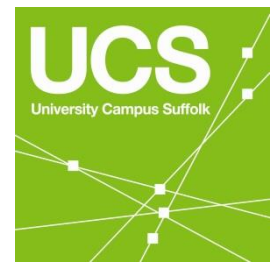


UNDER EMBARGO UNTIL 3:30 PM TUESDAY 3RD MARCH 2015



Understanding domestic abuse in Suffolk

A study of the experiences of survivors

Emma Bond



© iSEED 2015

Whilst every effort has been made to ensure that the information contained in this draft report is accurate and up to date, neither the authors nor iSEED can accept legal responsibility or liability for anything done by readers as a result of any errors or omissions.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form, or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior permission of the publishers, iSEED.

Published by:

iSEED

University Campus Suffolk

Waterfront Building

Ipswich

Suffolk

IP4 1QJ

TABLE OF CONTENTS

Foreword by the Police and Crime Commissioner	5
Executive Summary	6
Our Methodological Approach	6
Survivors' experiences of domestic violence and abuse	7
Survivors' experiences of the Police and the Criminal Justice System.....	7
Perceptions of services for survivors of domestic violence and abuse in Suffolk	8
Barriers to reporting domestic abuse and accessing support	9
Summary of recommendations	10
Acknowledgements.....	11
Introduction	12
Terminology	15
Demographics	16
Objectives of the study.....	20
Chapter 1 Understanding domestic violence and abuse.....	21
1.1 Types of Abuse experienced	22
1.1.1 Physical abuse	23
1.1.2 Psychological and emotional abuse.....	25
1.1.3 Sexual abuse.....	29
1.2 Use of social media in abuse	31
1.3 Male survivors	33
1.4 Risk factors	34
1.4.1 Previous abuse	36
1.4.2 Mental health	37
1.5 The Impact of abuse	37
1.6 Summary of Chapter 1	44
Chapter 2 Experiences of Criminal Justice System (CJS)	46
2.1 Police	47
2.1.1 Police responses to domestic violence and abuse	47

2.1.2 Assessment of domestic violence and abuse	53
2.1.3 MARAC.....	56
2.1.4 Perceptions of police action.....	58
2.1.5 Evidence.....	61
2.1.6 Communication.....	65
2.2 Court experiences.....	69
2.2.1 Criminal court.....	70
2.2.2 Family Court.....	73
2.3 Summary of Chapter.....	76
Chapter 3 Perceptions of support available	78
3.1 Supporting organisations.....	79
3.1.1 Level of risk	81
3.1.2 Moving location.....	85
3.2 IDVA Service in Suffolk.....	86
3.3 Support for Children.....	89
3.3.1 Social Services	91
3.3.2 Schools and Children’s Centres	93
3.5 Summary of Chapter 3	95
Chapter 4 Barriers to Reporting	97
4.1 The ‘intimate’ relationship as a barrier	97
4.2 Perceptions of police and the CJS.....	101
4.3 Cultural barriers	105
4.4 Lack of Informaton about services.....	107
4.5 Funding	108
4.6 Summary of chapter 4.....	110
Chapter 5 Developing an innovative approach	111
Recommendations.....	114
5.1 Reviewing the strategic integration of service provision	114

5.2 Improving communication	114
5.3 Making the criminal justice system more responsive	115
5.4 Improving service delivery for survivors of domestic abuse	116
5.5 Supporting children and young people	116
Chapter 6 Methodology	118
6.1 The methodological approach	118
6.2 Limitations of the study	120
6.3 Data analysis	121
6.4 Ethical considerations	122
References:	124

Since being elected as Suffolk's Police and Crime Commissioner, I have placed great emphasis on the need to keep victims at the heart of our services. This is especially relevant to dealing with domestic abuse; it is an integral part of my Police and Crime Plan and one of our top priorities.

One thing that became clear to me very quickly when engaging with victims across the county is that we need to look for ways to understand and deal with domestic abuse better to ensure we fully support survivors of this terrible crime. I know that the Constabulary, in partnership with other agencies, is committed to dealing with domestic abuse, but it is difficult to deal with an issue unless you really understand the extent of the problem. This is the reason why I commissioned this research.

It is a very sad reflection on our society that on average victims live with domestic abuse for five years before they have the courage to report the offences, so what we hear about is possibly only the tip of the iceberg. It is also the case that this appalling crime affects people at all levels of society. There are often unforeseen consequences for friends, relations and children who can be subjected to unbearable suffering, and the victims need help and assistance to come to terms with what has happened to them and rebuild their lives.

If we are really to get to grips with the magnitude of the problem, we really need to understand it from the victim's perspective. I believe this research will help us to understand the extent of the problem better. It should help us to formulate a multi-agency action plan so that we can greatly reduce this terrible crime as a matter of urgency.

The focus of the project was to examine the perceptions and experiences of a particularly vulnerable and marginalised group during their journey through the criminal justice process. I realised that the research by UCS would be a sobering lesson to us all, but it will really help us to understand what we are dealing with here in Suffolk.

I would like to make it absolutely clear that domestic abuse is never acceptable under any circumstance. There cannot, and must not, be any hiding place for the perpetrators of such brutal crimes.

There is work to be done, and I am confident we can make difference.

Victims are, and must always be, at the centre of everything we do, and I would encourage anyone who is experiencing the terror of domestic abuse to speak up and report it.

Tim Passmore
Police Crime and Commissioner for Suffolk

EXECUTIVE SUMMARY

Whilst this report draws on wider national research and empirical evidence from other studies relating to domestic violence and abuse, it concentrates on the verbatim data drawn from individual interviews and focus groups based on the experiences of 69 Suffolk survivors (63 females and 6 males) who volunteered to take part in this study. Additionally, the views of 16 police officers and 24 professionals working directly with people affected by domestic violence and abuse in Suffolk, who also volunteered to be interviewed, are also considered in the report.

The research, commissioned by Tim Passmore, the Police and Crime Commissioner for Suffolk, was undertaken across Suffolk between May and December 2014. It was based on four main objectives:

- ◆ To provide a detailed understanding of the perceptions and experiences of survivors of domestic violence and abuse relating to their journey through the criminal justice system.
- ◆ To identify survivors' perceptions of current support and service provision currently available.
- ◆ To identify barriers to engaging with current support and services, and consider how these may be overcome.
- ◆ To consider what types and levels of support and services survivors of domestic violence and abuse would like to be able to access in order to shape an innovative approach to providing appropriate support.

OUR METHODOLOGICAL APPROACH

There are many different research strategies based on interrelated epistemological, ontological and practical foundations, and it is essential in devising a robust research strategy that the research methods effectively meet the aims and objectives of the study. This research set out to examine the experiences of survivors of domestic abuse and adopted the use of interviews to produce qualitative data as more quantitative approaches would not have been appropriate to address the aims of the research effectively. Our methodological approach was appropriate to meet the objectives of the study and other methods may not have provided the rich insights into the survivors' experiences which are presented in this report. Throughout the research we were keen to address the traditional imbalances of power and strived to ensure that the survivors' voices remained at the centre of the research strategy and in the way that the findings of the study are reported.

Whilst opportunity sampling is sometimes viewed as a less robust form of sample selection (than, for example, a random sample strategy more commonly used in surveys), it is widely accepted in the research community as being employed by social researchers studying hard-to-access groups. Although concerns may be raised from a positivist perspective over the small sample size, and the difficulty in replicating and generalising from the study, these are common disadvantages associated with qualitative research. The limitations of the study are acknowledged but many of the findings of this study closely reflect

findings of wider research on domestic abuse elsewhere including the recently published SafeLives analysis of the largest national database of domestic abuse detailing 35,000 unique cases of adults experiencing domestic abuse and a further 1,500 unique cases of children in domestic abuse households.

SURVIVORS' EXPERIENCES OF DOMESTIC VIOLENCE AND ABUSE

Survivors' individualised experiences of domestic violence and abuse are fundamental to understanding their perceptions of the Criminal Justice System (CJS), their views on the support available, and the barriers to reporting abuse. The participants also considered the types and levels of support needed by survivors in Suffolk. Whilst there are known risk factors in relation to domestic violence and abuse, it is important to recognise that these should not be understood as a 'tick list' as it is the complex interrelationships between the risk factors that need to be understood. Two-thirds of the survivors in the study had experienced physical abuse; threats to kill had been experienced by 34 participants; and all the survivors had experienced emotional and psychological abuse.

Controlling behaviour often goes unrecognised by survivors themselves and can be difficult to identify for professionals. All the survivors in the study had experienced abusive behaviour directly via social media and mobile technologies, and this included threats, humiliation and insults, racial and sexually abusive content and revenge pornography. Thirty-three participants had experienced sexual abuse and 20 had been raped. Threats to kill, actually killing, or abusing animals were also common in the accounts, as was forcing survivors to view pornography.

Male survivors similarly experienced a range of domestic violence and abuse behaviours. In 23 of the survivors' accounts, their children had been physically abused and in 15 accounts sexually abused.

Domestic violence and abuse often goes unreported, or is under-reported, and this is well known to both the professionals and police officers who took part in the Suffolk study. The abuse often continues or increases after separation, and frequently worsens during pregnancy. Mental health problems are often associated with domestic violence and abuse for both the survivor (depression and self-harming), and for the perpetrator (violent and psychotic episodes). The impacts of domestic violence and abuse are serious, long-term and highly damaging, and the long-term consequences for children witnessing domestic violence and abuse have been well documented.

SURVIVORS' EXPERIENCES OF THE POLICE AND THE CRIMINAL JUSTICE SYSTEM

There is considerable inconsistency in the survivors' experiences of police attitudes, responses, assessment procedures and actions. Call-handlers and many police officers are viewed positively by survivors. Some survivors and professionals in the study, however, reported police officers as being rude, lacking an understanding of domestic violence and abuse, and unhelpful. They

identified a clear need to improve police training on domestic violence and abuse, and acceptable modes of conduct when responding to reports of domestic violence and abuse, especially with regard to male survivors. The police assessment of a reported case, categorised as '*high*', '*medium*' or '*standard*' risk, influences subsequent levels of support and access to other services. The assessment process currently adopted requires evaluation, and improved quality control mechanisms.

Examples of poor communication between the police and survivors, the police and the Crown Prosecution Service (CPS), between different police forces, and between police officers themselves, had a negative impact on how survivors perceived the police service generally. Poor communication practices had serious safety implications in some instances for survivors and their families, and this undermined their confidence in the police to keep them safe.

There are differences of opinion over what constitutes positive police action in responding to cases of domestic violence and abuse, even between the police officers themselves in the participants' accounts. The lack of perceived positive action by survivors is an influential factor with regard to whether or not abuse is reported. There is uncertainty in many cases as far as evidence gathering is concerned, the value of victim impact statements, and decisions made in relation to the charges brought. Poor communication between the police and CPS further undermines survivors' confidence in the CJS.

The court process often takes considerable time, and during that time survivors often withdraw charges, experience considerable stress and anxiety, or return to the perpetrator, especially if unsupported. Court hearings are viewed by many survivors and professionals as intimidating, humiliating and frightening, with poor sentencing outcomes. Judges and magistrates were often viewed as having a poor understanding of domestic violence and abuse, especially of emotional and psychological abuse. In many cases judges and magistrates failed to understand, or take seriously, examples of online abuse, and did not understand how social media worked. The family court was also viewed by survivors and professionals as highly problematic, and the pro-contact ideology (for the perpetrator) as potentially harmful for survivors and children.

PERCEPTIONS OF SERVICES FOR SURVIVORS OF DOMESTIC VIOLENCE AND ABUSE IN SUFFOLK

Overall, the participants in the study felt that support for survivors of domestic violence and abuse in Suffolk is fragmented and confused with some areas of overlap but considerable gaps in service provision. From the participants' accounts there are marked geographic differences in support available, with little or no support in rural areas. According to the professionals and the police officers who took part in the study the triage approach to risk assessment predetermines the level of support potentially available, and this leaves many survivors, who are at '*medium*' or '*standard*' risk, with little or no support at all. They also felt that the availability of short-term funding as opposed to longer-term, sustainable funding mechanisms has generated a plethora of short-term support programmes and time-limited support services. The majority of the

participants perceived there to be a lack of clear information about what services are available in Suffolk, poor information-sharing between organisations, and a lack of partnership working. Male survivors do not feel they have equal access to the support and services available to female survivors.

The survivors we spoke to who received support from the Independent Domestic Violence Adviser (IDVA) service felt that it had provided an excellent level of support to those who are able to access it. Although the service was severely under-resourced at the time of the study, the feedback from survivors who had the support of an IDVA was overwhelmingly positive. The new investment in the IDVA service has been welcomed, but there is, many professionals suggested, a need for improved clinical supervision and workload monitoring.

Moving location and the refuge system is a significant factor in providing safety for survivors and their families, but this can lead to an erosion of social capital and, therefore, increase the vulnerability of survivors. Support for survivors of domestic violence and abuse needs to be appropriate and available to those who need it. The participants felt that more long-term, sustainable and responsive strategies are needed.

54 of the 69 survivors had children and 49 of those survivors, and most of the professionals who contributed to the study, felt that there is a dearth of supportive services available for children and young people in Suffolk, in spite of the well-documented long-term serious psychological consequences for children experiencing domestic violence and abuse. Individual school and children's centres have provided much welcomed support for families. All the participants felt that schools have a vital role to play in raising awareness of domestic violence and abuse, and providing a catalyst for a generational change in better education for young people in relation to understanding and challenging abusive behaviours and that this should be a priority for Suffolk.

BARRIERS TO REPORTING DOMESTIC ABUSE AND ACCESSING SUPPORT

Knowledge and understanding of the types and characteristics of domestic violence and abuse, and the factors associated with it, are essential to understanding the barriers to reporting domestic violence and abuse. Fear of the perpetrator and the abuse escalating are the main barriers to reporting. Low self-esteem and a lack of awareness that the relationship has been abuse, especially in relation to psychological and emotional abuse, are also barriers to disclosure. Other factors included the stigma associated with abuse (especially for male survivors and those that had experienced sexual abuse), and concerns that the participants would not be believed or have their children taken away.

The concept of social capital is important to understanding reporting and disclosure behaviours. Participants often spoke of a 'tipping point' in their relationship, which changed their attitude towards reporting and seeking help. Negative attitudes from some police officers prevented reporting or the further reporting of abusive behaviours in some accounts.

Cultural barriers to reporting and seeking help need to be better understood in order to overcome them. The participants felt that considerable confusion over

the support services available in Suffolk prevents survivors from seeking help and support. In their view the lack of clear information about where to go for help and how support can be accessed prevents many survivors from reporting abuse. Overall funding shortages and small-scale, short-term funding opportunities compromise the extent and sustainability of support programmes.

SUMMARY OF RECOMMENDATIONS

The report has identified many areas of good practice in relation to the support victims and survivors of domestic violence have received. Many agencies in Suffolk acknowledge the importance of partnership working, inter-professional practice, and that domestic violence must be addressed in ways that recognise that solutions must be as much proactive and preventative as reactive.

While the report found a number of examples of best practice that deserve commendation, the participants' accounts nevertheless point to failure at many levels in the way survivors are treated by the agencies who should be supporting them. The report recommends that the findings of this report be included as part of an independent county-wide strategic review of service delivery, conducted with all relevant stakeholders including survivors and their families. This independent review should be mandated to establish a common strategic direction for the provision of domestic violence services across Suffolk, based on a systematic assessment of need and a clear action plan with time scales for delivery. Whilst the importance of effective communication between agencies, and between agencies and survivors, is clearly acknowledged, the participants' accounts illustrate how in reality communication can be inadequate. We therefore recommend that a fundamental review be conducted into how agencies communicate effectively between each other and with victim.

Given the mixed and often negative experience of the CJS participants described in the study, the report recommends that the police and those involved with the CJS in Suffolk have frequent up-to-date training on domestic violence and abuse, including emotional and psychological abuse and the impact this can have on survivors and their families.. Magistrates and judges also need training especially with regard to the impact it can have on survivors and their children, and with regard to the importance of considering the history of domestic violence and abuse in child contact and access arrangements. It is also recommended that the police review the domestic abuse assessment process in their area and consider how they can work more effectively with police forces from other counties to ensure the safety of survivors in Suffolk.

Organisations providing support for those affected by domestic violence and abuse need to clearly identify the services they are providing. They need to ensure that they provide equal access to safe and confidential advice and support, and work more collaboratively with other agencies. They should systematically review the services they are providing to ensure that they dovetail and minimise duplication. The report recommends that services are based on evidence-based practice and be user-centred in both their design and delivery to meet the needs of those that require them. Consideration needs to be given to

providing one named point of contact for survivors to co-ordinate other services and support mechanisms and all those working for them or volunteering with survivors and their families should have up-to-date and appropriate training.

Every child in Suffolk who has been affected by domestic violence and abuse should be able to access high quality intervention and appropriate supportive services. It was the perspective of 49 survivors who took part in the study and many of the professionals we interviewed, that support services for children of victims of domestic abuse were inadequate to meet their or their parents' needs. The report recommends that as part of an independent systematic review of provision, the geographical distribution and adequacy of support services for children of survivors of domestic violence is examined with a view to ensuring that every child has access to the services required to protect them and that these are appropriate to their needs. The report also recommends that a comprehensive programme of education is developed in order to ensure that children and young people are given information and advice on all types of domestic abuse and that children are the space to talk about their feelings, their worries and their hopes about relationships that provide opportunities to challenge unhelpful stereotypes and reinforce positive relationship characteristics.

ACKNOWLEDGEMENTS

This report was authored by Dr Emma Bond, Director, iSEED (The Institute of Social, Educational and Enterprise Development at UCS).

Mark Manning, Lecturer in Criminology at UCS, made contributions to the report on the experiences of male survivors, and commented on the draft report.

Professor Simon Hallsworth, Executive Dean of the Faculty of Arts, Humanities and Applied Social Science at UCS, edited the draft report and contributed to the recommendations.

The fieldwork for this study was undertaken by members of the research team at iSEED, University Campus Suffolk, and led by Dr Emma Bond between May and December 2014.

Our grateful thanks are extended to Claire Swallow, Deputy Chief Executive, and Vanessa Scott, Policy Officer, both from the Office of Suffolk's Police and Crime Commissioner for their ongoing support throughout the study and to Louou Brown, Professional Member of the Society for Editors and Proofreaders, louloubrown@btinternet.com who copy edited the report.

DOMESTIC VIOLENCE AND ABUSE IN SUFFOLK – THE EXPERIENCES OF VICTIMS.

I may have survived the abuse but I remain a victim of the system
(Survivor).

INTRODUCTION

This study was undertaken by University Campus Suffolk (UCS) between May and December 2014. The research, commissioned by the Police and Crime Commissioner for Suffolk, Tim Passmore, aimed to provide independent evidence relating to the perceptions of survivors of domestic violence and abuse, and their experiences of the criminal justice system in Suffolk, in order to contribute to the development of more effective and appropriate support and services. The research focused on the experiences of survivors of domestic violence and abuse perpetrated by partners and ex-partners of the criminal justice system; the support and services available to them and their families; and their reasons for reporting, or not reporting, the abuse to the police.

Previously viewed as a ‘private matter’, domestic violence was traditionally left for families to resolve. Today it is viewed as a critical problem (Mears and Visher, 2005). The HMIC report (2014) on Suffolk Constabulary’s approach to tackling domestic violence and abuse found that domestic violence and abuse accounted for 3 per cent of calls to the police for assistance in Suffolk, and that 34 per cent of these calls were from repeat victims. Overall, domestic abuse accounted for 7 per cent of all recorded crime in Suffolk and, of the 164 recorded assaults with intent to cause serious harm, a quarter were related to domestic violence and abuse. Suffolk Constabulary recorded 3,402 assaults with injury, and of these nearly one-third were domestic violence and abuse related. Nearly half of the 532 harassment offences recorded in Suffolk were domestic abuse related (for the 12 months to end of August 2013) and 9 per cent of all sexual offences (recorded in the same period) were related to domestic abuse (HMIC, 2014). For every 100 domestic abuse crimes recorded, there were 75 arrests in Suffolk. Suffolk recorded 2,861 domestic violence and abuse-related crimes (for the 12 months to the end of August 2013); 28 per cent resulted in a charge, 13 per cent resulted in a caution, and 3 per cent had an out-of-court disposal, for example, a fixed penalty notice for disorderly conduct. ‘Domestic violence is a devastating experience to victims, and therefore, society has an obligation to take serious steps toward effective prevention and intervention’ (Mears and Visher, 2005: p. 210). Domestic violence and abuse is one of the Suffolk Police and Crime Commissioner’s (PCC’s) priority themes and is included in the PCC’s Police and Crime Plan 2013–2017.

