was quite hard.”

Olivia

Survivors described how reporting emotional or psychological abuse can be more difficult than reporting physical abuse.

“It takes some strength to actually stand there and say my partner is beating me. It takes even more strength to actually say I’m being mentally abused.”

Louise

The experience shared by one of the survivors highlighted the horrific emotional abuse she had suffered, the harmful effects on her emotional wellbeing and the ways the abuse had stopped her from escaping and seeking help.

“So in [year], I met my husband. It was a fantastic relationship, really, really good. I didn’t know at that stage it was what was called the love bombing, as an abusive relationship. So I was the centre of his universe. And it was a really good feeling and I couldn’t believe how lucky I was... And I got pregnant... we wanted a child together because we were, I thought we were, the perfect couple and it was a natural progression. And that’s when it started.

“And then he used to come in, in the night and wake me up and ask me to go downstairs and get things for him. And then he’d be funny with me. And then he’d say, ‘Well, if you just did what I asked you to then it could go back to how it was.’ He was already starting to say it was my fault for why I wasn’t the centre of his universe anymore. And it was getting worse and worse and worse... and he convinced me that everything that was wrong in the relationship was my fault and that it could go back to that perfect [state] at the beginning if only I changed what I was doing. But one week I’d change everything [the way] that he wanted me to do. And then he’d change his mind and it would have to be different a week after that and so on. So it was ever-changing goals that I’d have to try and achieve. You know, it was impossible.

“Seven weeks after I’d had our only son he assaulted me in the kitchen, and I had to go to hospital. I had to have surgery to put right what he had done to me... And I told people that he had kicked me, but that it was in play-fighting, because I didn’t even want to admit to myself that that had happened.

“And so he just continued this cycle of every now and again being nice. And sort of reminding me of what it was like, because I think if he was continually horrible all the time I think I would have left him. But he wasn’t. So he had me convinced that the night he assaulted me it never happened, that I’d simply fallen over. He kept telling me that. He would repeat it. And he started to use our son as a weapon to further inflict terror and hurt onto me and he enjoyed it. And he got me to a point where, because he was always telling me that I was mad and I was making it up... And it just, I felt that I couldn’t, that I just got to the point where I didn’t know what was happening.”

“So it had been going on for four years then he said to me, ‘I don’t even want you anymore. I don’t want to be with you anymore. I’m going to move out.’ And inside me it hurt me but I thought it’s really good that he’s moving. I might find who I used to be before I met him... But the truth was he was never going to leave because I was his supply for everything. I was his supply for him to bully. I was his supply for money. I was his supply and I was his slave. He was saying that to just give me some hope and then he wouldn’t move out because he was messing about again with my emotions.”

“So it got to a point where he assaulted me again in front of our son. And the day after it hurt a lot and some big bruises started to show. And I said to him, ‘You’ve gone too far. Look at what you’ve done to me. You know, you have to accept you’ve done this to me. You know you did it.’ And he just went, ‘That never happened, you’re absolutely mental. It never happened. And anyway, it’s not my fault you bruise so easily.’”

“Why victims stay with abusers... it’s not because you want to, it’s not real consent. It’s like grooming; they’ve just started to get their head around grooming now. But children do not make that conscious decision to have sex with adults, it’s because they’re being groomed. Whereas not long ago they were saying, ‘Well, it’s their own fault, they’re running...’ Well, it’s the same with domestic abuse victims. We are being groomed to stay with that person. If someone had offered me a hand and said, you know, ‘Do you want to leave him? I’m going to help you.’ I would have gladly taken that.”

Charlotte

Recommendation: Increase education and awareness of the many faces of DA

- Increase education and awareness in society of emotional and psychological abuse by demonstrating the variety of ways survivors are abused – Education on healthy relationships is important to enable recognition of emotional and psychological abuse and the significant and lasting harm they cause. Portrayals of DA, for example on TV programmes, should not focus purely on physical abuse but also show the psychological impact and manipulative nature of a perpetrator’s behaviour. Only by reflecting the range of abuse can society better recognise and call out abusive relationships.
 - Improve police understanding and recording of emotional and psychological abuse – Evidence shows that frontline police officers tend to focus on physical violence and the events of the current incident.⁶³ Police officers need to take better and more robust reports that include details of emotional and psychological abuse. To this end, frontline police officers should receive better training on the full range of DA behaviour, including emotional and psychological abuse. It would also increase their ability to assess both the level of risk to survivors and the steps necessary to manage it.
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7. Pressure from the community and minority status – Ensure all survivors have access to services and safety regardless of their life experiences, identities, backgrounds or migrant status