Whilst this report draws on wide research and empirical evidence relating to domestic violence and abuse, it concentrates on the experiences of the Suffolk survivors themselves and their lived realities. Sixty-nine survivors in total voluntarily agreed to be interviewed for this study, all of whom lived in Suffolk. Additionally, the views of 16 police officers in Suffolk and 24 professionals (4 managers and 20 professional support workers working directly with people affected by domestic violence and abuse from organisations based in Suffolk), who also volunteered to be interviewed, are also considered in the report.

This report should be of interest to those working with people affected by violence and their families, and those wishing to improve the support and services available to survivors and their families. It should raise awareness of how survivors themselves view the criminal justice system, the responses from both statutory and non-statutory agencies, and the effectiveness of interventions and programmes currently available.

The report is structured in response to the objectives of the research study (see p. 12). Chapter 1 initially outlines the survivors' experiences of domestic violence and abuse and the impact that the abuse has had on their lives and the lives of their children. The data which underpins the report includes accounts from the professionals and police officers, and Chapter 2 explores the different types of abuse which survivors had experienced, including physical, emotional, psychological and sexual abuse. The long-term effects of domestic violence and abuse are covered here, for example, low self-esteem and a lack of self-confidence, drug and alcohol misuse, and social impacts, including isolation from family and friends. Chapter 3 considers the perceptions that the survivors held in relation to their experiences of the criminal justice system (CJS), from the first point of contact they had with the police through to any interactions with the CJS and any court procedures. Many discussions with both victims and professionals working with people affected by domestic violence and abuse included not only the CJS but also civil court proceedings, often in relation to divorce, financial matters and child contact and access. The survivors' views of the support and services available to them is considered in Chapter 4, and profiles the support they received from police and other statutory and non-statutory organisations, as well as their views on intervention programmes (for example, The Freedom Programme and The Stronger Families Programme), and their perspectives on the specific types of support they had received (such as counselling services or specific support in relation to the court process, for example, from an Independent Domestic Violence Advisor – IDVA). Chapter 5 examines the barriers participants found when engaging with services available to them; these include the participants' views on whether or not they chose to report the abuse to the police and any issues in relation to non-engagement with support services. The chapter outlines the factors stated by the participants in the study, both by the victims and the professionals, as to why domestic violence and abuse continues to remain unreported or under-reported. The report finally considers suggestions made by the participants to raise awareness of, and improve, the services and support available, and proposes some recommendations to inform an innovative approach to developing more effective, appropriate and consistent services in Suffolk.

In undertaking sensitive research of this type it is important to remember that the people participating in the research are 'often marginalized and vulnerable' and that 'participation in research provided an opportunity for some people to be listened to by a person who really did want to hear their story' (see Dickson-Swift et al., 2008: p. 42). Our grateful thanks are extended to the organisations which supported this research initiative, in particular, the Office of Suffolk's Police and Crime Commissioner; members of Suffolk Constabulary; Suffolk County Council, Lighthouse (formerly Ipswich Women's Aid); One Voice 4 Travellers; Dignity; Compassion; Anglia Care Trust; Icenip Ipswich, Ipswich; and Waveney Domestic Violence & Abuse Forum and Victim Support. Most importantly, however, our heartfelt gratitude goes to the 69 survivors, who themselves have been directly affected by domestic violence and abuse and who kindly volunteered to talk to us about their experiences. 'Violence constructs knowledge, creates knowledge for the violated, and reduces voice, sometimes totally if killed' (Hearn, 2012: p. 164). This report is based on the knowledge of violence and knowledge of abuse, and it is those voices that illustrate and evidence the findings presented here. It is their real-life and often very traumatic experiences that provide the much needed detailed illumination to the often hidden realities of so many people's lives which have been affected by domestic violence and abuse. **Every single participant in this study, who had experienced, or who is still experiencing, domestic violence and abuse, willingly gave their time and were prepared to tell their story, however painful it was for them to do so, to enable other people affected by domestic violence and abuse to be helped or to receive better support than they themselves may have received.**

TERMINOLOGY

There has been considerable academic and public debate on the terminology used in relation to referring to people affected by domestic violence and abuse. According to Women's Aid (online) the terms 'victim' and 'survivor' are both used, depending on the context. 'Survivor' is, however, preferred as it emphasises an active, resourceful and creative response to the abuse, in contrast to 'victim', which implies passive acceptance. Dunn (2005) suggests that many academic representations of battered women focus on their emotionality and victimisation, whereas more recent constructions focus on their rationality and agency, and she suggests that constructing battered women as survivors may also mitigate some of the stigma that can attach to victimisation. The term 'survivor' has therefore been adopted in this report, other than when it appears as terminology used in other empirical research studies or in the verbatim data when participants refer to themselves or others as 'victims'.

It was interesting to note from analysis of the interview data that whilst the majority of the police officers tended to refer to 'victims', those professionals who worked for, or volunteered with, supporting organisations tended to use the term 'survivors'. The survivors themselves often spoke in their accounts about how they felt about the victim/survivor dualism, and how they felt about themselves in relation to these terms:

I don't like referring to myself as a victim – because if I do I will become a victim and I will fall back into that – it is the – I have [number of] little people relying on me to keep it all together and it is that – if I think of myself as a victim I will let myself fall apart – I mean every day is a struggle to make sure that I keep everything together and stay in control but that might not – I am not a survivor in the sense that I am a powerful women – hear me roar – I am nowhere near that but I got out, I escaped (Survivor).

Similarly, there has been considerable discourse in both the academic and policy arena relating to the terminology between 'domestic violence' and 'domestic abuse'. Lavis et al. (2005: p. 442) helpfully highlights the differences in the use of the different terminology: '**Domestic violence** is employed as it seems to convey the brutality, breadth and depth of the behaviours and actions which constitute the phenomenon. The term **domestic abuse** denotes the inclusion of behaviours and actions that are less visible, but no less severe, being psychological and/or emotional in nature.'

This report uses the definition of *domestic violence and abuse* as defined by the Home Office (2013: p. 2):

Any incident or pattern of incidents of controlling, coercive or 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. This can encompass, but is not limited to, the following types of abuse: psychological; physical; sexual; financial and emotional.

If, however, the participants used other terms in their discussions which have been quoted verbatim, the terminology used originally by the participant has not been changed.

When this study was originally commissioned in March 2014, the terminology adopted in the research objectives had a focus on domestic violence; however, on account of the announced changes in the law during the time that the study was undertaken, it was decided, in direct consultation with the Office of the Police and Crime Commissioner for Suffolk, to amend the research objectives to *domestic violence and abuse* to reflect the wider legal parameters.

On 18 December 2014, the Home Secretary Theresa May announced that domestic abuse now included the offence of coercive and controlling behavior, which would carry a maximum penalty of five years imprisonment and a fine.

The new law will help protect victims by outlawing sustained patterns of behaviour that stop short of serious physical violence, but amount to extreme psychological and emotional abuse. Victims of coercive control can have every aspect of life controlled by their partner, often being subjected to daily intimidation and humiliation (Home Office, 2014a; online).

DEMOGRAPHICS

Estimates from the Crime Survey for England and Wales (CSEW) indicate that 2 million adults experienced domestic abuse in the year 2011/12 (Dar, 2013). However, research into the prevalence of domestic violence and abuse is problematic:

Difficulties in measuring the extent and nature of domestic violence, however, go well beyond these definitional issues. Domestic violence is a very private crime. Victims of domestic violence are less likely than victims of other forms of violence to report their experiences to the authorities because of beliefs that their abuse is not a matter for police involvement, their experiences too trivial, or from fear of reprisal. There is thus significant under-reporting of domestic abuse by victims, and it is acknowledged that data on reported incidents and cases prosecuted, which has recently started being collected by the criminal justice system, represents the tip of the iceberg (Dar, 2013: p. 2).

Police forces collect domestic violence incident data in accordance with the National Standard for Incident Recording (NSIR) at police force area level. On 31 August 2013, Suffolk had 296 active medium domestic violence and abuse cases; 36 per cent were high risk, 30 per cent were medium risk, and 33 per cent were standard risk (HMIC, 2014). While these figures indicate that domestic violence is a problem, they nevertheless understate the incidence and extent of the problem because many cases remain unreported or unrecorded (Barnish, 2004: p. 8). Thus the number of people affected by domestic violence and abuse in Suffolk is arguably far higher than the statistics portray. The reasons why the participants in Suffolk did not report abuse, or did not report all incidences of abuse, are profiled in the findings of this report and are discussed in detail in Chapter 4. It pays to consider some of the key causes for under-reporting as it helps to understand why recorded figures underestimate the true figure.

As one professional explained, many survivors are too frightened to report abuse:

In most cases women are scared and too scared to report it because they are scared of what might happen if they do report it and they are not aware of what will happen. ... They are scared financially that they won't be able to cope and they are scared because of threats and threatening behaviour – they may believe that behaviour. Some men threaten to kill themselves if they leave and some men actually do do that or they threaten to kill them [mothers] or their children. A lot of women don't realise that there is so much support available and it can happen to anyone – people say I thought it can only happen to women who don't work or who have low social status but there are professional women that come here – it can happen to anybody – and it can happen to them – teachers, nurses, anyone but some women feel ashamed that it has happened to them and feel like it is their fault but it is not (Professional).

Similarly, in relation to male survivors, there are a complex array of facts relating to why men are reluctant to report domestic violence and abuse and research by Hogan et al. (2012) found that when male survivors eventually seek help they are likely to be accused of being perpetrators by a system which remains resistant to seeing males as survivors of domestic violence and abuse.

While domestic violence typically remains an under-reported offence, a reported increase in reporting cannot be taken unproblematically to mean that domestic violence cases are increasing. This might reflect raised awareness on the part of survivors, or effective support services, as one police officer in our study explained:

When we had this target driven type of police thing, reduce crime, we actually in the business where I was in, we had child protection, domestic abuse, related violence – these were all hidden crimes, under-reported, and I wanted an increase, but there was the pressure 'what the hell are you doing about this? It cannot go on.' And we actually, at one point, had the highest rate of sexual violence and sexual crime in the country. That is not telling us that Suffolk is a place where there are people being raped here there and everywhere, I think it tells us that people were perhaps more understanding. We put out a lot of publicity about support functions so people were perhaps willing to come forward (Police officer).

Thus perceptions of efficiency may be associated with high reporting rates because the police and associated agencies are being successful in encouraging victims to come forward and are providing effective safeguarding and support for survivors and their families. It should not be seen as an increase in crime occurrence.

In the Suffolk study, 69 participants who had experienced domestic violence and abuse volunteered to be interviewed. They came from a wide range of backgrounds and socio-economic status, and were widely dispersed geographically across the county. Each account was individual and unique to the

circumstances of that relationship. Whilst the terms '*domestic abuse*' and '*domestic violence*' are gender neutral, it is important to remember that 'both the extent of domestic violence globally and research, especially feminist research, on the gendered problem are vast, with women the overwhelming majority of victims and men the great majority of perpetrators, especially of more severe and extended forms' (Hearn, 2012: p. 153). It is important to remember, however, that 16.3 per cent of males will experience domestic violence in their lifetime (Home Office, 2014b). The involvement and experiences of male survivors of domestic violence and abuse remains a contested and under-researched area (Hogan et al., 2012); yet, whilst male survivors represent a statistically smaller sample of the population, they are, nonetheless, a significant number. Safelives (2015) estimates that at least 100,000 victims of domestic violence are at high risk of murder or serious injury in England and Wales, 94 per cent of them women. Sixty-three women and 6 men volunteered to be interviewed for the study, and although a small sample size of male participants ($n=6$), the findings are very informative, to the extent that their experience of the criminal justice system and support services are wholly consistent with the findings of existing empirical and policy research elsewhere. Specific questions about age, ethnicity and occupation were not directly asked, but these concepts appear in the data as being of interest as they arose in some participants' accounts as being important to them, and as relevant to their experiences of domestic violence and abuse.

The occupational status of perpetrators and survivors varied widely. Many perpetrators were from professional backgrounds, including general practitioners (GPs), a social worker, serving police officers and members of the armed forces, whilst others were unemployed or homeless. The survivors' professional status also varied. A number held professional occupations such as teachers, nurses and social workers, whilst others were in part-time or low income jobs, homemakers, or unemployed.

Some studies have found a connection between factors relating to socio-economic status and abuse. Poverty, isolation and unemployment, as well as inequality between partners, are well-documented indications of an increased risk of domestic violence and abuse. Findings from the British Crime Survey (Walby and Allen, 2004) found that there was little variation in the experience of interpersonal violence by ethnicity. It should be noted, however, that 'a review of the literature reveals little research on domestic violence amongst immigrant populations but suggests that cultural factors related to language, beliefs, traditional help-seeking behaviour and degrees of acculturation all influence how victims experience and respond to abuse' (Hoyle, 2011: p. 154).

The varied occupational backgrounds of the participants in the Suffolk study provide empirical support for Hoyle's claim that one of the 'persistent orthodoxies is that all women are equally vulnerable to abuse' (2011: p. 156). Research, however, suggests that for women from low socioeconomic backgrounds poverty compounds the negative effects of domestic violence and abuse. While other studies have suggested high socio-economic status may decrease the risk of experiencing domestic violence, a recent study in Norway by Bjelland (2014), published in the *Telegraph*, found that better educated women

who earned more than their partner had an increased risk of experiencing both physical and psychological abuse. The considerable diversity in the demographic factors associated with the survivors in the sample in the Suffolk study is not unexpected, and reflects wider research undertaken elsewhere; for example, as seen in the findings of the evaluation carried out with Independent Domestic Violence Advisors (IDVAs) by Howarth et al. (2009) which found considerable socio-economic diversity in their 'high risk' sample. One professional in our study discussed the stereotypical assumptions that people might hold with regard to expected patterns of domestic violence and abuse, and stated that these assumptions are often challenged by the reality of the perpetrator's professional status:

I have known doctors that were perpetrators, solicitors, and one barrister. It is all levels of society and that is what people find it hard to understand (Professional).

In the Suffolk study, socio-economic status was discussed by both survivors and some professionals in relation to the way the criminal justice system continued to view perpetrators in often stereotypical ways. Those with a professional background were less likely to be viewed as perpetrators by the police, courts or other statutory agencies such as social services. As a survivor explained:

I mean he's a GP for God's sake. Who is going to believe that he was capable of doing this to me? Who is going to believe me over him? They all know him and work with him. No one is going to believe me – are they? (Survivor).

Socio-economic status was also seen as a potential barrier to accessing support services. Professional or 'middle-class' mothers felt that they were judged by social care professionals as 'coping' or 'doing a good job of parenting' so were not seen to be 'in need' of additional support for their children such as counselling services, even though the children were on the At Risk Register and the mothers had asked for extra help to support their children after witnessing violent domestic violence and abuse.

OBJECTIVES OF THE STUDY

1. To provide a detailed understanding of the perceptions and experiences of survivors of domestic violence and abuse relating to their journey through the criminal justice system.
2. To identify survivors' perceptions of current support and service provision currently available.
3. To identify barriers to engaging with current support and services, and consider how these may be overcome.
4. To consider what types and levels of support and services survivors of domestic violence and abuse would like to be able to access in order to shape an innovative approach to providing appropriate support.

This chapter considers the types of abuse that the participants in the study had experienced. It was felt important to include this information as it provides background information on the nature of the abuse that the survivors had experienced and contextualises their perceptions of the criminal justice system; their views on the support available to them; and also helps to identify the barriers they experienced in relation both to reporting abuse and to engaging with support services. For the survivors in the Suffolk study it was clearly important for them to contextualise their perceptions of the Criminal Justice System (CJS) and the support they had, or had not, received in relation to their individualised experiences of abuse. Their experiences of abuse are therefore included here, as for the survivors it is their actual lived experiences of domestic violence and abuse that were fundamental to their perceptions of the CJS; their views on support available; the barriers to reporting; and consideration of the types and levels of support needed in Suffolk.

The chapter sets out to examine the nature of the domestic violence and abuse experienced by the participants in the Suffolk study, both in order to capture the varied forms it takes and to inform the development of more innovative and appropriate responses and services for survivors of domestic violence and abuse in Suffolk.

In relation to what follows, it is important to remember that 'domestic abuse is best understood as a pattern of behaviour rather than a single abusive incident per se' (Howarth et al., 2009: p. 7). This qualification is necessary because violence continues to be 'constructed as occurring in "incidents", as "incidental"; it is incidentalized' (Hearn, 2012: p. 158). This not only fails to capture the experience of violence as experienced by survivors, but this unhelpful construction of abuse, as the report makes clear, continues to shape the way statutory agencies view and respond to it.

The chapter provides an understanding of types of domestic violence and abuse experienced by the survivors in Suffolk who participated in the study and the types of domestic violence and abuse that some police officers and professionals have responded to. Whilst there are known risk factors in relation to domestic violence and abuse (Barnish, 2004), and these are important to recognise, they are nevertheless not a simple 'tick list', and it is the very complex interrelationships between the risk factors that need to be understood. Domestic violence and abuse has long-term consequences for the survivors and for their families, and it is essential that those working with, and supporting, survivors of domestic violence and abuse, and those developing policy and services, have a thorough understanding of these consequences and that the support provided is appropriate and relevant to the survivors' needs. The different characteristics of domestic violence and abuse also show why survivors often do not report the abuse or are reluctant to engage with support services. Understanding domestic violence and abuse in Suffolk, the types of abuse experienced, the complex interrelationships between a wide variety of risk factors, and the long-term consequences for domestic violence and abuse on survivors and their children, need to be understood if the responses to domestic violence and abuse by the

criminal justice system are to be effective and the support available to survivors appropriate to their needs.

1.1 TYPES OF ABUSE EXPERIENCED

About two-thirds of the survivors ($n=47$) in our study had experienced physical abuse, ranging from punching, kicking, biting, hair pulling and scratching, to abuse with a weapon in the form of beatings, stabbing with a knife, and strangulation and suffocation. One survivor had also been forced to take enough tablets potentially to kill her. Physical abuse of children appeared in 23 accounts. All the survivors who participated in the study had experienced emotional and psychological abuse, which included persistent criticism, emotional coldness, threats to carry out physical harm to themselves, their children, family or pets, or actual harm to pets, including killing pets in front of survivors and their children. Threats to kill had been experienced by nearly half the participants ($n=34$), and these threats were made against the survivors themselves and also children and other close family members. The emotional and psychological abuse included the use of social media and/or mobile technology in all the 69 cases who volunteered to participate in the study, and included threats, humiliation and insults, racial and sexually abusive content, and revenge pornography. Aspects of controlling and restricting behaviour were common in all the accounts, and included financial control, telling survivors when and where they could go out, being told what to wear or when to use the toilet, or keeping survivors in the home sometimes for extensive periods of time and isolating them from family and friends. The accounts given by the participants were often emotional and traumatic, and the verbatim data selected in the chapter below illustrates the sometimes extremely violent, but also highly abusive, manipulative and exceptionally controlling behaviour that the survivors had experienced or were experiencing. It is important to understand the context of the phenomenon of domestic violence as occurring alongside, and within, intimacy, as 'domestic violence in relations of past or present, sometime future, intimacy, albeit unequal intimacy. Intimacy precedes or supersedes violence; and intimacy occurs within, even as, violence' (Hearn, 2012: p. 155). Sexual abuse was also common and was disclosed by nearly half the participants ($n=33$); sexual abuse of children also appeared in 15 of the accounts, and 20 of the participants had been raped.