The seventh barrier identified from the findings is pressure from the community and minority status, which encompasses several issues. It reflects the additional barriers that survivors of minority communities face in escaping an abusive relationship. Some survivors talked about the pressure they were under from their community to stay quiet about the abuse, in particular not to report it to the police. This barrier is part of wider cultural barriers. Some communities emphasise group loyalty and interdependence and, in an attempt to preserve these values, encourage survivors not to report or escape abusive relationships. Consequently, these survivors have to choose between staying in an abusive situation or escaping and being ostracised by their community.⁶⁴

“I didn’t want [the] authorities to get involved because our family’s supposed to sort out our own problems by ourselves.”

James

“Being from an Asian community I put up with it, right? So I thought I had to carry on for the sake of family and all that... The mistake I would say I [made] coming from an Asian community is keeping myself to myself, not talking about the abuse. I protected him because when I came out, half of these people didn’t believe me. That’s what happens in Asian communities. They don’t want to talk about it. I have to protect my family and my parents.”

Esther

“I’m the kind of person who doesn’t like the police involved in my life, I don’t like the court. I tried to live my life so I don’t put myself in problems or certain situations where I have to encounter the police or go to court. I’m Jamaican and I’ve got a phobia of going to the police station and going to courthouses because that carries a stigma like you are a bad person. For us, we try not to go there.”

Kayla

In addition, migrant women who have come to live with their partners in the UK have other unique barriers. Several survivors told us about concerns related to immigration status and the risk of deportation that prevented them from contacting the police and legal system. Perpetrators also exploit their victims’ immigration status and fears about seeking support from the police by using threats of deportation and deceptive information to maintain control.

“He [the police officer] came back and told me that [this] is rape and in the UK this is [a] very serious crime. That’s when I really realised how bad it was, because I didn’t know even that I have my rights, because my husband always told me because I was a foreigner... he always made me think that I didn’t have proper rights in this country. That was one of the reasons that I never went to the police before.”

Lydia

Survivors also acknowledged that a limited ability to speak English is a barrier to reporting the abuse and seeking help. They spoke of how searching for the right help online can be a challenge when your knowledge of English is limited. It was also difficult for them to describe what was happening to them in English. Imkaan found that when survivors were unable to access support and speak about their experiences in their first language, this added a constraint to disclosing the abuse.⁶⁵ Similarly, evidence shows that many survivors of DA felt more comfortable about speaking with someone of the same ethnic or cultural background.⁶⁶

“First it’s language they don’t understand... let’s say, for example, English was not their first language, right? So how do you even explain it? How do you even say what you’re going through?”

Esther

“I didn’t know how to look online. I went online but again the language problems.”

Lydia

Recommendation: Ensure all survivors have access to services and safety regardless of their life experiences, identities, backgrounds or migrant status

- The Government should ensure that all survivors can access support services regardless of their immigration status or background. Different life experiences, identities, backgrounds or knowledge of English should not act as barriers to seeking help and safety. Furthermore, survivors who have no recourse to public funds due to their immigration status must be given equal access to specialist support.
 - Services should be designed to be tailored to the needs of everyone, including those facing additional barriers because of their background, immigration status or limited English language skills.
 - DA services should reflect the communities in which they operate – staff should be recruited from a variety of cultures and backgrounds and support should be available in a variety of languages.
 - Information on DA services, how to access them and the rights of migrant survivors should be available in different languages.
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8. Challenges in contacting survivors – Improve information provided by the police

DA survivors are entitled to an enhanced service from service providers, including the police (under the Victims Code). The Code places an obligation on the police to pass on details to support services within two working days of reporting the crime, subject to the victim's consent. However, there is a wealth of evidence that the police do not meet their obligations to victims under the Code.⁶⁷

As a consequence, support services face several challenges in contacting survivors. First, although survivors of DA should automatically be referred to support services following a report of an incident, in some cases for various reasons, the police make no referral. And in some cases the information forwarded by the police is incomplete or insufficient. When a referral is made, it should include a safe number for contacting the survivor. However, sometimes no phone number is provided, the number is incorrect or the police officer has not indicated that the number is safe to use. In these cases, support services cannot contact the survivor.

In addition, the final challenge is that to ensure survivors' safety support services should leave no trace of contact attempts. So they should not use voice messages, letters or text messages (unless explicitly agreed by the survivor). When VS cannot contact a survivor of DA, it sends the referral back, alerting the police to the issues in making contact so other measures can be taken.

Some of the survivors shared their frustration and disappointment that they have reported the crime to the police but were not contacted by a support service.

“They [the police] were supposed to refer me to Victim Support and they didn’t. It was actually the [name of a charity] that referred me when I went through all the investigation and everything. Then they actually referred me. I went three to four months without anything at all.”

Amy

“I had no support after I was first beaten up, none whatsoever. Nobody contacted me and said, ‘Did you need Victim Support?’ I didn’t know [Victim Support’s caseworker name] until I was beaten up the third time.”

Felicia

When a survivor is not contacted, a precious opportunity has been missed. Survivors need to overcome immense barriers before they contact the police or support services, so it is extremely important to establish and maintain contact after the survivor seeks help or when services become aware of the abuse. The police or other agencies should make every effort to pass on full, reliable and safe information to support services. The police should also give survivors information on the support available and how to contact services directly.

Recommendation: Improve information provided by the police

- The Victims Code must be monitored and enforced to ensure that all survivors who have given consent are automatically referred to support services.
 - The police should make every effort to improve contact information for the survivor when an incident has been reported. Complete and reliable information should be forwarded to support services.
 - When appropriate, the police should share information on available services with survivors to facilitate their ability to make direct contact with support services.
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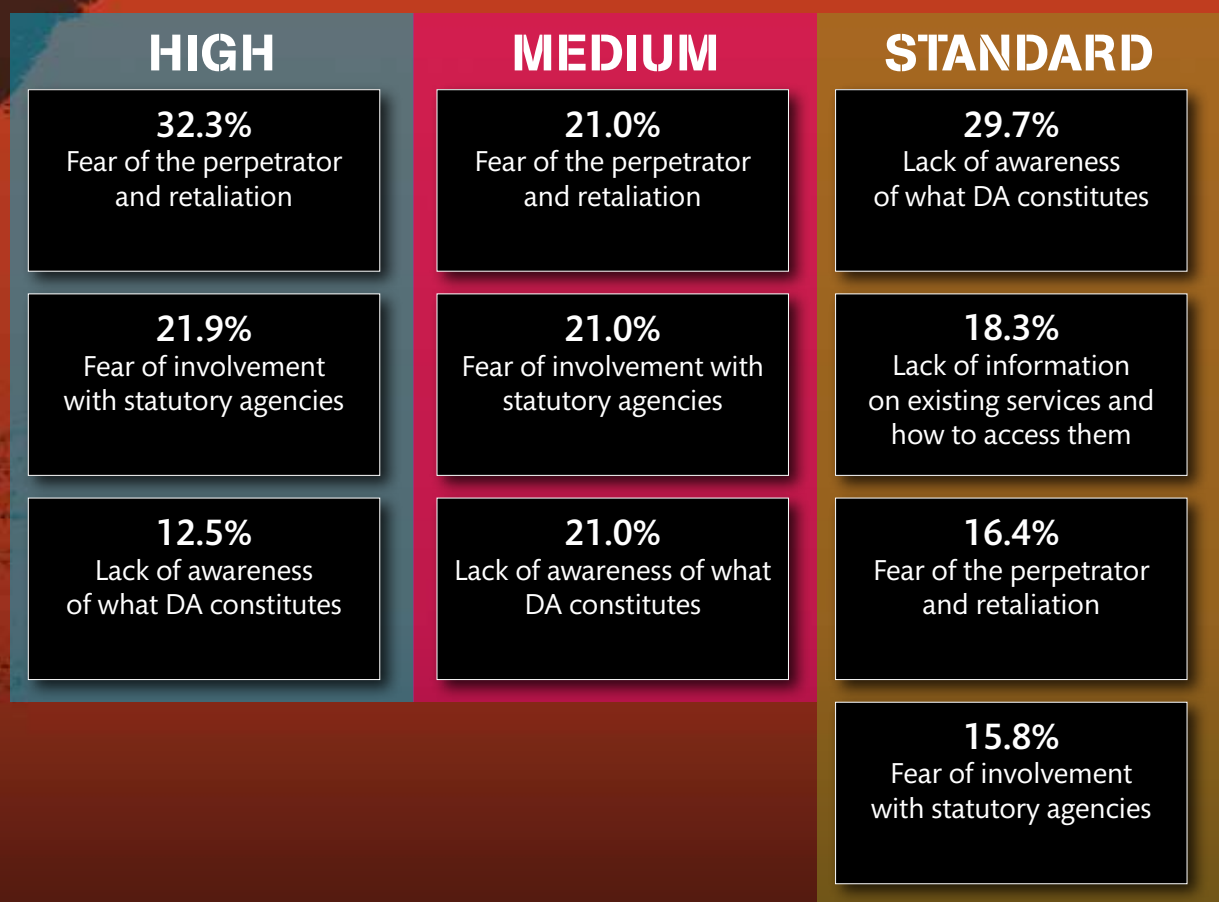
Are there different barriers for different risk levels?