It is often overlooked that abuse continues after the relationship has ended and the couple have separated. Discourses of risk are often framed around private-public dualisms and around the gendering of spaces and, whilst the home is often the least safe space for victims of domestic violence, it is important not to ignore the fact that for many victims violence increases after separation (Harrison, 2008). In Howarth et al.'s (2009) evaluation of IDVA services, they found that the majority of the victims – 66 per cent – had separated from their partners when accessing the services, which confirms the evidence that domestic violence and abuse often continues when a relationship has ended, and many victims experience relatively more serious abuse after separation than those who remain in a relationship with the abuser. There is therefore a clear need to raise awareness of the dynamic nature of domestic violence and abuse in Suffolk:

In Suffolk I think that creating awareness of understanding emotional abuse and the effect that can have on men as well as women is important as it is not just women that are victims and the impact that that can have on a family – to be honest when people first come here they think that they are wasting our time because they have not been hit. But the main element is control – finances, what happens with the children, swearing and shouting at someone and putting them down. The police and magistrates need to understand emotional abuse better (Professional).

1.1.1 PHYSICAL ABUSE

9 times out of 10 that man isn't aggressive to anyone else, just her and the children (Professional).

Forty-seven out of the 69 participants in the Suffolk study who had experienced domestic abuse had experienced some form of physical abuse. Examples of such abuse included suffocation, strangulation, choking, pushing, shoving, pinching, pulling hair, scratching, biting, punching and kicking. Blows to the head and face were common, and the use of weapons was also detailed in 28 accounts. The participants described how heavy household objects were used as weapons to inflict injury on them, including in one account a brick that was used to batter the survivor repeatedly around the head in front of her children. The use of knives, guns, a police truncheon, lit cigarettes and a heavy tree branch were also examples of weapons used against the survivors who participated in the study. Twelve survivors discussed the violent behaviour as attempting to kill them, often on more than one occasion. Strangulation was most common, but accounts also included being clubbed around the head with a weapon, suffocation, and stabbing with a knife. Many attacks were not isolated incidents but were sometimes sustained for days, with the survivor imprisoned in the house or the bedroom.

I had been beaten to a pulp – other people have seen me bruised with spilt lips and split eyes and nose splattered all over – people have seen that but I never ever went to the police (Survivor).

He would do it as a means of control – put his hands round my throat and throttle me. I would start choking and he would laugh. It would hurt, really painful and I would have bruises round my neck for days afterwards. He did it until I turned blue and passed out. Every time I thought 'This is it, I am going to die.' When I would come to he would laugh at me like it had been a game and I had lost because I was so stupid and he was better than me – and I believed him (Survivor).

As depicted in the account above, violence, either actual or threatened, was often spoken about by the participants as control, or a way the perpetrator demonstrated his dominance in the relationship and maintained power over the non-violent partner and other members of the family. Also identified in other studies, examples of severe abuse cases include 'violent behaviour causing injuries, strangulation, rape and other sexual abuse, stalking (H&S) and extreme

controlling behaviour (J&C) such as threats to harm children' (Howarth et al., 2009: p. 7).

Violence is a means of enforcing power and control, and power and control in itself. Violence *distinguishes* people, individually and structurally, a form of profound bodily discrimination. Domestic violence entails both detailed specificities of brutal and subtle everyday agentic control over time, and societal, comparative and transnational processes (Hearn, 2012: p. 164).

When I threatened to take an overdose he actually gave me all the pills to do it because I had threatened to do it the week before so he was like 'Go on then fucking do it and I am going to stand here and watch you do it this time until you fucking get it right.' And I did and I took them but I didn't take them to kill myself, I took them to stop what was going on that night because it was relentless – from ten o'clock at night until seven o'clock in the morning it was relentless and I couldn't take any more. It was all mental it wasn't physical that night it was all mental but I couldn't take any more (Survivor).

The police and the professionals working with people directly affected by domestic violence and abuse had a good understanding of the types of physical abuse that survivors suffered, and the serious nature of the very violent nature of much of the abuse was discussed. Yet even though survivors narrated very violent and repeated attacks, many did not report their victimisation. This fact was well known to survivors, the police, and the professionals working directly with people who had experienced physical abuse who took part in the research.

We were very aware that it is between 35–45 times before a woman would even come forward and I am talking about horrendous injuries – glasses in faces, hitting with a broom stick, kicking, young pregnancies being dislodged because of kicking in the stomach – we see all this (Professional).

On occasions, survivors would retaliate physically in self-defence. In some cases this 'one off' incident had been reported to the police by the perpetrator, and the 'victim' had become the 'perpetrator' without their history of abuse ever being reported or known to the police. One survivor described how she herself had retaliated during one particular violent attack.

That was my frustration and that was why I went like that [indicates raised hand movement] – I snapped but bearing in mind he had had me pinned to the floor, hands round my throat, knees in my chest, pushing me – never punching but pushing and grabbing and psychological and mental abuse (Survivor).

According to the professionals we spoke to, this was not uncommon but, whilst survivors of domestic abuse often do not report physical abuse, perpetrators are not so reluctant to contact the police. Professionals often work with survivors who have a criminal record themselves as a result of retaliating. The participant quoted above, was arrested for hitting her partner and given a police caution, but she did not at the time disclose the physical abuse she herself was enduring on a regular basis. Survivors of domestic violence and abuse may therefore be appearing in the criminal justice system as perpetrators, and yet their own

experiences of abuse go unreported, unacknowledged or even ignored in the process.

Sometimes women have experienced years of physical and emotional abuse from their partner and they have retaliated just once or even just to protect themselves and have ended up hurting their partner and then they have been charged with an offence – and the years of abuse remains unacknowledged. Then they are seen as the perpetrator and then that just gives the real perpetrator more power. Sometimes it can be both but more commonly it is just that once and they are charged and they end up with a criminal record. One lady recently had that exact thing happened to her. She had been strangled and he suffocated her. He was following her and she was so scared that she grabbed a knife and he went into the knife but she was charged and nothing was brought up in court about the abuse that she had suffered (Professional).

One factor to emerge from the data in Suffolk was pregnancy. Expecting a baby was often a significant factor highlighted by some participants as either the start of, or as an exacerbation of, physical abuse in a relationship. This data reflects national research on domestic abuse and pregnancy (see, for example, NICE, 2010).

After our daughter was born, he stopped me seeing my family and friends, criticized my cooking, told me what to wear. They seem silly things but they add up over time. ... I fell pregnant when she had just turned one and I was on edge the whole time hoping it was going to be a boy. ... I took my mum to the 20 week scan 'cos I knew he would react badly. I suspected it was a girl. I phoned him after and he hung up on me and I found out later he smashed up the flat basically because we were having another girl (Survivor).

I became pregnant and he became very aggressive. ... I'd say over three years. When I became pregnant that's when it was directed at me. He used to strangle me and I couldn't breathe ... he stopped just before I passed out. It happened once every six months but right before the police got called it was twice a week (Survivor).

There was a good understanding of the vulnerability of pregnant women by most of the police officers who participated in our study, and they emphasised the significance of responding appropriately to this increased risk and the importance of multi-agency working:

It is more working with the other agencies predominantly, especially midwifery who are going to pick them up before any other agency, especially around children. Referrals then need to be made (Police Officer).

1.1.2 PSYCHOLOGICAL AND EMOTIONAL ABUSE

Physical abuse without psychological and emotional abuse is virtually non-existent (Barnish, 2004). All the participants who had experienced domestic violence and abuse talked about the emotional and psychological abuse they had suffered. Many described this latter type of abuse as being, in some ways, worse

than the physical abuse because it was relentless and made them feel worthless. Verbal aggression, constant criticism and ridicule, threats of violence towards them, their children, or other members of the family or pets, were common, as was a tendency to isolate the non-violent partner from family and friends. Many of the participants spoke about how the abuse was both psychological and emotional, and they talked about how it made them feel:

I was scared to put things in the dishwasher because he liked things in a certain order and yet I thought this was normal but looking back on it, it was crazy I mean I am [age] and yet I was scared to put the tin opener in a dishwasher in case I got it wrong and he got angry and if I was on the phone when he came in through the door I would go: 'I've got to go! I've got to go!' – and I would put the phone down and I didn't realise ... because I had normalized it all. I spent 15 years of my life thinking it was me. Mine was much more emotional and psychological abuse and that is so hard to prove – I mean I didn't even realise it myself so who else is going to believe you but it is so damaging because it is constant. I mean even when I was away from him he was still in control of me in my head because he was always dominating my thinking. Even at a friend's house I would be constantly thinking 'I've got to get back, I've got to get back.' And that was out of fear (Survivor).

Survivors also described experiencing emotional and psychological abuse in addition to violent physical abuse:

I was in an abusive relationship – I didn't recognize the patterns of escalation and the erosion of self and autonomy and those various other issues – so it was pushing and shoving as well as emotional manipulation and erosion of self and worthlessness over a ten month period. The pushing and shoving came to strangulation, throttling, biting and punching and culminated in what was for me a horrific attack on [date] and I managed to escape and get away (Survivor).

Research from social psychology suggests that 'threats of violence are generally a typical tactic used to coerce compliance' (Barnish, 2004: p. 23), and one participant described how her ex-partner mobilised psychological abuse in this way:

You are now telling me what you are going to do to me – you are now telling how you are going to hurt me and I thought 'this is so sinister' and that was what terrified me - the psychological element of that – how detached you have to be to do that – it is not rage or anger – it is that psychological element of it that has really screwed my head up – that is really sinister (Survivor).

Just as with cases of physical abuse, psychological and emotional abuse is also extremely likely to continue after separation, and such abuse also tends to include threats of violence towards the survivor and their children. Threats of self-harm and suicide were common:

He was writing a lot of suicide notes to the children. He used to see them on Friday nights and when they came back they would have suicide notes from Daddy when they came back. I told the police and they talked to me and they spoke to him (Survivor).

Whilst physical abuse is more widely recognised and understood, there is a lack of understanding of psychological abuse, and many survivors described how they were unaware of the extent of the emotional and psychological abuse as pointed out by a professional:

It's that attitude of 'Gor if he punched me that would be it.' It isn't like that. He could have spent years getting the woman to the state that she just accepts everything that is going on. It's not just he comes home from work and gives her a punch, it's nothing like that. Sometimes they don't even hit them. It's all psychological (Professional).

The Home Office (2013) distinguishes between controlling and coercive behaviour, which are both types of psychological and emotional abuse. The accounts from our participants provide many examples of both these types of behaviours. The Home Office (2013: p. 2) defines them thus:

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.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Evan Stark (see HMIC, 2014: p. 28) uses the term '*coercive control*' to define the tactics used by perpetrators to control the lives of their victims. Through isolation, intimidation and degradation, perpetrators micro-regulate the everyday life of their victims. Such abuse can be psychological as well as physical.

Many of the accounts from the participants in the Suffolk study also included financial control:

When he left I had no access to the bills, no idea about the finances and no accounts in my name because he controlled everything and I know that may sound stupid but I had to learn bloody quick (Survivor).

As many participants discussed, controlling behaviour can be very problematic to identify and to recognise as it becomes normalised, and survivors blame themselves for their failure to deal with it. It is also difficult for professionals to recognise. As one professional pointed out, the presence of a partner at medical appointments with health professionals (for example, GPs; midwives and health visitors) can often be misunderstood:

Everyone thought how kind he wanted to be with her, not realising the control (Professional).

Hearn, (2012: p. 158) points out that 'there is a wide range of violence and violations, including degradations, threats and controls. Moreover, the more

violence, the less those actions are likely to be perceived as violence; and the more physical violence, the less there may be need for such violence to maintain control'. Thus the threat of violence becomes a powerful weapon in pursuit of and maintaining control in a relationship. In the case below, her partner used frequent threats of violence to control her and force her to remain in a relationship with him, especially after she had tried to end the relationship:

Some of the stuff was harrowing – I believe that was the word they [the police] used so – he liked to threaten a lot. He likes to threaten my family a lot (Survivor).

This includes threats or actual harm to animals. The professionals we spoke to had heard of this often, and they emphasised the importance of making officers aware of some practices, such as victims seeking to protect their pets at times of domestic violence because many victims have self-disclosed incidents where the male counterpart has killed the family pet as a warning to the victim. This concern would not seem obvious to officers attending an incident of rape or domestic violence. Barnish (2004) suggests that there is considerable evidence from women using refuges and domestic violence services that animal cruelty may accompany domestic violence and abuse and can be seen to be a risk factor. This behaviour includes threats to harm animals, actually harming animals, and killing them.

He held a screwdriver to [name of dog] head and threatened to kill him (Survivor).

He killed the dog in front of the kids. He was a [profession] so he knew what he was doing. After that we daren't ever put a foot wrong – I was terrified of him, the kids were too – just terrified. He was a nutter, a crazy nutter but I was too fucking scared to do anything (Survivor).

Forcing survivors to watch pornography was common, and often also used to psychologically abuse them and maintain control:

He made me watch pornography often. I hated it and it made me feel dirty but also inadequate. The girls on there were young and beautiful with great bodies and I hated myself even more because I didn't look like that. He made me watch and told me that I need to look after myself better and make more of an effort. He said I was fat and ugly and that I should wear sexy underwear and that to please him more. He made me do stuff that he had seen in the porn. I hated myself. I felt so bad about myself and that I should be grateful to be with him that I did it – just to try and make him happy. I was stupid. I just felt worse and worse and no matter what I did he was never happy and he made me feel like it was all my fault (Survivor).

Research on controlling behaviours suggests that there is a pervasive use of a range of controlling strategies, and that the use of violence may indicate not the experience of control as such, but rather the experience of loss of control over their partner or women in general (Barnish, 2004). Dobash et al. (1998), for example, found that if an implicit threat of violence is not successful, for instance when women assert themselves, men may be compelled to use explicit violence

to restore their control and their sense of manhood. Furthermore, sexual jealousy or envy, notions that women have failed to perform their household duties fully or to the man's requirements, and women challenging or questioning male authority on financial matters, have been found to be common antecedents of men's use of violence against women (Barnish, 2004; see also Table 1 for a detailed list of factors).

A recent incident was so stupid really – all over a stupid jacket potato. I had given him the biggest one because he had been out all day at work and it wasn't quite cooked properly in the middle. He was furious, like really angry and got up from the table yelling and shouting at me that I was useless and pathetic and couldn't even cook a shitty potato properly. He grabbed his plate and threw it all really violently in the bin and smashed the plate and other stuff in the kitchen yelling at me all the time that I should be grateful that he wasn't smashing me up. The children were all young at the time, the youngest only about 12 weeks old, but the others were so frightened. They daren't even cry, they were so scared of his temper and him smashing things up all the time (Survivor).

From the interviews with the survivors in Suffolk there is a considerable amount of data that relates to the different perceptions that the survivors and perpetrators held in relation to the abusive behaviour. Their perceptions of risk differed in the severity, the effects and the potential consequences of the abuse, with the survivors viewing the risk as more serious than the perpetrators who tended to minimise or trivialise both their actions and the consequences of their actions, or blamed the survivors themselves. The findings concur with Goodrum et al.'s (2001) findings that men who were violent towards their partners held a positive image about themselves and effectively distanced themselves from their violent self-image and any evidence of their violence. Their study also found that men who are abusive towards their partners tended to blame their partner for their abusive behaviour, and often failed to recognise the relationship between their abusive behaviour and their partner's emotional distress.

1.1.3 SEXUAL ABUSE

Stranger rape is relatively rare, and many people still do not understand rape in marriages and relationships. Twenty of the participants who took part in the Suffolk study had been raped, some many times, and some by more than one perpetrator. Other types of sexual abuse were common in the accounts and 33 survivors disclosed sexual abuse. Almost a quarter ($n=17$) of the participants spoke of being made to watch pornography and then, for some, being expected or forced to carry out the sexual acts viewed. Some participants described the activity as degrading or humiliating and that it added to their feelings of worthlessness and low self-esteem as exemplified by:

He came back ... a different person, angry, a lot of internet stuff about porn, and it was getting worse. He wanted to do new things and I wasn't comfortable. There were quite a lot of things I didn't want to do but if I did not do it he would get grumpy. He wanted me to dress up; he was buying new toys and saying my girlfriends used to do this ... I didn't know how to

get out of it ... if I didn't do what he wanted. He was a horrible person. ... I wasn't strong enough to realise that wasn't right (Survivor).

He watched violent films a lot which I didn't like and he watched porn. He watched it often – I knew he did because he had it on a hard drive that he kept separately. He didn't watch it online because he was paranoid that someone at work would know what he had been doing if they found the cookies on his laptop. He said that it was normal and that I didn't understand. He said that he couldn't get turned on without it and that I was pathetic and a prude. If I tried to talk to him about it he would get really angry and aggressive so I was too scared to say anything. He expected anal sex and wanted to tie me up and said that I deserved it but I didn't like it but I was too frightened to say anything (Survivor).

A number of ($n=12$) participants disclosed that they also been victims of revenge pornography or had been threatened with having a film of them posted online. These threats were powerful mechanisms for control and for obtaining co-operation with further sexual activity often after the relationship had ended. Many of the women who participated in the study had been referred to as a 'slag', a 'slut' or a 'whore' by their partners or ex-partners, and there was much discussion of violent and abuse behaviour linked to jealousy or accusations of 'seeing other men'. Having recorded sexual material on a mobile phone, this content was then used by the perpetrators as 'proof that they were a slag', and had been shown by a number of perpetrators to children and other family members as evidence that the female partner deserved such verbal abuse.

The filming of sexual activity appeared frequently in the participants' accounts, and was used to blackmail and further control the non-abusive partner.

The original arrest was due to him downloading or accessing indecent images – but then it turned out that when he turned up at the house the week after he said that he had discs of me and I wasn't sure what he meant that he had discs of me but he had had a camera running in the bathroom concealed behind the boiler so no one would know. He said it was predominately me but he had also filmed visitors that we had had to stay that had used the bathroom and he had also been stalking people (Survivor).

There was evidence of some increasing concern amongst the police officers on forced marriages and female genital mutilation (FGM) as one police officer commented:

I did a group with Suffolk Refugee Support with the women about female genital mutilation and they don't want to talk about sex, they giggle and put their head down. But when you talk about circumcision they didn't hold back at all and one woman disclosed it happened to her when she was 7. There were tears, it was very emotional. I asked her what emotional support did she get through or after it, but no-one spoke about it – it was the first time she disclosed (Police Officer).

1.2 USE OF SOCIAL MEDIA IN ABUSE

Every one of the 69 survivor participants in the study had experienced abuse via some form of social media or mobile technology. This ranged from abusive text messaging, intimidation, blackmail and threats via social network sites (SNS) such as Facebook, Twitter and WhatsApp, violent images as threats to harm and kill via Snapchat, blackmail via various SNS, and email and revenge pornography.

Facebook, text messaging which has increased harassment but in courts we are often disappointed with results. They often only get a fine or they suggest mediation (Police Officer).

According to Hearn (2012: p. 159):

New forms of domestic violence arise via information and communication technologies (ICTs). Especially important are transnational patriarchal processes and virtual violences in intimacy through ICTs, such as forced use of pornography, use of pornography with children, digi-bullying, cyberstalking, internet harassment, 'happy slapping', threatening blogging and so on.

The use of social media and/or mobile technologies was commonplace in facilitating emotional and psychological abuse, delivering threats, filming survivors either in sexual activity, or when crying and distressed. The content was then further used to humiliate or threaten the survivor in publishing the content online on social network sites, or sending the content to employers, friends or family. One survivor, a teacher, had lost her job and had to relocate and change her name following revenge pornography published online.

Social networks (SNS), for example, Facebook, WhatsApp and SnapChat, were used to threaten and frighten victims after separation, even when the perpetrator was 'blocked'. Using other family members, especially children's accounts, friends and friends of friends' profiles to find out what survivors were doing and using SNS to stalk survivors were common, as was sending threats through status updates or posting comments of friends' profiles.

I have now found out that he is allowed to have a laptop and he is on Facebook and yet with the charges I cannot believe that he is allowed to have that. It is like buying a murderer a gun – I just don't get that at all that he is allowed to have all this freedom. We use it too but we have our privacy setting really high and we have blocked him but he keeps setting up new profiles and trying to see our profiles. He has not tried to befriend us directly but because the children are friends on Facebook with some of his family he can use their account to see what they are doing and he can also see them through following the children's clubs and that on Facebook. It's like friends of friends so he is monitoring us through a third party and I do know that when he turned up at our house that Wednesday he was adamant the night before that I had been to a club (bearing in mind I have [x]children. I had actually been out for a meal in [place] with the kids and got home about 8 o'clock but he was adamant I had been to a club. It wasn't until I saw my friend's Facebook page that her last posting was at a club and I realized that he thought I must have been there too (Survivor).

Online behaviours are a 'grey' area in relation to non-molestation orders and restraining orders that prohibit direct contact, but they are commonly practised by perpetrators to continue both controlling and intimidation of their victim.

I have no idea where he is now and I haven't had any contact with him since he was arrested. He was on police bail until it went to court but he broke his bail three times and contacted me and then he went to court and to date he hasn't broken it – well he has but he hasn't – I don't know if you know WhatsApp? You can put statuses on WhatsApp – he used to put statuses on but he never mentioned my name but I knew that they were directed at me because they were fairly specific to the situation but because he never mentioned my name the police couldn't take it as him contacting me but he knew that I couldn't do anything about taking him off my phone so that's why. They don't realise the impact of I had to keep that man in my phone to block him and I see these posts – there was threats, there was begging, there was pleading, there was all sorts of things along those lines but he never mentioned me by name so the police couldn't do anything about it (Survivor).

There is considerable concern amongst survivors, professionals and the police about the lack of understanding of 'real life' and the use of social media in domestic abuse cases amongst magistrates and judges. This is something that needs to be addressed urgently in Suffolk. There is considerable confusion amongst police officers about what constitutes a breach of a restraining order or a non-molestation order in relation to the use of social media and or/mobile technology. The continued psychological and emotional abuse via social media is often perceived by survivors and professionals to be overlooked or misunderstood by police and, whilst a text message may be seen as direct contact with a survivor, intimidations via updating Facebook or changing a WhatsApp status may not be viewed as such.

It was meant to go to court in [...] but it was suspended because they had an overrun from another case but it has been delayed now until [...] which is very traumatic for me because I have to keep all the horrible things and evidence in my phone. They [the police] took my phone several months ago and they downloaded everything off my phone and they downloaded everything from him but they have to know that the hard copy, the original is still intact apparently. Some of the evidence is in my iCloud apparently so it does exist and I think the worst of it is still in my phone but no one takes into account the sort of mental – it is hard to explain if no one has been through it but I have to have his contact details on my phone so I can block him and I can't change my phone number yet and his name is there every time I have to flick through my phone book and it is mentally exhausting but it is exhausting and it is gradual and it sort of chips away at you (Survivor).

Using GPS to locate survivors and children would also appear to be coming more common, but there is little evidence in the data, or wider research, on either professionals' or police officers' knowledge on how GPS works. The implications that GPS could have on survivors' safety are serious, yet they are often ignored. Facebook and other SNS are commonly used to intimidate and bully survivors,

but also to apologise, promise and cajole the survivor into taking perpetrators back and resuming the relationship.

He contacted me through Facebook. I have blocked him but he set up another account. He told me how sorry he was and that he felt that his life was over without me. He told me that he loved me and that I was the love of his life and that he realised that now. He told me he had stopped seeing [name] and that he wanted me back. He told me I was beautiful. I took him back. I was so stupid 'cos within 3 weeks he was at it again (Survivor).

1.3 MALE SURVIVORS

An article published in the observer in 2010, claiming that 2 in 5 of all victims of domestic violence are men contradicts 'the widespread impression that it is almost always women who are left battered and bruised' (Cambell, 2010, online). The article prompted 117 comments online – illustrating that whilst male survivors are fewer, they are, nonetheless, a significant number. The involvement and experiences of male survivors of domestic violence and abuse remains a contested and under-researched area (Hogan et al., 2012). Many feminist arguments suggest that domestic violence and abuse is a gendered issue and can only be committed by men against women; when a female responds with violence to a male partner, it is in self-defence or an attempt to identify with their male partner (Tsui, 2014). The findings of this research reflect these dominant gendered discourses on domestic violence and abuse in society. However, in official statistics released by the Office of National Statistics in 2013, it was reported that between 2012/13, 1.2 million females and 800,000 males were victims of domestic abuse in England and Wales (ONS, 2013). In a House of Commons briefing note on Domestic Violence, it was further recognised that in England and Wales, 16.3 per cent of males will experience domestic violence in their lifetime (Home Office, 2014b). In this report, the experiences of a small sample size of male participants ($n=6$) is highly informative with regard to the extent of their experiences of the criminal justice system in Suffolk, and their experiences of the support services available are wholly consistent with the findings of wider empirical and policy research. Disappointingly, the findings also reinforce many of the negative stereotypes of male survivors of domestic violence and abuse.

This is unfortunate as it is well reported that domestic violence and abuse causes a plethora of emotional and psychological harms to survivors which linger longer than the abuse and, in respect of male survivors, is an additional perceived harm of being re-victimised by a system deployed solely for the protection of females (Hogan et al., 2012). These negative experiences were mirrored by all the male survivors in our study, who perceived that they suffered many difficulties by not being taken seriously when they sought to avail themselves of services which should have been available to them, regardless of gender. When these male survivors eventually tried to get help, they were accused of being perpetrators by a system which seemed resistant to seeing males as survivors of domestic violence and abuse also concurring with Hogan et al.'s (2012) study. The findings of this research suggest that in Suffolk male survivors see the criminal justice system as being effectively closed to them. It is perceived that in every respect,

their treatment is inferior to that of female survivors. The male survivors said that differences commence from the time of initial report to the police, through to decisions about arrest (which is generally a positive policy where female survivors are involved), decisions about prosecution, access to legal and support services and, very importantly, access to children and home life, post event. Male survivors strongly perceive the CJS in Suffolk adopts a socially informed but stereotypical response, and this has an impact on every action and decision which follows. All male participants spoke highly of the support and advice they had received from one professional, whom they suggested was the only support worker available in Suffolk to help them. This finding is consistent with existing empirical research and Drijber et al., (2013) comment that the fact that that society has still not adapted to offer men the same services as women is remarkable.

For example, if there was a high crisis incident within a house involving physical abuse, a woman would be taken out of that situation with her family and put into a refuge. I've yet to see that happen with a male, they want more evidence, they want more witnesses. It's less believed than if it was a woman, the route around it is quite quick for a woman compared to a man (Professional).

The dominant gendered discourses on domestic violence and abuse have given rise to stereotypical assumptions which have also influenced how knowledge about domestic violence and abuse is constructed and reinforced through, for example, awareness raising campaigns and professional training:

All the training I have had on domestic abuse is always directed at the abuser being the male and the victim being the female, so the response to it is quite good if it's a female but quite uneducated if it's a male. They don't really know what to do or where to go to address the situation (Professional).

1.4 RISK FACTORS

The theoretical debates on domestic violence and abuse, and the risk factors associated with domestic violence and abuse, are widespread and cross individual, familial, societal and cultural influences. They are beyond the scope of this study. Whilst there is not sufficient space to comment in detail on them here, it is, however, helpful to summarise the known factors related to domestic violence and abuse that may facilitate further consideration of the data presented in this report as they appear in the participants' accounts as being relevant to their experiences.

TABLE TO SHOW RISK FACTORS RELATED TO DOMESTIC VIOLENCE AND ABUSE (ADAPTED FROM BARNISH, 2004):

Demographic factors:
Age
Socio-economic factors
Previous abuse and criminality factors:
Previous assaults on a partner
Severity of prior abuse
Psychological/emotional abuse
Sexual assault and jealousy
Use of and access to weapons and/or threats to kill
Stalking
Abuse of other family members
Pet abuse
A general history of violence
Criminal arrest record
Attitudinal and cultural factors:
Failure to comply with court orders, bail conditions or supervision requirements
Cultural factors
Relationship inequality
Attitudes and women and domestic violence
Minimisation, denial and victim blaming
Dynamic factors:
Relationship conflict, separation, and attempts to leave
Recency of last assault on partner
Escalation in frequency or severity of violence
Victims' risk perceptions and help seeking
Personal and historical factors:
Exposure to family violence as a child or adolescent
Behavioural problems in childhood and adolescence
Attachment style
Depression
Suicidal or homicidal ideas
Self-esteem
Alcohol and drug abuse
Behavioural deficits
Anger and hostility
Psychological/personality disorders
Other mental health problems
Stress

1.4.1 PREVIOUS ABUSE

Whilst the table above details known risk factors associated with domestic violence and abuse, the analysis of the data from the Suffolk study highlights the importance of previous abuse and mental health as being highly relevant to the survivors' experiences. Understanding risk factors is essential to working effectively with survivors of domestic violence and abuse, and the assessment of risk factors underpins both police and professional responses to reports and disclosures of domestic violence. As discussed previously, there were a wide variety of risk factors which emerged in the data from the survivors who participated in the research in Suffolk. There were examples of all the factors detailed in the table above, yet understanding risk is far from a 'tick box' exercise and it is important to remember that it is the very complex interrelationships between these factors which contribute to the highly individualised nature of survivors' experiences. Furthermore, 'the multifacetedness of power pertains in the wide variation in violence, from more common forms to relatively rare forms, such as murder' (Hearn, 2012: p. 163).

As well as the factors detailed in the table below, it should be noted that many of the participants in the Suffolk study had been abused in childhood and by former partners. They also revealed that a number of the perpetrators discussed in their accounts had been abused physically, emotionally or sexually:

I mean I had been sexually abused as a child and when I met my husband I had had no sexual experience other than that at all. And he was like 'this is my right' and the more he was insistent the more like the abuse it became and the more I was frightened and the more he told me it was my problem and there was something wrong with me. I had no idea what a normal loving relationship was like because I had had no experience of one (Survivor).

Nineteen survivors disclosed a history of previous abusive relationships during their accounts. Many of these felt that this factor was important to understanding why they had subsequently been in, or were in, an abusive relationship. The participant below had been repeatedly sexually and physically abused as a child:

I was brought up in the care system and I was abused from the age of seven until I was ten and he would take me off to London and the arcade in Felixstowe and abuse me and my cousin too (Survivor).

Having a history of abuse relationships appeared to be important to both the survivors and perpetrators' behaviour and expectations of their relationship. In cases where the perpetrator had a history of abuse in childhood, whether physical, emotional or sexual, the survivors spoke about this and described how they had used their understanding of childhood abuse to justify or excuse the behaviour:

He grew up with his mum being extremely violent and being an alcoholic. The childhood he had, he still cannot come to terms with. He learned how to get his own way by losing his temper and smashing things, I was scared and I couldn't believe it (Survivor).

I knew why he was the way he was 'cause of his upbringing – he didn't have a good upbringing – his Dad did the same to his Mum and his Mum has told me stuff. He was abused himself by his teacher and he had to be the father of the house and I just made excuses for him and he would drink (Survivor).

1.4.2 MENTAL HEALTH

One key factor that was very apparent in accounts from all the stakeholder groups was mental health, either in relation to the survivor or the perpetrator. Such cases require careful and thorough consideration in relation to supporting the survivor and children. Mental health issues were detailed in most of the survivors' discussions, whether in relation to their own mental health (for example, *'I felt like I was going mad'*; feeling depressed; unable to cope; having suicidal thoughts; self-harming; drug and alcohol addiction – related to the abuse – or having problems sleeping) or in regard to the perpetrator (for example, *'he is a total nutter'*; having violent mood swings; violent and/or aggressive behaviour, having psychotic episodes, or being neurotic in the forms of jealousy and possessiveness). In some cases the perpetrators had very serious mental health issues and were under Multi-Agency Public Protection Arrangements MAPPA proceedings.

The Criminal Justice Act 2003 ('CJA 2003') provides for the establishment of Multi-Agency Public Protection Arrangements ('MAPPA') in each of the 42 criminal justice areas in England and Wales. These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the local criminal justice agencies and other bodies dealing with offenders to work together in partnership in dealing with these offenders (MAPPA, 2012: p. 1).

1.5 THE IMPACT OF ABUSE

The impact of domestic violence and abuse on survivors and their families is well documented and has been the focus of considerable psychological and psychiatric intervention programmes. Survivors in this study discussed the physical injuries and health-related consequences of the abuse, which often lasted for years after the abuse had stopped. Spinal injuries, headaches, scars from cuts and burns were common, as were other stress-related health issues such as asthma and irritable bowel syndrome. Many survivors reported having depression, anxiety, difficulties in concentrating, lacking in self-confidence, having a poor sense of self-worth and having a low self-esteem, and some discussed their dependence on alcohol and drugs, both prescribed and illegal drugs, as a consequence of the abuse. Health professionals have been increasingly concerned with improving understanding of the health consequences of domestic violence and abuse. Writing in the *Lancet* in 2002, Professor Jacquelyn Campbell argued that intimate partner violence, which describes physical or sexual assault, or both, of a spouse or sexual intimate, is a common health-care issue. Her review found that the mental and physical health consequences of domestic violence and abuse included increased health problems such as physical injury, chronic pain, gastrointestinal and gynaecological symptoms, including sexually-transmitted diseases, depression,

and post-traumatic stress disorder. In the Suffolk study the participants spoke of the physical, emotional and psychological impacts of violent and abusive behaviour and the long-term consequences of the abuse.

His intention was to murder me and he was beating me round the head with a police truncheon and his intention was to murder me and I still have the scars. I actually have scars on my brain (Survivor).

Physical scars from violent behaviour included the bite marks left on one participant's body from the months of abuse she suffered:

I have still got the fucking scars and fucking bite marks – these are human bite marks (Survivor).

1.5.1 LOW SELF-ESTEEM

Nearly all the participants and professionals who worked with people affected by domestic violence and abuse discussed the long-term psychological impacts. Whilst it is not the main purpose of this report to provide an in-depth psychological analysis of the emotional consequences of domestic violence and abuse, understanding the prevalence of low self-esteem and a lack of self-confidence in domestic abuse survivors is essential to understanding why they remain with, often return to, or enter into another relationship with, an abusive partner, and why they are often reluctant to report the abuse.

I believed it was my fault – that's how bad I felt about myself – even though he tried to murder me I went back to him because I just felt that I couldn't cope on my own (Survivor).

The experience of domestic violence, especially if it results in leaving the family home, a job, as well as care and socioeconomic support networks compounds these inequities further. In addition, emotional and psychological traumas often have long-term implications for health and well-being. Gendered workings of formal and informal care and access to resources, combined with threats and experiences of violence, create a double, sometimes triple, jeopardy for women. Women traverse uneasy and sometimes contradictory pathways in which they run the risks of blame or stigma if they experience abuse (Hearn and McKie, 2010: p. 141).

Building survivors' confidence and improving their self-esteem underpins many intervention programmes for domestic violence and abuse survivors. The participant below, for example, had been sexually abused by her father and had survived a violent and abuse relationship with a previous partner. She was on the Freedom Programme at the time of the interview and had recognised patterns of abusive and controlling behaviour with her current partner, but considered herself not very confident. As this relationship was not physically abusive she was prepared to tolerate the behaviour:

I know I need to tread carefully with this relationship, and with the severe abuse I've had in the past I do make excuses, at least I'm not getting slapped around the face although I do get my property damaged or destroyed, thrown out the window, numbers deleted from my phone and he shouts at me telling me it's no wonder that my dad sexually abused me, horrible

things like that. But because I'm not getting a slap in the chops I'm classing it as not that bad, but it is a slippery slope (Survivor).

There was much talk in the survivors' accounts of using alcohol and drugs to try to cope with their feelings and the aftermath of the abuse. What they often described as 'escapism', many survivors stated that their behaviour was related to having a low self-esteem as a result of the abuse.

That's what people forget – they take you out of the situation and away from the domestic violence and put you in a refuge and people think 'that's it – job done' but it's not and what people don't understand is the long term effects and that they don't just go away and the need for escapism – the drug and alcohol use, the self-harming and the self-loathing. Trying to live a 'normal' life without the fear factor (Survivor).

Whilst less common in the data but also important in 8 accounts were discussions of self harming:

It had gone on for twenty-four hours and I just couldn't take any more so I put my hands both of them through the glass in the windows and I did that [motions moving hands round and round] and there was blood everywhere but I just had to make him stop (Survivor).

These impacts of the abuse are significant when considering support for survivors of domestic violence and abuse in that, as the survivor makes in the point above, it requires more intervention and support than merely removing survivors from the situation; long-term consequences require long-term solutions.

1.5.2 IMPACT OF ABUSE ON CHILDREN

No mother would want their daughter to be living in such abusive relationship but your brain becomes so trained, your brain just becomes dead (Survivor).

The police officers who participated in the Suffolk-based research estimated that approximately just over half of the reports they received in relation to domestic violence and abuse were from survivors who had children. They also observed that they had seen an increase in reports relating to domestic violence and abuse on parents, especially mothers, where the perpetrators were the children (usually sons) of the victim.

One in seven children in the UK will have lived with domestic violence at some point before they reach the age of 18 (Radford et al., 2011). There are approximately 167,600 children and young people in Suffolk (Suffolk County Council, 2012), and if these figures are applied to the Suffolk context this is the equivalent of 23,942 children and young people in Suffolk who have lived with domestic violence and abuse at some point in their lives.

Domestic violence in the home is associated with an increased risk of physical violence towards children (Goddard, 2014: p. 21), and nationally 69 per cent of

victims who have been identified as high risk have children (Howarth et al., 2009). In the Suffolk study 54 survivors had children. Whilst this study did not set out to focus on the impact of domestic violence and abuse on children, for the participants in the study who had children these concerns were paramount in their accounts of their experiences of both the abuse itself and, if it had been reported, their views on services and the support they had had.

According to the Royal College of Psychiatrists (online):

In relationships where there is domestic violence and abuse, children witness about three-quarters of the abusive incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse are also more likely to happen in these families.

One of the things that really shocked me was the children and the effect on them as I didn't think that they had been affected by it and they have, they really have and I didn't think that they saw any of it. And this is what gets me and what people don't understand is that after domestic violence you take people out of the situation and put them in a refuge and that's it job done – but it's not. The effect on the kids lasts for years – forever in fact (Survivor).

Having children increased the risk of domestic violence and abuse for women (Walby and Allen, 2004). Most of the participants in the Suffolk study who had experienced domestic violence and abuse had children ($n=54$). Most discussed the effect that the abuse had had on their children and they felt that there is the lack of support available to children in Suffolk (see Section 3.3 for further discussion). All the mothers and fathers who participated in the research expressed feelings of guilt that the children had either witnessed the abuse or were in some way affected by it. Many of the effects of domestic violence and abuse on the children of the participants of this study manifested themselves in the children's behavioural patterns. Bed wetting, feeling insecure, night terrors, and feeling constantly frightened were common, as was an increased level of aggression in some children, especially boys, towards peers at school or towards their mother. In spite of the overwhelming evidence of the well-recognised long-term and serious consequences for children experiencing domestic violence and abuse, the majority of the participants of this study perceived there to be a dearth of counselling, therapeutic and supportive services for children in Suffolk (see Chapter 3, Section 3 for more details) and a shortage of intervention programmes to ameliorate the damage.

The mothers in the study had often gone to considerable lengths to try to protect their children from the abuse, especially when the abuse was violent. Their methods included telling the children to stay in their bedrooms, using their own body to shield children from physical abuse directed at them, and trying to pretend that '*nothing was wrong*'. Examples of children who were not biologically the perpetrator's children were given and they were often viewed as being particularly at risk from physical abuse, or having aggressive, rude or hostile behaviour directed at them. Even if they were not subjected to violence or aggressive behaviour from the perpetrator, many of the mothers who had children who were not the perpetrators biologically were aware of the impact that their relationship with the perpetrators had on their children.