A risk assessment model is used to help frontline practitioners and police officers identify high-risk cases of DA and to assist in the decision-making process on levels of intervention. The DA, Stalking and Honour Based Violence (DASH) risk model was developed by Laura Richards in partnership with Coordinated Action Against Domestic Abuse (CAADA, now called SafeLives).⁶⁸ The DASH has been used as standard practice throughout the UK since 2009 to assess the level of risk. Using a checklist of questions about the abuse alongside the practitioner's professional judgement and potential escalation each assessment is categorised as standard, medium or high risk. The resulting category dictates safety planning with survivors and influences the type and degree of intervention to offer the survivor. Those who are recognised as high risk are referred to the Multi-Agency Risk Assessment Conference (MARAC) to develop a suitable intervention plan. In the year ending September 2017, 84,707 cases were discussed at MARAC in England and Wales.⁶⁹ As risk in DA situations is dynamic and can change very quickly, it is important to revisit and review risk assessments according to circumstances. It is not uncommon for a DASH to be undertaken as soon as support services receive a referral, even though the police would have already made an assessment.

Few studies have looked at differences or similarities between survivors who are classified as different risk levels. To explore potential variations, we asked practitioners to differentiate the barriers that survivors of different risk levels face.

The results suggest that survivors classified as high or medium risk have very similar barriers. As can be seen in the figure, the practitioners identified fear of the perpetrator and retaliation as the most common barrier for survivors classified as high risk. Almost one in three (32.3%) practitioners indicated this barrier for this group. This barrier was also prevalent for survivors classified as medium risk (21.0%). Fear of involvement with statutory agencies is also a major barrier, according to the practitioners, for survivors classified as both high and medium risk (21.9% and 21.0%, respectively). However, while lack of awareness of what DA constitutes is also common in survivors classified as medium risk (21.0%), the practitioners consider it to be less widespread for survivors classified as high risk (12.5%). These survivors have probably been in contact at least once with agencies, which would raise their awareness.

The most common barriers to escaping an abusive relationship and seeking help by risk-level



Survivors who are classified as standard risk face somewhat different barriers, as reported by the practitioners. The most common barrier identified was lack of awareness of what DA constitutes (29.7%), followed by lack of information on existing services and how to access them (18.3%). Both barriers were much less prevalent for survivors classified as high or medium risk.

These findings emphasise the unique and distinctive needs of survivors who are classified as standard risk. The introduction of the IDVA in 2005 has made a major contribution to improving the support and safety of those who are categorised as high risk. However, those who are classified as standard and medium risk receive much less attention from policy makers and commissioning bodies.⁷⁰

Research suggests that domestic abuse services are focused on high-risk cases and delivering crisis interventions. As a result, survivors classified as medium or standard risk are not considered a priority until “they have escalated to crisis point”.⁷¹ More research on the different needs and experiences of survivors of different risk levels is required to inform service providers, commissioning bodies and policy makers on appropriate support and gaps in provision. Commissioning bodies, including local authorities and PCCs, should also ensure that services adequately cover those who are classified as medium or standard risk, and that they provide wide-ranging and high-quality services for all survivors and families.

Although it is right that resources are targeted at those in the highest need and most at risk, risk assessment only provides an evaluation of the survivor’s risk at a specific time and the abuse can escalate afterwards. Furthermore, research has raised concerns about the effectiveness of the DASH in accurately identifying the risk level of the survivor in police settings, especially those categorised as high risk. Some issues, which can affect the accuracy of the assessment, were identified. These include excessive focus on the characteristics of the immediate incident; insufficient training and guidance; incomplete and inconsistent recording of information; and lack of uniformity in the methods used for asking the DASH questions.^{72,73} Therefore, it is important that services for survivors who are classified as standard and medium risk have specific procedures and capability to assist these survivors sooner rather than later. Missed opportunities for early intervention could increase the risk of harm to the survivor and their family.