I didn't really see it at first after I got together with him. I mean I guess I tried to make it work and get him and my son to get on and to like each other. It was only after my daughter was born, who was his that I realised that he picked on [name of son]. He was only 8 but he really picked on him. I tried to keep [name of son] out of way, sending him to his room to watch a DVD and that. He kept shouting at him and making him do chores and that. He kept calling him names and making fun of him. He never treated his daughter like that just [name of son]. Then one day he shoved him really hard and he fell and banged his head against the door and I told him to stop. [name of ex-partner] then turned on me and told me that he didn't see why he had to put up with the little bastard as he wasn't even his. He hit him hard round the head and asked me what I was going to do about it 'cause if I left him he said he would go for custody of [name of daughter]. I did leave him then and we are still battling it out in court (Survivor).

One of the participants was a mother who had experienced long-term violent physical, sexual and psychological abuse for many years. Her partner served a prison sentence for the violent abuse against her, but after his release from prison he found her and started threatening her. He would often call on her in the evening when she was alone in the house with the children and, having been recently rehoused, she had no nearby support network from family, friends or neighbours. Her ex-partner would insist on coming in and using her for sex, sometimes also bringing friends with him to intimidate and sexually abuse her. Because her ex-partner was violent and sexually abused both her and her daughter, the participant complied with his demands for sex to protect herself and her children from further violent attacks, and from the threat of him sexually abusing her daughter again.

I was not seeing him but he was turning up for sex. I would just take it. He would turn up with his friends, he would take what he wanted and he would go. I would sleep downstairs and I would make my children stay upstairs in their bedrooms so that they did not witness that ever again. I would not let them out of their room. I would shout at them. I was such a horrible mother but I was trying to protect them. He did not want to see them he was after what he wanted but if he didn't get it from me then he would go after her [daughter] again (Survivor).

Whilst accounts of mothers and fathers trying to protect their children were common in the data, there was also evidence of children trying to protect their non-abusive parent:

There was an incident where he had been out drinking one night and he came home in the early hours of the morning, he was really drunk and being horrible and he grabbed my hands and I said please just go and sleep on the settee, the children were in bed. My daughter, who was 12 at the time, came to the top of the stairs and said, 'I'm lying in bed and I can hear mum saying 7 times "Leave me alone!", just chill out and go and lay on the settee', and this calmed him down (Survivor).

Whilst the effects of domestic violence on children are well documented, what is less well acknowledged is the impact of domestic violence on children post-

separation and divorce. One of the findings from the analysis of the data was that the domestic violence and abuse in most cases of the survivors who spoke to us continued after the couple had separated, especially if there were children in the family. It is the continued abuse post-separation that, from the participants' accounts and wider research in the UK, is also often misunderstood by the courts.

You know a father can be really abusive towards their partner but they are still allowed to see their children and I think that is what a lot of women find really, really difficult. The fact that he had tried to kill them, their mother, but yet they are still allowed to see them. Access and contact is used as a weapon as control even after years of separation and they are dragged through the court again and again and again. Many fathers do that just to keep control. They will go back to court loads of times and then they will suddenly just like drop it and they weren't interested in seeing the children at all they just wanted to keep the control even though they are not together (Professional).

Child contact and access arrangements are frequently used to continue domestic violence and abuse, and in some cases violent abuse; this is discussed further in Section 3.4. It is similar to Stanley et al.'s (2010: p. 11) study, which found that:

Access to children and questions about the care of children were also key issues contributing to domestic violence incidents. A number of incidents occurred in the setting of child contact or when the perpetrator was seeking access to the house or children

The evidence suggests that the courts are failing to understand the protracted nature of domestic violence and abuse, and that the impact of domestic violence and abuse on children should not be understood as occurring within, or confined to, the duration of the domestic relationship. Children continue to suffer from the effects of domestic violence and abuse post-separation and divorce, and are actually themselves subjected to physical, emotional and sexual abuse after their parents have separated.

One example of sexual abuse of a child during contact with a perpetrator after separation was given by a participant, who said that her daughter reported an incident of sexual abuse to her of an unusual nature but familiar to her own personal experience. The participant reported the incident to the police and she alleges that the police response was slow and inadequate with no formal evidence gathered. A short while later the perpetrator's sister reported to the participant that she, her brother and a cousin had all been sexually assaulted by the perpetrator during childhood. She was disappointed that by this time, the police had several matters reported to them but *'didn't join up the big picture'*.

The matter is still being dealt with by the family court, but she is concerned that the court may believe her complaints are vexatious. She believes the current law is inadequate to deal with years of low-level emotional abuse and inappropriate sexual behaviour. Another participant explained that the perpetrator in her case had reported her to social services and had accused her of being a bad mother as he was denied access to the children:

I think there should be more restrictions on him about where he is allowed to go especially as it was his children that he filmed. He has not shown one bit of remorse and he refuses to believe that it is social services and the police that won't let him see the children he thinks it is just me and his family are also hostile to me as they don't know the real situation and his family think it all my fault and he has his family feeling sorry for him which is a complete lie. Social services said that he tried to bad mouth me as a mother – he has even told his support worker that he only wants to have access to the children because his solicitor has told him that he will get a lesser sentence (Survivor).

Having children also played a significant role as a factor in continued patterns of abuse, and also in stalking behaviour post-separation and divorce. As one participant explained:

If you have kids with them you can never get away – there is no escape (Survivor).

For women with children the abuse often continued after the relationship had ended and the couple had separated. Ongoing problems with child contact and access arrangements were common. The participants' accounts reveal how handover periods and communication to arrange child contact acted as a vehicle for, and facilitated further and ongoing, abuse, especially of mothers.

Because he has access to the children it is ongoing but we have access through the contact centre now but it is used as a point of abuse. At one stage – my husband when I left him basically abandoned us and I fought for him to have some sort of contact with the children because I was pregnant at the time and [daughter] was 18 months old at the time and she did need a Dad. I fought for three months for him to have anything to do with her and he come back assuming that I had the baby and would need him again. He came to the house for contact because I did not trust him alone with the children because he had threatened too many times to take [daughter] away and I did not trust him alone with them. His abuse was that he would target me but because he could not get a response out of me anymore he started to be verbally and be mentally abusive to [daughter] and obviously being a child she did not know it was wrong and she would react and that would get me involved again and it was just a vicious cycle (Survivor).

One support worker told us of an incident that took place during a child contact handover when a perpetrator had struck a mother with a baseball bat as she stood up from strapping her daughter into the car seat after a contact session. Child contact was viewed by some mothers and support workers in the study as a 'weapon' in itself. Fathers also used the children to abuse the mother by continuing to undermine, humiliate and make degrading comments to the children. Threats to abduct, harm, and not return children after child contact were common. Some mothers also had reported symptoms of physical and emotional abuse of children during contact, but these were often perceived as being ignored by the courts and viewed as her 'making things up' to deny contact.

Many professionals, including the police, don't understand the long-term effects on children. They think that when you have separated from the perpetrator that the problem is over (Survivor).

It is well acknowledged that schools and teachers need to understand the impact that domestic violence may have on children's behaviour, and the consequences of living in an abusive household or having contact with an abusive parent. Schools, although reported as being generally very supportive in our study of children and families who had experienced domestic violence and abuse (see Section 3.3), did not always pass on information when children changed classes, and this meant that children's behaviour might not be understood by the new teacher, or that potential warning signs for safeguarding were missed. Some participants also felt that parent evenings also spaces where further abuse could take place, yet the option of separate appointments for parents was not always available.

What is also apparent from the participants' accounts is that they understood the abuse that they themselves, and/or the perpetrators, had experienced in childhood was an important factor in understanding the abusive nature of the relationship. They therefore had real concerns for the long-term effects that experiencing abuse might have on their own children. These concerns were often based on stereotypical gendered patterns, that is, that girls would themselves end up as victims in an abusive relationship and that boys would be aggressive to their partners. This understanding of the generational cycle and patterns of abuse underpinned their recommendations that education and raising of awareness is desperately needed in schools, as well as the increase of the availability of intervention programmes.

1.6 SUMMARY OF CHAPTER 1

- ◆ The survivors' experiences of domestic violence and abuse fundamental to understanding their perceptions of the CJS; their views on support available; the barriers to reporting and consideration of the types and levels of support needed in Suffolk.
- ◆ Whilst there are known risk factors in relation to domestic violence and abuse, it is important to recognise that these should not be understood as a 'tick list' as it is the complex interrelationships between the risk factors that needs to be understood.
- ◆ Two-thirds of the survivors had experienced physical abuse; threats to kill had been experienced by 34 participants ($n=34$); all survivors had experienced emotional and psychological abuse.
- ◆ Controlling behaviour often goes unrecognised by survivors themselves and can be difficult to identify for professionals.
- ◆ All the survivors in the study had directly experienced abusive behaviour via social media and/or mobile technology, and this included threats, humiliation and insults, racial and sexually abusive content, and revenge pornography.
- ◆ Thirty-three participants had experienced sexual abuse and 20 had been raped.

- ◆ Threats to kill, actually killing, or abusing animals were also common in the accounts, as was forcing survivors to view pornography.
- ◆ Male survivors similarly experienced a range of domestic violence and abuse behaviours.
- ◆ In 23 of the survivors' accounts the children had been physically abused and in 25 accounts sexually abused.
- ◆ Domestic violence and abuse often go unreported or is under-reported, and this is well known to professionals and police officers.
- ◆ The abuse often continues or increases after separation and frequently worsens during pregnancy.
- ◆ Mental health problems are often associated with domestic violence and abuse for both the survivor (for example, depression and self-harming), and for the perpetrator (for example, violent and psychotic episodes).
- ◆ The impacts of domestic violence and abuse are serious, long-term and highly damaging, and the long-term consequences for children witnessing domestic violence and abuse are well documented.
- ◆ Children who are exposed to violence in the home may have difficulty learning and limited social skills, exhibit violent, risky or delinquent behaviour, or suffer from depression or severe anxiety (UNICEF, online).

This chapter considers the findings from the research in relation to the survivors' perceptions of the police in Suffolk; their views on, and experiences of, the criminal justice system and their interactions with both the criminal and family courts. The data from interviews with survivors, professionals and police officers suggest that survivors have had very mixed experiences with the police, and whilst some officers are viewed positively, as having a good understanding of domestic violence and abuse and being efficient and responsive to survivors' needs, other officers are reportedly unhelpful, even rude, lacking a good understanding of domestic violence and abuse and treating the survivor as a 'nuisance'. How the initial assessment of a reported case is made by police officers, specifically with regard to the way survivors are categorised (*high, medium or standard* risk), appears crucial to how the survivor is subsequently supported, or not, by other services. From the evidence considered in this study it is questionable as to whether this assessment process is adequate and accurate in every case.

From the testimony of those interviewed there appear to be many other shortcomings relating to the way survivors were treated by support services. As this chapter will show, questions can be raised in relation to the role of the Multi-Agency Risk Assessment Conference (MARAC) in responding to *high risk* cases in Suffolk. Despite a number of cases where police response was deemed exemplary, the attitudes of many police officers to domestic violence cases were often inappropriate. Poor communication between support services, and between the criminal justice system and survivors, has serious implications for the ongoing safety and welfare of survivors, as well as that of their families. Failings to communicate with survivors when bail conditions had changed or when perpetrators were released from custody, for example, were common and there was considerable criticism about police officers not communicating with each other over cases, especially when they went on annual leave.

In considering the testimony of the survivors' views and experiences of the court process, many were frustrated and upset with the treatment they received. Several issues recurred in their testimony. The length of time taken for cases to reach court was deemed too long. Poor communication between the Crown Prosecution Service (CPS) and the police was raised as a serious issue, as were cases built around evidence which was then deemed unacceptable in court. The problems survivors face with the Family Court system, especially in relation to child contact and access, constituted a main theme in the data analysis, and these findings are also considered. The data from all three groups of stakeholders – survivors, professionals and police officers – also suggests that the knowledge and understanding that magistrates and judges possess in relation to domestic violence and abuse is inadequate and often inappropriate.

2.1 POLICE

This chapter considers how survivors perceived their treatment at the hands of the police. It explores this from the initial reporting of the abuse to the subsequent response and assessment of the abuse, and also explores the attitudes of police officers towards those who had reported abuse as they perceived and experienced it. The analysis of the verbatim data from the interviews with all three stakeholder groups reveals an inconsistent pattern of police attitudes, responses, assessment procedures and actions. Some police officers are reported to be well-informed, empathetic, considerate, knowledgeable, thorough and efficient in gathering evidence and in communicating with survivors, but others are described as ignorant, lacking an understanding of domestic violence and abuse, rude, and adopting haphazard working practices. Poor communication between police officers, divisions and county forces was seen as an ongoing serious issue by both survivors and other professionals. This led many who were interviewed to express considerable frustration and dissatisfaction with Suffolk Constabulary in their response to domestic violence. For some respondents these failures led them to express the view that survivors and their families were being compromised. Many respondents, including police officers themselves, also commented on what they perceived to be a lack of appropriate resources dedicated to tackling domestic violence and abuse in Suffolk.

There would consequently appear to be a clear need to improve police training in domestic violence and how to respond to it. Better training is needed on the dynamic and complex nature of domestic violence and abuse, especially in relation to psychological and emotional abuse and the use of social media. Training therefore needs to be extended further to develop a more appropriate, sensitive and effective response consistent across the county. The assessment process adopted by the domestic abuse teams requires a critical and robust evaluation. Quality control mechanisms to verify and consider the accuracy of risk assessments need to be introduced. There is an urgent requirement for communication practices between the police and survivors, and within and between police forces, to be improved and evaluated.

2.1.1 POLICE RESPONSES TO DOMESTIC VIOLENCE AND ABUSE

I should imagine if your first contact with the police is that they don't believe you or they're not being very empathetic to your situation that will have an impact (Professional).

This comment, made by a professional, is very important. Overall, the discussions about how calls were initially handled when people first contacted the police were extremely positive, and many survivors who had contacted the police commented on how helpful the call-handlers were, that they were reassuring, empathetic and often kept the person on the telephone talking until response officers arrived.

The 999 call-handlers were fantastic, both ladies and when I explained what had happened, they kept me on the line and gave me a rundown where the police were whilst on the way here. They gave me great advice and comfort until the guys arrived (Survivor).

These findings for this study concur with the HMIC (2014) report, which also concluded that most domestic abuse calls in Suffolk are dealt with by staff in the force control room who were found to be competent, confident and empathetic in dealing with domestic abuse victims. The participants in the Suffolk study felt that the initial response when they made the telephone call was crucial, not only with regard to whether or not they felt confident to continue with reporting the incident but also because of their safety and that of their family.

She was brilliant, just really lovely and calmed me down. I was really frightened and was panicking about what he would do next but she was really kind and really reassuring. She told me how long the police would take and what would happen when they arrived. She asked me about the children and where they were in the house and asked me where I was. She advised me about locking the doors and about what to do if he came back. They arrived just as she said they would. I couldn't fault them. They were brilliant (Survivor).

The responses from the call-handlers were consistently viewed as positive across the spectrum of urgency felt by the caller. This is important, as some survivors had contacted the police at a point of crisis or when a serious incident had occurred, but many had contacted the police to ask for advice but did not wish to report abuse at the time. The participants in our study who had made initial contact with the police to ask for advice overall reported that they were very satisfied with the advice they had received at the time, and said that they felt that they were listened to and that their concerns were taken seriously. In some cases the survivor considered that prior to the call they had not been aware that they were in a relationship that would be considered abusive and that they, and possibly their families, could potentially be in danger.

I first started contacting the police in [month] last year – I contacted them anonymously via the phone I never actually went in to see them – they were quite good over the phone there was no pressure – they were just very chatty and they let me talk to them and ask them questions as and when I needed to. In [month] I went in and I saw the police and I spoke to a lady and with her I sort of got the impression that she was there to listen but because she didn't think I was going to do anything about it she wasn't really particularly interested – you get the impression with like the body language and the way they talk to you get the gist of 'you are actually not going to do anything' so I am not that interested – when I did phone the police eventually and they came to my home before he was arrested they were fantastic and I cannot fault them. It was a young chap and a young woman and they were brilliant. They were very supportive and very helpful. They did a – a funny form that they have to fill in – it's a point system they have to work out how big threat there is and it was very professionally and very well handled basically. It had been building for a couple of months and

I think you reach a point where you think 'I can't do this anymore' and that's when you start reaching out not necessarily to do anything about it yet but building up the confidence in the system (Survivor).

From the initial contact the survivors spoke of subsequent interactions with police officers which were very varied. A few of the survivors were positive overall and felt confident in the police response and in the support they had had.

If there has ever been any issue Suffolk police have been all over me like a rash looking after me. I have had him arrested from here before, I've had him removed and they left him outside. When I called 999 the call-handlers were very quick, they were, and when the police arrived he was being a pain and they took him into another room and removed him very quickly also. Call centre were good, police arrived quickly and moved him outside and left him outside, they came back 2 hours later and filled me in and I've never had that before, they did keep me updated. [Name of PO] came round the next day which was really good and they gave me some phone numbers also (Survivor).

However, in spite of the call-handlers being regarded highly overall, and some survivors being very positive about the response and support they had received from the police, most of the survivors interviewed who had reported the abuse held far more negative views on both the response rates and the response officers themselves. This experience led many survivors we spoke to express limited confidence in the police:

When he turned up with a shot gun I knew I had to get out and do something about it but they have never told me to this day why it took them an hour and forty minutes to get out to me when they knew he had a gun. He was threatening to kill me and that was for an hour and forty minutes I thought I was going to die (Survivor).

I first went to the police station at 9 o'clock at night and it was shut, I went to the new one and that was shut so I rang them up and I sat there for an hour and a half to three quarters of an hour and the police car didn't turn up so I went home. ... I was dying to say and get it off my chest. She [Police Officer] was kind and gave support. The only thing I would say is when they [police] go on the radio; they say it's a domestic. When they say that word, it's like arrrrrrgh because it's like, oh no another domestic, this is not what I joined the police for, to listen to people whinging on about that (Male survivor).

For many survivors it was the interactions with the police subsequent to the initial incident or report that were problematic, and there were many accounts of police officers going on annual leave and other officers not having the details of the case, or police officers making the survivor feel as though they were a nuisance.

The officer in charge of the case – who is lovely – absolutely lovely was empathetic, warm compassionate and really kind – gave me loads of her time – she went on annual leave and time was ticking away – trying to

contact other police officers involved and I could not get hold of them. ... I was given another name [name] eventually I got through to be told that he was on annual leave and then I was given another name [name] finally I got to speak to someone but they did not know what was going on (Survivor).

They did not know about these two other charges – the police did not know about these two other charges [from the CPS] and this had taken me the best part of a week just to talk to someone and they said to me ‘well I am not the investigating officer and I am not familiar with your case’ and so I had to get in touch with the people who were witnesses and get the names and contact details for the police. ... I gave the details to the police and said these people heard me screaming, they saw him punching me (Survivor).

Many participants said that they felt as though they were seen by the police as a nuisance, even in *high risk* cases such as the one below:

To start with I had some fantastic officers on my case and then I was assigned an officer because I had several different teams working on my case like the [name] team and the [name] team but I was given one officer as my sort of named lead person but I was never given numbers to phone and I was just told to phone back on 101 and then ask to speak to them and that was really hard in itself because I could never get hold of them and I was told ‘Oh well I don’t know what their extension is’ and so I just sort felt ‘Oh OK fine’ and she made me like I was a nuisance and she said: ‘Oh we are busy and we can’t get back to you all the time’ (Survivor).

The male survivors who took part in the research also felt that the attitude of the police towards them was unhelpful. One, for example, felt that the police were not interested in him because he was a male, and another felt that the police did not believe him.

As a victim, they offered nothing (Male survivor).

All the male survivors we spoke to felt that the police had gender stereotypical attitudes which prevented them from treating male survivors as equal to female survivors:

After I had the contact with the domestic abuse officer and she put me in contact with [name of non CJS Support worker], that was it, she lost interest then. Didn’t get any other updates other than the first time she appeared in court. I was angry they didn’t tell me she was released on bail until 3 days later. I didn’t even know she was appearing for a bail hearing (Male survivor).

I felt completely and utterly let down, he [Police Officer] knew my wife for 3 hours, he phoned me up and told me my wife hasn’t got a drink problem, that she acted in self-defence and I picked up the cup and cut my own face (Male survivor).

I was treated with respect, I was treated that they believed what I was saying but, they had a job to do and they wasn’t prepared to treat me as an equal ... it was all about who is the mum and who is the dad. They dealt with

it in a socially acceptable way, society won't let that change (Male survivor).

There were also frequent cases where information provided by survivors did not appear to be recorded or passed on. Survivors also spoke of orders, for example, restraining orders and non-molestation orders related to cases 'disappearing' off the police system. This caused considerable frustration and anxiety for the survivors, and further undermined their confidence in the police:

That's when I was given a restraining order for life because he showed no remorse whatsoever – and they knew that he would never leave me alone and that's when I thought finally I have got something to protect me now and he won't be able to continue to do this to me again but that piece of paper is not worth anything – absolutely – I did not ask for this the judge gave it out of his own accord ... but the police have lost it off the PNC ten times and every police officer that comes to this house has not got a copy of it (Survivor).

Many survivors in the Suffolk study said they did not find the police officers either helpful or reassuring. Some survivors claimed that the police officers were often rude and treated them as if they were wasting police time. Overall, the accounts from the survivors were very mixed, and these findings are reflected in an interview with one professional with a number of years of experience working with women who have been affected by domestic violence and abuse who told us:

When women report it to the police – some women think they are really helpful but others are really fearful about reporting it – I don't think that the police are consistent – I mean some women will say that when they reported it, 'the police officer was totally understanding of domestic abuse and were aware of what that is and how it affects me' but others say that 'the police officer didn't have a clue what I was on about and disregarded what I said – he didn't understand what situation I am in' (Professional).

A number of professionals commented on the negative attitude some police officers adopted, both towards them as professionals but more importantly in relation to the way they spoke to, and interacted with, victims. Patronising and condescending comments were common and they often adopted the attitude that they had got better/more important things to do. Some sexist/racist attitudes were also reported. Some participants had very positive experiences with the police, but for others the experiences they had had and the perceptions they held of the police were very negative, and these perceptions were often a barrier to them contacting the police or reporting abuse to the police. Many participants felt their concerns and fears were not taken seriously:

I have been assigned a police liaison officer and she is one of the most inappropriate and indiscrete police officers you will ever meet – I can tell you about her family in minute detail because that is what she does, she comes here and talks about her family. She does not log the drive bys, she does not log anything (Survivor).

I rang 101 and made an appointment, they phoned me an hour after the appointment was due and said they couldn't make it and they made another appointment and then phoned two hours after that was due to say they couldn't make it. And I thought 'Do you know what don't bother!' and all the time I had a man standing 50 meters away from me and I know he has got another gun (Survivor).

The professionals we spoke to also commented on the importance of the police officers' attitudes and responses when dealing with survivors who report abuse.

When you say 'Why?' to somebody, to victims of domestic abuse or rape it is such a judgmental approach and straight away, when you say 'Why?' to somebody that person straight away thinks you are not believing me you're questioning me you're blaming me ... you don't need to be blaming me because I blame myself over and over again (Professional).

One survivor had suffered years of sexual abuse, but when other violent incidents were reported and the police got involved with her case and she disclosed some aspects of the sexual abuse, the officer did not recognise that she had been sexually abused and she felt that the police did not care about her horrific experiences:

He would hold me down face into the pillow, hand on the back of my neck and fuck me in the arse and it was supposed to be a treat. He would restrain me but when I tried to talk to the police about it [name of police officer] said 'oh well it is not our place to ask how many people enjoy that sort of thing sexually' but honestly surely just by looking at me he could see how scared I was? This was no sexual game. I suffered every bit as much at the hands of the police as I did at his hands because they didn't care (Survivor).

It is important for police officers to improve their understanding of domestic abuse and the prevalence of sexual abuse in order to respond appropriately, to adequately safeguard survivors, and to initiate relevant support services.

Similarly, the perceptions of domestic abuse professionals in Suffolk were not always positive in relation to the police:

In the main the police are not supportive of domestic violence. There is too much paperwork, they might, God forbid, have to bring in a woman from Beccles or somewhere ... it is such a bother and that is male and female officers. There doesn't seem to be much empathy from the female officers and yet women police officers are so bullied within the police force you would think automatically they would have sympathy (Professional).

Furthermore, the inconsistent attitude by police officers is something that the police themselves have recognised:

It is not training but down to that individual officer of what their opinion of domestic abuse is. Some can be brilliant and really get to grips with it and some have old school attitudes. Some will do the right thing and put everything in place but it is down to the individual officer. One thing I hear when dealing with complaints is the victim not having a single point of

contact. Unfortunately we can't be that single point of contact because we are not here 24/7 but when it comes to harassment, stalking etc., an officer will attend, and then the victim has to relay that story all over again. It is really difficult with the current police set up, difficult to overcome (Police Officer).

I always strive to give the best possible service to every victim I came in contact with and I am not sure every cop has that kind of attitude. It was always sad to think that confidence and satisfaction with police was really high until they came into contact with the police and then their satisfaction went down quite dramatically which was very frustrating as a serving police officer who wanted to strive to give everybody the best level of service (Police Officer).

2.1.2 ASSESSMENT OF DOMESTIC VIOLENCE AND ABUSE

Once the report had been made to the police, the interview data from our study suggests that there are considerable inconsistencies across Suffolk in how cases of domestic violence and abuse are both responded to, and assessed by, the police. The discussions around the police responses included the attitudes of the police, the manner in which the survivor was treated, and the way in which the more formal risk assessments are made and categorised as standard, medium or high risk. There is considerable variation in police attitude and in the response and support provided, which is often constrained by patterns of working and wider resource issues. One police officer described and summarised the situation in Suffolk as:

We have a Domestic Abuse Team covering Suffolk. ... We have 3 teams ... Ipswich, Lowestoft and Bury. In Ipswich we have 3 domestic abuse officers, in Bury we have 3 full-time domestic abuse officers and in Lowestoft we have 2 at the moment. ... Our job role is to try and safeguard that victim and to try and offer support. An officer will go out to an incident, deal with whatever is there, complete the risk assessment. They will give a rating of standard, medium or high. We then do a download (we only work Mon-Fri so Monday is a busy day). We look at all the medium and high-risk crimes, secondary risk assess them against a set criteria and then ring the victims and offer them support. Help them if they need to go into a refuge, assistance with housing and will try and help in any way. We are very much short-term help because we don't have the manpower to hold the victim long term. Yesterday we downloaded 4-6 high risks and 13 medium risk so we can't look after them long term (Police Officer).

The HMIC (2014) report highlights that cases assessed as high or medium risk by the attending officers are reviewed by specialist officers; however, those which are standard risk are not. While these may be examined by the victim support service, there is concern that repeated standard risk incidents may not be identified as repeated abuse, and patterns of escalating abuse may not be picked up. In Haverhill they have a dedicated police officer working with standard risk victims very effectively; more needs to be done on this to prevent escalation and proactively protect victims before it gets to medium or high risk.

From the interview data, problems in the assessment process are identified by both police officers and professionals, and there are concerns over how judgments are made in the assessment process. From the interviews with the police who volunteered to take part in the study, the procedure using a risk assessment tool seems to be followed by most police officers in Suffolk but, as a number of police officers and professionals observed, that assessment is often not revisited and there is little evaluation of the effectiveness of the tool and the procedure in place:

The danger is the medium risk because that is where the deaths tend to occur. They are identified as medium risk but it will be front line officer who has done the assessment and they have had very little training and it is not looked at by anyone else. No one then picks up the repeat cases – that's where the problem is – someone assessed as standard risk may have been previously assessed in another incident as high risk or medium risk but the connection is not made. They slip through the net and no one checks up on these cases (Professional).

These problems are not, however, unique to Suffolk. As Perez Trujillo and Ross (2008: p. 454) suggest, 'assessing and responding to risk are key elements in how police respond to domestic violence. However, relatively little is known about the way police make judgments about the risks associated with domestic violence and how these judgments influence their actions.'

Another police officer also commented on the constraining factors which impact on the assessment and support of domestic violence and abuse cases:

We miss an awful lot of standard risk crimes. There is support that could go into them that is left to Victim Support. ... We don't have staff or funding. A lot of our time is spent doing secondary research, we check police national computer, CIS, fire arms etc. etc. The time spent with the victim is considerably less. ... We need to do campaigning and put all highs to MARAC which we can't do at the moment. It is not just the length of the meeting, but the amount of work that comes out of it (Police Officer).

Whilst there was a considerable amount of discussion from the police officers about problems with assessment and a lack of resources which may negatively impact on efficiency, there was also evidence of reflexivity and reflection on good practice sharing between forces introduced to improve ways of working in relation to assessment of domestic violence and abuse cases:

The secondary risk assessment has changed – it wasn't perceptive enough as people were doing things differently. It came from [name of] force as a better way of working – risk is about decision and opinion depending on what you have got and it is better now and definitely tighter. We do safety planning and signposting to other agencies (Police Officer).

As many professionals pointed out in Suffolk, however, the police follow different processes in the three different areas. Yet there is no overall evaluation on the efficiency and effectiveness of the processes. What happens to people who

report domestic violence and abuse will vary according to where they live in Suffolk, and how the report is dealt with. This will have an effect on the type and level of support that they receive:

There are 2 domestic abuse officers and after domestic abuse is reported they decide who to refer on to an IDVA if CPS are going to charge them and if a court process is going to go ahead and they are deemed high risk. The IDVA will then contact the victim but there is no set protocol on time frames. If the IDVA has the capacity (and sometimes they don't) they will contact them to ensure that they have the right support services, including emotional needs, safety planning, explain the court process and the trial and liaise with other support services (Professional).

The HMIC (2014: p. 20) report suggests that domestic abuse cases that are graded as standard are not reviewed by specialists and are not 'dip sampled' to ensure accuracy. This means that the quality of these assessments is unknown to the force. HMIC is concerned that as specialists are not reviewing standard forms, a number of repeated incidents which, in isolation, may not appear to be a threat to the victim, may in fact be a potentially dangerous pattern of escalation.

This point was exemplified by a participant in her account of the abuse she suffered:

I didn't recognise the patterns of escalation – pushing and shoving, emotional manipulation, feeling worthless etc. over a 10 month period to strangulation, punching, biting and finally a severe attack ... in my case escalation of violence over a few months with resulted in a serious assault with weapons (Survivor).

The assessment process is important to understanding not only how the survivor is responded to and how the case with dealt with by the police but also to understanding what other support services are put in place and available to the survivor and their families (see Chapter 4 on perceptions of support for further discussion). Both the police officers and the professionals who contributed to the study felt that there needs to be a systematic review of the assessment process and procedures currently in place and that more follow up of the medium and standard risk is required, and improved 'dip testing' of NFA and standard risk cases. The Haverhill model may be helpful to review here and assess if it could be rolled out in other areas to improve support, reduce repeated reporting, and improve lives. Finally, as Hoyle, (2007: p. 160) observes:

As risk is necessarily an unknown, risk assessments are social constructs and yet they have significant practical and emotional implications for those deemed to be both at risk of being harmed and at risk of harming others. Therefore, the efficacy of risk assessment and management tools deserves critical attention. There is currently very little empirical scrutiny of these processes but a suggestion that there is insufficient evidence that the tools are reliable indicators of risk, some concern that there is indefensible variability in the police use of such tools and that they are not sufficiently sensitive to changes in the victim or potential perpetrator's circumstances. Furthermore, they are based on presumptions about both victims' and perpetrators' behaviour and responses that may not be reliable.

2.1.3 MARAC

'For high risk cases of domestic violence, MARAC data nationally shows a reduction in repeat victimization (by which CAADA measures success), claiming that in up to 60 per cent of cases that go to MARACs and have IDVA support, the victim reports no further violence' (Radford et al., 2011: p. 66). There was a lot of discussion amongst the police and professionals about the use of MARACs in Suffolk.

For those survivors who talked about their case going to MARAC they appeared to be positive about the seriousness that their case had been accorded. One example is given by a participant who felt that the police had put all the necessary safeguarding in place for her following a MARAC consultation. She did not contact the police herself, even though the attack she suffered was extremely violent. Having suffered considerable and sustained physical and psychological abuse which had escalated over some months, she was finally subjected to a very brutal and vicious attack involving the use of weapons. She contacted Women's Aid in the early hours of the morning and was taken to hospital by a friend. The hospital involved the police on account of the extent of her injuries.

I phoned Women's Aid and I also knew ... they had on call I needed just a voice to tell me what to do because I was in shock and they suggested – they told me to get myself to hospital which I just couldn't do so they told me to phone a friend and so I left it a certain time and then I did. I phoned my friend who oddly enough had worked for Women's Aid and she took me to hospital. The hospital staff suggested that the police were at the hospital and they suggested that I spoke to them and so I did and they took photographs but I didn't make a formal statement as such but by virtue of my presentation they arrested [name] probably early [day] morning and I then made a statement the following day so like 2 days after the actual incident. They arrested him due to the severity of the attack, they took him to [name of prison] then and there and he was out [day] morning on bail. There were restraints in place, he couldn't come here you know all the safeguarding, it went to MARAC and all the safeguarding was in place (Survivor).

It is not just the police who can initiate a MARAC referral; organisations supporting survivors can also refer to the MARAC:

We fill in a needs assessment with women and fill in a MARAC form if we think they are high risk – I think that the MARAC works and people take it more seriously if they think they are high risk – if someone comes though it depends when the MARAC meetings are actually held – sometimes they have to wait (Professional).

The police and the professionals who took part in the study viewed the MARAC as positive and efficient, with good outcomes for many cases which were assessed to be *high risk* and often very complicated. They did, however, highlight that not all high risk cases actually got to MARAC, and there were some criticisms about the level of engagement with MARAC by some agencies.

You get the same victims come through the process again which is frustrating. Part of the safeguarding is putting the victims through MARAC and putting them through their system. We have had some MARAC research outcomes – 63 per cent of victims that come through the MARAC process see either call outs to police stop or are reduced. We can't put all of our highs to MARAC because of lack of staff (Police Officer).

We have good agency working. They do get briefed before the meeting. Sometimes the agencies are not doing their research properly, most agencies come along but it is intermittent. The MARAC meetings can be lengthy up to 4pm, but only 4–5 people stay to the end. Usually the Chair, Police, Probation. Social Care come along, do no research and just sit there but it varies area to area. ... Agencies attitudes seem to be to do the bare minimum (Police Officer).

Another police officer also raised these concerns, but in addition highlighted the need for accountability, governance and evaluation:

It [MARAC] works but people leave early, they have not prepared for meetings and they fail to share information but there is no comeback on the people and the organisations that do that unless you end up with a domestic homicide as a result – that is where it goes wrong. The MARAC is not statutory – you don't have to go – the police chair it because no one else will do it. We do have trouble because in Suffolk there is no governance of it [MARAC]. There are now 20 agencies represented and 20 or so cases so it is actually successful but it has limitations like housing – borders are artificial – the cost of MARAC is high – look at how many people sitting round that table – that's a lot of money. People want all their cases put together but that's difficult – you can't please everyone. Social care don't always turn up – it is not the fault of the people who attend necessarily but it's the managers. But no one is responsible. It could be better. But it is very difficult to get information from all those agencies on all those cases. The MARAC needs to the same people to go every month and to stay for the whole meeting. People need to prepare and be committed. It needs governance and properly evaluating – it needs proper management and a proper governance structure. We need the IDVAs – and it needs accountability and managing better. People aren't doing their action points but no one checks. We need to do some dip testing – but no one will do it (Police Officer).

These findings and observations highlighted in the account given by the police officer above are consistent with findings elsewhere. Radford et al. (2011: p. 67) in their study in London, for example, found that:

Professionals interviewed noted some problems with MARACs and improvements which could be made to their methods of working. MARACs were felt not to work so well when agencies were reluctant to share information, brought information too late or did not do what was expected of them. Poor attendance was a problem for some MARACs.

The MARAC is an example where agencies do discuss cases on an individual basis and an action plan per case is identified. Only the high risk cases, however, go to

the MARAC and there is less clear evidence of what happens on a more general level with the standard and medium risk cases, other than in one area where there is a dedicated police officer who coordinates and follows up support for clients. There is considerable concern in Suffolk that some cases that need to be considered at the MARAC are not actually referred, and therefore are not receiving the support that they potentially need to keep them safe:

If we have so many going to the courts, all on the wrong days for no apparent reason, why aren't the MARAC picking these up and sorting them out? They weren't even getting to the MARAC. I have spoken to [name] and said 'Everything should be going through the MARAC, you should be getting double/triple what you have got. They said it would be a whole day, not a half day.' Good, good – we need to do it. All these people – you are leaving them in limbo. These are the ones that are going to be dead before long ... you are turning low, medium and high-risk over to Victim Support, you are not actually giving it to the right people and if you don't do that, they are never going to get to the MARAC (Professional).

2.1.4 PERCEPTIONS OF POLICE ACTION

There was considerable discussion around whether or not the police arrested the perpetrator and whether that this was, in most cases, seen as positive by the survivor and helped them to feel safe. The role of *positive action* in these cases was fundamental to understanding the police officers' perceptions of responses in these cases, which HMIC (2104: p. 33) define as:

The steps and action taken at all stages of the police response to ensure effective protection of victims and children, while allowing the criminal justice system to hold the offender to account. It is often used in the context of arrest policy, police guidance states that arrest will normally be 'necessary' under the terms of PACE to protect a child or vulnerable person, prevent the suspect causing injury and/or to allow for the prompt and effective investigation of the offence.

However, the police officers in the Suffolk study often had different interpretations of *positive action* and its implication in practice in relation to domestic abuse cases. Some were not always in favour of adopting positive action without questioning why they would do so, and some felt that that in some cases it could undermine their professional judgment. All the police officers, though, were aware of the difficulties inherent in making judgments about cases where they might know the details of the incident reported but did not know all the facts which might be relevant, including the history of any previous incidents.

I think with the positive action thing that a lot of police officers think that positive action means 'I have got to nick him' but it means 'if there are grounds to arrest him then we do'. When it does that it takes that discretion away so that we as an individual cannot decide that this is not important and doesn't constitute something that he needs to be arrested for and I can't agree with that in a way because the police officer with the best will in the

world there is no way that they are going to know the history at that point (Police Officer).

Another police officer, however, suggested that positive action was not always applicable to every case:

I mean what does positive action actually mean? What do you take positive action to mean? Positive action means that you take positive action but I think that the word – if the power of arrest exists and you have got the grounds then you should but there are loads of occasions when we have got power of arrest but we don't use them (Police Officer).

There were, however, many accounts in the study when the survivors' perceptions of whether or not there were grounds for arrest clearly differed from the perceptions of the police. Whilst in clear cases of physical abuse this differing perception did not occur often, it was especially true in cases of psychological and emotional abuse, control and stalking.

But the police would not do anything – I was sobbing down the phone and he was stalking me and he was watching me from that hedge there for 7 months and the police would not do anything. One of the officers went past and made a note in his pocket book but they still would not do anything. I mean I was calling the officers in because [name of IDVA] is telling me I have to and they say to me 'he's on public property so there is nothing we can do' ... what Christmas day, Boxing day, 8 o'clock in the morning, 10 o'clock at night? He was clearly stalking me but they wouldn't arrest him (Survivor).

For one survivor a lack of positive action by the police force in a different county left her in dangerous situation with a violent perpetrator who was well known to the police. This seriously affected the way she felt about the police in general:

My problem has not been so much him but more frustrations with the police. I expected him to be as he was because he has mental health issues – he is really dangerous – but the way the police dealt with him and then with me left me at risk and allowed it to continue. ... On one occasion the police came to the door to speak to him about another unrelated incident and he was there and I opened the door. I was mouthing at them 'Help me! Help me! He is here' and they were so scared of him that that they really did not want to deal with him so they just said 'Thank you' and left – they left me there with him – they did not want to know and they just left me with him and he was violent, terribly violent so I realised from a very early stage that they would not help me and I have no faith in them at all (Survivor).