Some of the survivors who participated in the research expressed anger and frustration about the insufficient resources for survivors classified as at lower risk of harm.

“You know what, I came to the conclusion that unless my child was raped, or unless he [the partner] was threatening to kill me, then they won’t intervene.”

Esther



Good practice

Turning the Spotlight (TtS)

Commissioned by Cumbria Police and Crime Commissioner and delivered by VS, this service is uniquely designed for survivors with a risk level identified as standard or medium.

Its uniqueness lies in the holistic approach underlying the service, which views the family as a whole. It offers extensive support to families or individuals having difficulties in their relationships, as well as to individuals who have offended or caused harm, or are at risk of offending or causing harm.

Every family is supported by one caseworker throughout the process who builds a tailored package of programmes, to meet the specific needs of each family including individual support, programmes for survivors, partners and parents, using tools that link with education, self-awareness and skills for change, eg cognitive behavioural coaching (CBC). The service has high retention rates of 73% of participants.

Using a non-judgemental and restorative approach, the service gives participants the tools to either make their relationship healthier or amicably separate.

Recommendation – Better attention to the needs of survivors classified as medium and standard risk

- Commissioning bodies, including local authorities and PCCs, should make available a wide provision of services to address the unique needs of survivors classified as medium and standard risk. This will help to ensure that opportunities to intervene in such cases are not missed in a way that could put survivors and their family at unnecessary risk of harm.
- Use a whole-family approach to domestic abuse. This means that the identification and response to the survivor and other family members are embedded in the day-to-day practice of statutory agencies. It is necessary to ensure that all members of a family who have been affected by domestic abuse are identified at the earliest possible opportunity and that steps are taken to protect their wellbeing and safety.
- More research is needed to better understand differences or similarities between survivors who are classified as different risk levels and to inform appropriate support and gaps in provision.



Conclusions

There are a variety of barriers and challenges faced by survivors of domestic abuse to escaping an abusive relationship. Research plays an important part in moving from a crude understanding of these barriers to inform improvements in policy and practice to ensure they are addressed and reduced.

The current research identified eight barriers to escaping an abusive relationship. We discussed how society, support services, the CJS and government policies are accountable for these barriers and made recommendations to ease each one:

Barriers to escaping an abusive relationship: Required changes

1	Fear of the perpetrator and retaliation	Ensure survivors are safe
2	Controlling abuse and isolation	Break down the control
3	Lack of awareness of what DA constitutes	High-quality sex and relationship education in schools
4	Fear of involvement with statutory agencies	Improve training and additional co-locating of IDVA services
5	Lack of information on existing services and how to access them	Increase services' visibility and collaboration with health services
6	Emotional manipulation	Increase education and awareness of the many faces of DA
7	Pressure from the community and minority status	Ensure all survivors have access to services and safety regardless of their life experiences, identities, backgrounds or migrant status
8	Challenges in contacting survivors	Improve information provided by the police

While improvements have been made in the past two decades, including the introduction of a new offence of coercive or controlling behaviour in an intimate or family relationship, this report shows how policy and services are not only failing to support survivors' ability to escape but are in many ways accountable for survivors' challenges.

As it is rarely one barrier that stops survivors from escaping, but the combined and cumulative effect of multiple barriers, one change alone is unlikely to ease all the issues. Statutory and non-statutory agencies, including the police, commissioning bodies, health professionals, social services and DA services, should make every effort to improve their responses to DA.

While studies often focus on the barriers to escaping an abusive relationship for survivors of DA, very little is known about whether survivors classified as standard, medium or high risk face similar or different barriers. The findings from this research allow us to shed some light. On the one hand, actions focused on survivors of all risk levels should be used to ease shared barriers, especially those around fear of the perpetrator and retaliation, controlling abuse and isolation and fear of involvement with statutory agencies. On the other hand, the findings highlight unique barriers for each group and their characteristics. This emphasises the need for targeted approaches for each group to make it easier for them to escape the abuse and increase engagement with support services. A wide range of services is needed to address the unique needs of survivors classified as medium and standard risk.

This research focuses on the barriers to escaping an abusive relationship. While efforts to ease survivors' challenges in escaping are vital, DA will not end as long as perpetrators are not held to account. Further research is needed to understand why perpetrators do not stop the abuse, and what policies and practices should be used to reduce the number of perpetrators and to minimise repeat abuse.



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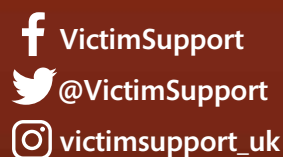
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