Many of the survivors in the Suffolk study were very frustrated that a lack of arrest, or the perpetrator being let out on bail, had serious implications for their safety, and as result many survivors described themselves, and indeed their children, as being punished rather than the perpetrator. In the *high risk* cases, survivors were often told that given the level of assessed risk they would have to enter a refuge to keep themselves or their children safe:

This is crazy – I told them [the police] ‘You are telling me that only way I could be safe is going into refuge? Why should I have to go into a refuge? I have a restraining order and he is making threats to kill and yet you are telling me that I have to go into a refuge. Why can’t you arrest him?’ (Survivor).

On another occasion, one survivor, who had been in a refuge on account of her partner’s violent behaviour, was told that she was not allowed out of the house unaccompanied for her own safety. She left the house on one occasion to buy milk and, as a result, social services threatened to put her children in care if she went out alone again as she was viewed to be putting herself at risk.

The refuge had to get brand new security because he would stand on the property line not so he would be arrested but just outside it and he would stand and stare. He would phone up the refuge staff and tell them he was going to kill them and going to kill meant it was all them telling me that he had done these things but they were wrong. He would stalk me, stalked me for years and years. I could not go out alone, I was not allowed to go out of the house without somebody. I almost lost my children going out to get a pint for milk for breakfast. Yet he could walk about where he wanted even with the restraining order (Survivor).

Examples like these were common in the survivors’ accounts where the perpetrator was seen to be ‘getting away’ with the violent or threatening behaviour, and there was ‘nothing that the police could do’. Often survivors felt that the police were putting the survivor, and sometimes their families, at risk rather than arrest or attempt to control the perpetrator’s behaviour.

The lack of positive police action by stated by the survivors is another significant factor identified in the analysis of the data with regard to why survivors report domestic violence and abuse. Often it is not until there is a marked escalation of abuse or a violent, sometimes life-threatening, incident that survivors re-report to the police. Furthermore, the analysis of the data suggests that in many cases whilst the police at the time of the initial response and also at the time of the arrest were viewed positively by survivors, their perceptions of the police often changed dramatically within days as they experienced further interaction with the police. There were many accounts of perpetrators subsequently being released following an arrest without charge, No Further Action (NFA), the incident being recorded as a non-crime, or being charged and then being released on bail, but in many cases the survivor was not notified. This lack of communication between the police and the survivor caused considerable anxiety, frustration and anger, and was reported by most survivors in the Suffolk study who had reported the abuse to the police. In some cases this lack of/poor/late communication actually put the survivor, and sometimes their families, at considerable risk or harm.

2.1.5 EVIDENCE

The HMIC (2014) report found that the collection of evidence at domestic abuse incidents is patchy, and was not always gathered in ways that can help build a robust case against perpetrators. The police officers spoke about evidence gathering, and the importance of getting the evidence at the time of the initial report:

Body cameras make all the difference for officers to wear because sometimes powerful presentations at court are when the officers first arrive, the woman is in such a dishevelled state, you can see that she has been assaulted, stuff has been thrown around the living room and the kitchen, it's all recorded and they are the most powerful things. Getting a copy of the 999 call, and the woman in distress has phoned in and saying what is going on, you can hear him shouting in the background, it is all really powerful stuff to convict perpetrators of domestic violence (Police Officer).

For example, photographs of a scene or of injuries are not always taken. There is considerable evidence in the Suffolk study that this is very frustrating and upsetting for victims. One survivor had been attacked on a number of occasions, but the police told her that they did not need evidence of this as they were only concerned with the most recent incident. She tried to give them details of witnesses, but the police did not want them. When they finally got in touch with her to say that the CPS had decided to bring further charges relating to the previous incidents and that they needed evidence, it was too late.

I had to get in touch with the people who were witnesses and get the names and contact details for the police. ... I gave the details to the police and said these people heard me screaming, they saw him punching me. They are willing to talk you and make some statements please will you contact them? There were people at work who knew who had seen the bruises but the policeman did not want know. Then they finally decided at 3.30 on Friday that they needed this evidence but it was back in court on Monday morning but it was too late (Survivor).

There needs to be consistency in the investigation and how they deal with you, sometimes they would fill in a 'blue book' other times they wouldn't. The more distressed I was the less likely it was they would fill it out. I got the impression they were uncomfortable about asking some of the questions as it is quite personal and detailed. I've even been asked that since I've done them before I was asked if they could just copy what was done before (Survivor).

Often, the participants said, cases go through court on a lesser charge because of a lack of evidence or because the CPS were not convinced that they would obtain a successful prosecution. In another case, a participant's ex-partner was charged with a lesser offence because of a lack of hospital evidence, even though she had witness statements attesting to more serious abuse. Her children had also given statements as her ex-partner had tried to kill her.

No one can understand why the CPS are not charging him with the other offences – the only thing he is being charged with is stalking and harassment and we have to go to court [date] – the domestic abuse and the sexual abuse he is not being charged with because there is no hospital evidence which I understand so it is just his word against mine so he is not being charged with it but because he is not being charged with it I feel like it is his word that is stronger than mine (Survivor).

However, as police officers observed sometimes gathering evidence was not always straightforward:

We have to think about what we do when we respond to a crisis and the need at that point is safety and I would hope that if there is a boot put through the telly and blood on the floor that you have enough evidence – but the people who are the DA specialists are not experts in evidence gathering because their specialism is supporting the victim (Police Officer).

In another example, a participant had a lot of evidence of the ongoing abuse recorded on her phone, but the police were not interested in examining it or recording this fact. She perceived that in hindsight the police response was poor, in particular, by failing to gather sufficient evidence to place the abuse in context. She received very good support from a professional through Victim Support and her IDVA, but said that contact from the police was sporadic. Her partner breached his bail and attended her house to get her to withdraw her complaint, but no action was taken. She did not feel supported by the police. No action was taken against her partner, following a decision by CPS. The participant perceived that this was as a result of the police failing to gather sufficient evidence. Her partner then overturned a civil non-molestation order against him. She was made aware of the decision not to prosecute her partner, but in her opinion the police officer did not take ownership of the problem and visits to her were perfunctory, to gather small amounts of detail and not look at the 'big picture'. She said in her interview that the police officer also repeatedly stated 'we need to look at the here and now', but the participant felt that this completely ignored the years of abuse which led to the final outcome, and important corroborative evidence.

There are very different perceptions and different viewpoints on cases, however, and whether there is enough evidence to progress to court. In many cases the police felt that they had enough evidence, but the CPS had a different viewpoint. This was echoed by a number of police officers in the study:

The other thing we don't seem to get right – the whole misconception and expectations of the victims – you know sometimes we hear back that 'the police haven't done their job' and we look into it and go through all the reports and find that we have done everything – we have been to the house, we have done this and we have done that – the victim feels that we have not done a good job but from the police's view we have done a really good job. It is interesting that just because it doesn't go to court that it is the police's fault. Because the decision isn't ours at the CPS for a start – the criminal justice system is such that you have to have evidence – but sometimes there

isn't anything. It is not the police's fault that there isn't anything and it is not the victim's fault that there isn't anything – if there isn't anything – there isn't anything (Police Officer).

One survivor cited that the length of time that had lapsed had prevented her case from being pursued by the CPS:

Initially you feel like you have support then you feel really let down and I feel like what I have gone through has been belittled – I can't believe that he is not being charged with the abuse – I have got voice recordings, I have got photographs and I have got witness statements. I have got my eldest [...] re-enacting exactly how I was hit because the police asked him exactly how I was hit and to show them exactly how the fist was made and yet they are not going to pursue it and I just don't get that. They have made up their mind – end of. I certainly don't understand it, my social worker doesn't understand it, [name of organisation] certainly don't understand it, all those that are around me don't understand it but I still haven't had a proper answer and when I asked I was told 'I already told you because it did not get raised in the 6 month period.' So if you knew that then why keep re-bailing if you know the outcome. But even the police officer [name] has said 'we know he has done it, don't think for one second that we don't think he did it because we know he did it because we have seen the evidence we know he has done it but because it has it a time lapse we can't take it any further. But at least he is getting charged with the stalking and harassment.' That doesn't make me feel any better (Survivor).

The police officers themselves commented on the difficulties in obtaining evidence acceptable to the CPS which would be robust enough to go to court, especially in relation to emotional and psychological abuse:

When we turn up as a responding officer we need to take some time to explain to victims but it is hard because they are at a point of crisis. The CJS is hard to explain to people. I joined up to protect the good guys and punish the bad guys. Many victims think that the behaviour is 'normal' – the definition of domestic abuse – with the emotional and psychological abuse is so difficult to prove. How are we going to get that through court? (Police Officer).

The way I think it happens – the officer who turns up, they get just what is there, they have to make sure they get it all right. If the perpetrator is arrested they go through police investigation, but all of this gets handed to CPS. The police don't make decisions. The victim sees us as the first port of call; they don't understand why it is handed to CPS (Police Officer).

It is, therefore, also interesting to note that the HMIC (2014: p. 22) report makes the following recommendation:

There are good working relationships with the Crown Prosecution Service (CPS) and decisions about domestic abuse prosecution cases can be challenged if officers disagree with the CPS on particular cases. Officers are seldom able to speak to a lawyer who has specialist understanding of domestic abuse, as they generally deal with CPS Direct, who may not have this additional knowledge. There is little

information about force performance and the proportion of domestic abuse cases that fail to achieve a conviction. This feedback would help inform the force about where improvements may be needed.

There was considerable discussion of victim impact statements in the data from professionals, and a view that these should always be taken by the police, but, as one professional pointed out even when a victim impact statement is taken they are not always seen to be of value in court:

I'm not sure it's [CJS] awfully good at valuing victims, for example look at that judge saying you're all giving these statements [victim impact statements] but they do not do any good at all – I mean how do victims then feel about that? (Professional).

From the perspective of the survivors who were interviewed, it was often the case that if victim impact statements were taken (and often they were not) they were frequently rushed; they felt that they were not given time really to consider and express the impact that the abuse had had on them properly. More often than not, statements were produced without the survivors being given appropriate support, for example, from an IDVA or victim support, and survivors felt that they had had to '*relive the whole thing again with another stranger*', which they found distressing.

When I had to say how the abuse had affected me I had to make a statement [a victim impact statement] they had to come to my work because they were too busy every other time as he got charged and it got to Friday afternoon and they couldn't find the time to do it any sooner so they had to come to my work because they didn't have time and they had to then go and type it up and then bring it to me en route to court to sign because they didn't have time so they turned up at [place] at 9.45 and they had to be in court by 10.00 so they just had to dash I hardly had time to read it (Survivor).

On a more positive note, there were some aspects of police action which were seen favourably by survivors. The HMIC (2014: p. 21) report comments on the provision of 'TecSOS mobile phones to victims, giving them an easy way to contact the police in an emergency. There have been six activations this year. Officers attending incidents produce a fast action response plan to reduce risk to victims. This might include ensuring that any call to an address is treated as an emergency, by placing a warning marker on the police systems.'

The survivors in our study who had been given a TecSOS phone, or who knew that the police had warning markers on their system, felt positive about these actions overall, and this had considerable benefits in making survivors feel that their concerns were being taken seriously and that they were safer as a result.

He duped me into moving back into the flat having said he was moving out. On the Tuesday night there was a loud bang on the window and I knew it was him. They had set up an alarm on my phone so they know it's a domestic incident. I was screaming down the phone (Survivor).

The domestic abuse team here have been really supportive and I also have a TecSOS phone from the police which they have responded to when it has been set off, accidentally normally. I normally sit on it in my bag or lean on it in a shop. They come in, search the house, look in the cupboards, under the bed, everything just to make sure I'm alright. That makes me feel safer! (Survivor).

2.1.6 COMMUNICATION

Perceptions of communication were of paramount importance to how the police were viewed by the participants, and by professionals working with them. Often there was very poor communication between the police and survivors, between police officers themselves, between different police forces, and between the police and other agencies. There was a considerable amount of data in the interviews that related specifically to communication as a problem, and this had a very negative impact on how the police were perceived in Suffolk. Yet as one police officer pointed out, this could make quite a difference to how the police are perceived:

One of the big issues of policing was keeping people up to date – people would report a crime and for months would not hear anything. It's not hard to pick up the phone once a week to keep them updated. It would make all the difference. It is the little things that make the difference. The big little thing is keeping people up to date (Police Officer).

Poor communication was also key to understanding the perceptions that survivors held in relation to their experiences with the police. Many survivors who participated in the study, for example, talked about being very confused with regard to how decisions were made by the police, and that they did not understand why the police had assessed a situation or an incident in the way that they had done. The survivors had often been very shocked that the case was recorded as NFA, were frustrated when there was no explanation from the police as to how the decision had been made, or, in the case below, why they could not serve a harassment order on a perpetrator, a known criminal, whom they had had in custody on a number of occasions:

I don't understand if like you have had him twice in custody how come you haven't been able to give him like this harassment order? I don't understand that – they don't seem interested in protecting me – he is well known to the police but they are only bothered when he does criminal damage on them. I showed them all the texts against me – I mean threats to kill and racial abuse but they just weren't interested. When he smashed up their police car though ... then they were bothered but not when it [the violence] was targeted at me (Survivor).

For one participant, like many others in the study, they were both confused and frustrated by the police's communication and lack of clarity in relation to their particular case. The participant had been reporting (single) incidences of abuse to the police for months, on the advice of her IDVA, but the police kept telling her that on each occasion there was insufficient evidence to arrest her ex-partner,

even though she had been assessed as 'high risk'. When a police officer decided to update her statement and determined there was sufficient evidence for an arrest, she was later called by the investigating officer and 'told off' for not letting the police know of the other incidents when she had, in fact, informed the police on each occasion:

Eventually they decided to relook at my statement and asked me to update it and so I did and [name of IDVA] was here as I was still getting weekly visits because I was still classed as high risk. So I did that and then the officer said 'Right we are going to lift him' and I asked 'Why?' and he said it was because they had enough evidence to lift him and so he went off. 4 hours later I get a phone call from the PIC from the investigating officer saying 'Why didn't you tell us this?' And I said 'I have been trying to tell you for months – I have been calling you nearly every day' (Survivor).

In another case, the police had taken the participant into custody after she retaliated against her partner in a prolonged episode of psychological abuse (which was unreported and the police never questioned her as to why she had struck her partner). Her partner called the police and they took her to the police station, leaving her children alone in the house and leaving her partner drunk, sitting outside her property in his car. She could not understand why the police had done this:

But when he had me arrested and I spend four hours in the police station they [the police] actually left him sitting outside my house with my children all in the house and they left him sitting outside me house in his car – drunk (Survivor).

Sometimes it is not the attitude of police that is seen as negative by the survivors but the lack of understanding of different types of domestic abuse. In another case, the survivor had been raped a number of times by the perpetrator but was never referred to any support for sexual abuse or given any advice on how to contact them, even though the police officer had a leaflet for 'The Ferns' in her folder.

I feel like I have had to fight my own corner through all of this so the relief that she was [IDVA] was there for me was huge – it was the first time that I felt that I have someone there for me. [IDVA] can't understand why I wasn't given information [by the police] to go to the Ferns, the sexual assault people – she was horrified that I hadn't even heard of it and that the police didn't even give me leaflet or anything or suggest I contact them for support. Yet the police women had a leaflet in her folder – I saw it – but she never gave it to me (Survivor).

Kindness et al.'s (2009: p. 1222) research, although based in the USA, identified possible risk factors for continued criminal behaviour in relation to domestic violence that could pose a risk of further harm to victims. They argue 'these results illustrate the importance of monitoring multiple dimensions of defendant behavio[u]r while under court supervision and of communicating information on noncompliance with victims and advocates to assist in safety planning efforts'. Their findings are strongly reflected in the Suffolk study as there is

overwhelming evidence in the data that non-compliance with court orders, for example, restraining, non-molestation orders, or bail conditions, were clear indications of increased risk to the victims, further abuse, continued fear and extending control. Such breaches of court orders or bail conditions were often surrounded in confusion and poor communication between the police and survivors, the police and the CPS, and between police officers themselves. This led to frustration for survivors and an increased risk for safety when the criminal behaviour was not communicated effectively.

One participant had had ongoing and numerous problems with poor communication between different police departments. Her ex-partner had been arrested, subsequently released, and was on a restraining order preventing him from making contact with her. On two occasions her ex-partner attempted suicide, but the officers who contacted her had no idea that he was on bail:

He tried to take an overdose – the police turned up to tell me that he had gone missing. There was no communication whatsoever between the police that had arrested him in the first place and the police who were dealing with the attempted suicide. Then a week later he turned up at the house so I rang 999 to say he shouldn't be here – half an hour later 2 police officers arrived which I thought was to take a statement for him being here but they had come to tell me that he had been in a serious deliberate car accident so he had tried to commit suicide again and again there had been no communication between them and the police that had first arrested him (Survivor).

Some concern was also expressed by police officers in relation to poor communication affecting which cases were referred to MARAC:

The domestic abuse officers here they deal with victims and they deal with other agencies and with the MARAC and they are very good at dealing with that side of things and there is definitely a demarcation between the investigation and them.– there are risks with that in that information doesn't always get passed on and information can get lost if the communication lines aren't brilliant especially with shifts but I totally get why we keep them separate (Police Officer).

There are also a number of examples of poor communication between different police forces in different counties, and this was another recurring theme in the data. Poor communication and a seeming lack of co-operation between county police caused considerable frustration, negativity and concern for safety in a number of cases. Examples included a situation where a perpetrator on bail was harassing his ex-partner and the court issued a non-harassment order to be served on the perpetrator. The perpetrator was, however, in a hospital in another county at the time, and the police force there refused to serve the order on him. This lack of communication and co-operation put the non-violent partner and her children at risk as the perpetrator was released from hospital and subsequently tried to harass the survivor again. As she pointed out, if she and the Suffolk police had been aware of his release, some safety planning could have been put in place to protect her.

Then he started to harass me from his hospital bed but because he was in the [name of hospital] – Suffolk police needed [name of county] police to issue him with that. [Name of county] police refused – I was told that he wouldn't be released from hospital without us knowing – Suffolk police got the notice that [name of county] police wouldn't serve the harassment order so Suffolk police went to serve it to him but when they got there they found out that he had already been discharged from hospital (Survivor).

The HMIC (2014: p. 21) report also highlighted this problem:

Any change in circumstances, for example where a perpetrator is released from police custody, should lead to safety plans being updated by the officer who is dealing with the case. However, where the officer is not on duty this responsibility may not be passed to someone else and the victim may not be provided with vitally important information. This is of concern to HMIC and needs to be addressed.

One participant had had to go away with her children for her own protection when her ex-partner was released early from prison. The police had advised her to do this and she informed the police of her whereabouts for the time period they specified. The police officer she spoke to, however, did not pass the information on to the police officers who were watching her house, flagged as a 'location of interest', who then contacted her in the early hours of the morning to find out where she was. The lack of communication between police officers caused her considerable stress and anxiety:

The police charged him with the offences whilst he was in prison he was due out on release on the Monday – bank holiday and he was due in court on the Tuesday but the prison let him loose on the Friday so we had to go away for the weekend for our own safety in case he turned up at the door. Because he was basically a free man – I then had a phone call at 2.00 on Sunday morning from the police saying that they had been to my house and it was the same as it had been the whole weekend and they were concerned for our safety – where are you? So I said that we were away but I had told the police that we were going away when they told me he had been released early. It was really stressful to be called at that time in the morning but it seemed to me that the left-hand didn't know what the right-hand was doing so they had been patrolling the house but they didn't have the full story from the police officer who told me he was being released (Survivor).

Poor communication practices repeatedly appeared in the data as undermining both survivors' and professionals' trust in the police, and undermined their confidence in their ability to protect them, but most importantly poor communication had serious safety consequences for a number of survivors and their children. Furthermore, these findings concur with the HMIC (2014) report, which found that when cases are passed between teams and departments within the constabulary, victims may not be contacted, or may be contacted by a number of different people, which can be equally worrying (as victims may lose confidence in the police response if they are repeatedly asked similar questions by different staff).

The girl who I was dealing with she has been transferred apparently because they get rotated and every few months they get sent to another section and so I have a new person and the guy I am meant to be dealing with I think he is on his relief days so I have to wait until he comes back before I can report it (Survivor).

There were numerous incidents in the data when the survivors felt that police did not take a breach of restraining orders or non-molestation orders seriously. One participant, for example, had contacted the police a few days after a dawn raid when her husband had been removed from the family home and charged with possessing and taking indecent images of children. He was allowed no contact with either her or the children:

He was bailed to his mum's but 2 days later he followed me through the streets and rushed up to me – I called the police – but they said 'oh I suspect that he just wants to tell you that he loves you' but I said 'Well he's not allowed to' but they just brushed it under the carpet (Survivor).

2.2 COURT EXPERIENCES

From the interview data in our study there was considerable concern amongst all three stakeholder groups – survivors, professionals working with those affected by domestic abuse, and the police – about the court process in both the criminal justice system and the family courts. All the participants in the study who had had experience of the court process felt that it took too long and that that during this period survivors often continued to experience abuse and live in fear. Whilst those participants who had had the support of an IDVA felt that they had received good support from them, there is a lack of information and support for those survivors identified as either medium or standard risk; this point is explored further in the next chapter. The court experience itself was viewed as intimidating and often humiliating by the survivors, who felt that they had to prove what had happened and often described that it felt as though they were the ones on trial and not the perpetrator. The court area was often seen as an area setting for further abuse. Talk relating to perceptions of poor sentencing and '*settling for lesser charges*' in criminal courts were common in the data. Negative court experiences were also identified as a barrier to reporting (discussed in Chapter 4), as survivors who themselves had had poor experiences of court, or who had heard of others who had, were less likely to report abuse to the police. The apparent lack of understanding by magistrates and judges that abuse often continues in the area of child contact and access is another key finding here, and is also associated with the fact that the criminal charges relating to the abuse are dealt with in a different court from any civil proceedings, and often judges and magistrates are unaware or appear to disregard the history of abuse. There is also a lack of understanding of the use of social media to abuse, blackmail and enable to the perpetrator to continue to control and intimidate the survivor. Overall, the court process is not perceived to be 'victim friendly', as many professionals and survivors pointed out:

I think when we have cases that touch the CJS as soon as they go to court, I just think the whole process is not victim friendly at all and I appreciate

they are coming from a stance that the suspects are innocent until proven guilty but for our clients, they can't access counselling, there are pre-trial guidelines but cases have been lost, they are not allowed to meet their legal representatives but suspects can have numerous meetings, disclosure and all those kinds of things. They [perpetrators] have so much support, they have so much help. There are so many opportunities that they can be coached and advised what they should or not say in court but the victims are just left from reporting in a victim like state for 12-18 months (Professional).

All the male participants in the study strongly perceived the CJS as being not sufficiently prepared, either physically or philosophically, to accept males as survivors of domestic violence and abuse. The impact for those who have occasion to call upon the CJS for protection is therefore negative, even if the initial response is appropriate. The general perception is that the CJS is a 'closed door' to them. They felt that the CJS journey effectively ends at the point of report for them. Only one of the persons interviewed experienced a CJS prosecution, and that was a painful journey with many complications. Recent research in the Netherlands by Drijber et al. (2013) suggests that a perception amongst males that the CJS will not take them seriously, or that they will not be believed, is a major barrier to not reporting the incidents, and this argues that it is remarkable that society has not adapted to offer men the same services as women.

2.2.1 CRIMINAL COURT

The data from the participants in our study demonstrates that the time that it takes for cases to go through the courts is far too long. Survivors, professionals and police officers were all frustrated and disappointed with the slow and often confusing process. Without appropriate support, survivors withdraw their statements, lose faith in the system, and may even return to the perpetrator.

The referral to [organisation] and [name] came through the domestic abuse team at the police and I am glad they did because she has been fantastic and has really fought for me and she has been that key link between me, the police and social services because social services don't seem to have a clue about any of the police roles or about how any of this would go on. I simply thought when they arrested him that he would simply be in court the next day and charged the next day. I never expected that nearly a year on and nothing has gone properly through the system and they still haven't charged him properly yet (Survivor).

Experiences in court were often humiliating and intimidating for the survivors, who had to face the perpetrator again, and often in what was described as 'aggressive and intrusive' questioning by the legal team. As one survivor told us:

I knew that someone in there was being paid and paid a lot of money and his whole remit was to undermine me and to discredit me. I could not believe how some of the questions were allowed to be asked – I could not believe and I did not know where they came from – like his barristers

questions I cannot believe that he could get away with asking them (Survivor).

The majority of survivors who had had experiences of the criminal court echoed the point above. Their views on how they are treated in court were supported by all the professionals we spoke to:

They haven't had any support, help. How are they going to turn up, they have no legal help? There are big problems with the legal issues. Legal aid has gone. So a woman will be standing up in court facing a person who has been hitting her who is then going to ask her questions in an open court. What is she going to say? She is so terrified of him she is not going to say a word (Professional).

The court process and experience in itself was certainly viewed as traumatic by the survivors. Those that had received information and support in the process, however, viewed this as very helpful and claimed that it did go some way to ameliorate the anxiety that they felt:

I had a pre-trial visit before they cancelled it and the volunteers there are really good and they explain the process – again they are very supportive which is the only word I can think of although empathetic may be a better word they deal with you in such a good way you don't feel like you are ... the whole idea of the court case really traumatises me because I have to sit there whilst someone rips my life to shreds to try to prove that they are innocent. That is the reality and he will be there but they are putting a screen in for me so I won't have to see him and he won't be able to see me (Survivor).

Overall, the people interviewed for the purpose of this study held a poor opinion of magistrates and judges across Suffolk. This seriously undermined the survivors' confidence in the CJS. Judges were often reported by survivors and professionals to be lacking an understanding of domestic violence and abuse, and being rude to survivors and also to IDVAs.

The absence of historical evidence and background information on a case, for example, if the case had been identified as 'high risk' and gone to the MARAC, was also seen as highly problematic by both the police officers and the professionals:

Often the magistrates are not trained enough. They have not been told if the case has gone to MARAC but these are high risk cases but there is no liaison and in my opinion magistrates should be told if the case has gone to MARAC. The magistrates are far too lenient (Professional).

They keep telling me that at least he is being charged with that but realistically what is he going to get? A fine and some community service – if it is really, really bad he might get a 6 month sentence but it is his first offence and he has stuck to his bail conditions he is likely to just get a slap on the wrist. The fact that I have had to bare my soul and I have had to tell people things that I don't want to remember has been all for nothing –

that's how it felt. But the stalking came hand-in-hand with the abuse – I feel beyond let down by the system (Survivor).

Overall, it was the perception of all three stakeholder groups that sentencing was too lenient. There are a number of cases in the study where a perpetrator was given a suspended sentence after prolonged physical and sexual violence against their partner, and physical and sexual abuse of children which had been filmed.

One participant, however, had an alternative view point on sentencing, which is also worthy of inclusion here, in that sometimes a custodial sentence is not in the survivor's best interests. In her case the sentence handed down allowed her ex-partner to keep his position in the army, which provided a more favourable and secure outcome for her and her family financially:

Because he's army, army services were involved. Because he was in the army if he took a certain type of sentence he would lose his job so they were fighting for him to keep his job, he needed his job to support me and the children. He didn't get a suspended sentence because he would have lost his job so he got a 12 month probation order (Survivor).

Changes in the process have, according to the police and some professionals, had a negative impact on the survivor's experience of the court, and how it treats them.

Magistrates should see the historical evidence. ... We used to have specialist domestic abuse days in court which was great because we used to have a prosecutors whose speciality was DA, she would take on all the DA cases for that day. We now can't tell our victims this is a special DA day, because they have taken out the prosecutor, prosecutors now may not have a clue about DA. It is a DA court – but with no specialists in the field (Police Officer).

One survivor talked about her experience in court after she had suffered a brutal and vicious attack after enduring months of frequent battering with a weapon and verbal abuse. The evidence of the final attack was recorded by police and hospital surgeons, but she was only notified on the morning of the court case that the evidence relating to another two attacks would no longer be used. This meant that only one charge was brought, and the evidence relating to the escalation of the abuse was not considered. The court judged the case as a 'one off' incident. The survivor was only able to re-read her statement and meet her barrister on the morning of the hearing:

It was a Newton court – it is just a judge and barristers and that very morning I was told that they had changed their mind again and they were only going to deal with the one ABH charge and not the other two charges. I mean I had a barrister whom I only met that morning – I mean I didn't even know if they were male or female and I saw my statement for the first time half an hour before I went in that I had made 6 months ago on strong painkillers. I was not allowed to see it before and I had requested to see it (Survivor).

Poor communication often meant that survivors were not notified about the outcomes of court cases and were left for days unaware that a perpetrator had been sentenced and was in prison, or had had an order placed on them to protect the survivor. One survivor found out the outcome of her court case by reading it in the local paper.

Poor communication from witness service have to let victims know court outcomes in 48 hours but often that does not happen so you get cases of people locking themselves and their kids into their homes for whole weekends or days because they don't know that a restraining order has been issued because no one tells them or that he has walked free and no one has told them and he is straight round to hassle and intimidate her again probably even worse than before as he has 'got away with it' as far as he is concerned (Professional).

2.2.2 FAMILY COURT

Professional approaches to domestic violence, child protection and visitation and contact are so different that they may be conceived as belonging to different planets (Radford and Hester, 2006: p. 145).

The family court system was also viewed as highly problematic for survivors and the professionals that worked with them. Child access and contact was cited as areas where continued abuse and control would occur, and which also provided perpetrators with further opportunities to abuse children. Whilst some support for survivors in the criminal court process was available for those classified as high risk, for those going through the family court process there was virtually no support available at all other than that paid for through a solicitor. There were frequent reports of solicitors refusing to continue with a case through the family courts on account of the survivor's lack of funds, and there was an overall sense from the interview transcripts that both survivors and professionals viewed magistrates and judges in the family courts as '*favouring*' perpetrators in terms of contact and access disputes, while viewing mothers as difficult and 'getting their own back' through denying access. The analysis of the data from the interviews, however, reveals that in cases of mothers wishing to restrict child contact and access, they had genuine causes underlying their concerns. These included physical, sexual and emotional abuse of children, threatened child abductions, and clear evidence that contact was disturbing or upsetting for the child. The ideologies underpinning the pro-contact model currently prevailing in UK policy for child contact in the UK are leaving women and children at risk of further violence and intimidation post-separation (Harrison, 2008). Thus child contact and access arrangements were, in themselves, used to abuse, intimidate and control the non-abusive parent (as considered in Chapter 1), yet there appears to be a poor understanding of this by magistrates and judges.

The family court process is even worse than the criminal court process as there are no support services at all and they have no understanding of domestic abuse. Women are made to feel like they are neurotic. There is a perception that men get a raw deal thank to Father's for Justice which they don't, children are exposed to experimentation for contact to see whether

they can cope with it or not and then have extreme behavioural problems when they don't. The voice of the child is not heard, let alone adhered to and the welfare list is a joke when it comes to court and they don't adhere to it. There is less and less money for legal aid, the CAFCASS assessment is dire and they don't have the capacity to do proper assessments and the judges then decide if they are going to go with the assessment or they don't – it is a nightmare. The children are just pawns (Professional).

'Knowledge about the effects of domestic violence on women and children challenges pro-contact philosophy' (Harrison, 2008: p. 386). Many professionals in our study discussed the lack of training for magistrates in Suffolk, and one reflected on a recent conversation they had personally had with a magistrate:

She told me 'we have no background, we have no idea about this'. So they need training. I wrote it down and sent it to the powers that be and said this is not good enough. This is unfair to them if they haven't got the proper training to do the job and what is it to these women and the few men who go through the courts. Where does it leave the children? There are 2-3 really nasty cases going through, but if they are not trained and they are not getting the help in understanding putting these through, how is it ever going to work? It's not (Professional).

The court process for me going through the family courts was just like another prolonged aspect of the abuse. He twisted social services round his little finger and made me out to be irrational, unreasonable and basically just mad. He threatened me that if I did not give him the access he wanted he would sue me for custody and make sure that he got it by telling them that I couldn't cope and was on medication. He just continued to bully me to get his own way just as he always had done (Survivor).

I mean the magistrate ordered me to [details of access] and I was supposed to do that bearing in mind that he had had a positive drugs test and was still using and they attached a penal order onto it and she said to me [name] if you do not comply with this arrangement I will put you in prison – and I walked out of that court room and went to the refuge and the lady there said that this is horrendous and I cannot believe that this has been allowed to happen bearing in mind he has physically hurt her [daughter] – I was prepared to go to prison, I was absolutely petrified and I waited at the refuge and waited for someone to come and arrest me but it turned out that he didn't turn up because he had just done it to upset me (Survivor).

These findings concur with wider research findings elsewhere, as Harrison's (2008: p. 389) study concluded:

It showed how in private law proceedings, the significance of domestic violence, including after separation, and issues of safety and protection, were persistently minimized. No single act was responsible, but rather at successive points in the process of determining contact arrangements, the impact of domestic abuse remained unrecognized or was dismissed as irrelevant. Child safety was pushed from the foreground to the margins, leaving children and women in a vulnerable and powerless position. A pro-contact philosophy exacerbated and prolonged the

impact of violence, and both women and children were reliant on their own strategies for recovery and survival.

Interestingly, the male survivors also felt victimised by the family legal system, and the general perception of male participants is that the usual CJS support services are not offered or available to them, and that after the initial contact with the police there is confusion about who should support them. At the time of conducting these interviews there was only one support worker available to them. The general lack of support continues, especially when access to children is involved, and all the participants reported negative experiences with social services, legal services, and access to legal aid. These negative experiences are wholly consistent with the findings of empirical research conducted in the UK, Europe and the USA.

There needs to be an equal opportunity for help, to make a man feel that he will actually be supported, not just by a male victim officer, but by everybody in the system (Professional).

It was all about, who is the mum and who is the dad. They dealt with it in a socially acceptable way, society won't let that change (Male survivor).

Not only does it appear that in general many magistrates, judges and police officers in Suffolk have a poor grasp of domestic violence, but this in turn is aggravated by a complete lack of understanding of social media and the way it is routinely used by perpetrators. Even blatant threats, including threats to kill, were disregarded in some cases by the CPS or by the judge if the case did get to court. Many survivors were angry and frustrated that they had been told by the police that they had to keep the evidence, often on their mobile phone, until after the court case. Survivors found this emotionally very challenging and often psychologically difficult to cope with as they were confronted with the abusive messages every time they used their phone or had to see the perpetrator's name and contact details on a daily basis. In many cases, even after they had done everything advised by the police in relation to keeping evidence, and had endured the trauma of seeing the abuse frequently over considerable periods of time, when the case finally got to court the judge/magistrate dismissed the evidence or held the view that the survivor was '*being silly to have taken it seriously and you should have just ignored it and deleted it*' or '*how could you feel threatened by a text?*'. One survivor had received graphic descriptions of how the perpetrator intended to track down, abduct, murder and dismember her and her children, and over 450 text messages were received by her over a period of 6 weeks.

Due to this issue solicitors' firms no longer bridge the gap and quite rightly wait for legal aid to be in place before processing these applications. In order to satisfy the income element for Legal Aid the client is expected to provide up to date income evidence. If the client is on a 'passported' benefit such as Income Support or Employment Support Allowance they are expected to supply an evidence letter from DWP that is no more than one month old. There needs to be a system in place whereby clients can access these letters very quickly when needed for legal matters. I feel that the bank statements provided by clients which list their benefits as ESA or IS should

be sufficient. The delays in gaining income evidence from the Benefits Agency could cost lives and makes a mockery of the very purpose of a system that should allow Non Molestation orders to be in court within a couple of days of them being requested and not 8 to 10 weeks down the line which is the time scale at present (Professional).

Male victims similarly experienced considerable problems accessing legal aid.

It's difficult to get legal aid now when you are a victim of domestic abuse. I had to get a non-molestation order against my wife. I had to do that to get access to legal aid. It seems stupid as she was in prison so I agreed to that and an interim residence order for my stepson (Male survivor).

2.3 SUMMARY OF CHAPTER

- ◆ There is considerable inconsistency in the survivors' experiences of police attitudes, responses, assessment procedures and actions in our study.
- ◆ Call-handlers and many police officers are viewed positively by survivors. Some survivors and professionals, however, reported police officers' attitudes as rude, and that they lacked an understanding of domestic violence and abuse and were unhelpful.
- ◆ The participants felt that there is a clear need to improve police training on domestic violence and abuse, and acceptable modes of conduct when responding to reports of domestic violence and abuse, especially in relation to male survivors.
- ◆ The police assessment of a reported case categorised as high, medium or standard risk influences subsequent levels of support and access to other services.
- ◆ The model of support adopted by the police in Haverhill to support and coordinate services for standard risk survivors appears to have improved outcomes for victims, and is viewed positively by those involved.
- ◆ The assessment process currently adopted requires a critical and robust evaluation, and improved quality control mechanisms.
- ◆ Examples of poor communication between the police and survivors, the police and the CPS, between different police forces, and between police officers themselves, had a negative impact on how survivors perceived the police service generally.
- ◆ Poor communication practices were described as having serious safety implications in some cases for survivors and their families, and this undermined their confidence in the police to keep them safe.
- ◆ There are differences of opinion over what constitutes positive police action in responding to cases of domestic violence and abuse, even between the police officers themselves.
- ◆ The lack of perceived positive action by survivors is an influential factor as to whether or not abuse is reported.
- ◆ There is uncertainty in many cases over evidence gathering, the value of victim impact statements, and decisions made in relation to the charges brought.

- ◆ Poor communication between the police and CPS further undermines survivors' confidence in the CJS.
- ◆ According to the participants in the study the court process often takes considerable time, and survivors in that time often withdraw charges, experience considerable stress and anxiety, or return to the perpetrator, especially if unsupported.
- ◆ Court hearings are often viewed by survivors as intimidating, humiliating and frightening, with poor sentencing outcomes.
- ◆ Judges and magistrates were often viewed by the participants in the study as having a poor understanding of domestic violence and abuse, especially of emotional and psychological abuse.
- ◆ In many cases the participants felt that judges and magistrates failed to understand, or take seriously, examples of online abuse, and did not understand how social media worked.
- ◆ The family court was viewed by the survivors and the professionals as highly problematic, and the pro-contact (for the perpetrator) ideology as potentially harmful for survivors and children.

Overall, all the participants of this study felt that support available for survivors of domestic violence and abuse in Suffolk is patchy. They said that there are vast geographical variations in the support available, with Ipswich being better served than towns such as Lowestoft and Bury St Edmunds. For survivors in rural areas support is almost non available, unless they have been assessed as '*high risk*' and have the support of an IDVA. All those participants in our study who had had the support of an IDVA were, without exception, extremely positive and thankful for the support that the IDVA had given them. The IDVA service in Suffolk changed considerably as the fieldwork for this study was nearing completion, so the findings must be understood in this context. The IDVAs working in Suffolk at the time of the data collection (May–November 2014) should be commended. The support they provided was often given under very challenging circumstances, and their caseloads were, without exception, very high. Despite this, IDVAs strove to provide high quality, consistent and individualised support for each of the survivors that they had responsibility for. There is, however, from the conversations we had with professionals and police officers a need for better clinical supervision for IDVAs working in Suffolk, and for an evaluation of the new IDVA service.

While a number of agencies and organisations provide support for survivors of domestic violence and abuse in Suffolk, this research found considerable confusion on the part of those interviewed as to exactly which organisation is providing what support, to whom and where. The participants in the study, especially the professionals and the police officers, said that there is considerable overlap in terms of support for survivors, but simultaneously very apparent gaps in service provision and victim support available. They felt that these factors need to be addressed, as well as many aspects of current support provision that need robust and thorough evaluation. Those identified at high risk are seemingly able to access a range of support from statutory providers and third-sector providers, but those assessed as medium or standard risk do not have the same opportunities available to them. One exception to this hierarchy of support is the support model used by the police in Haverhill, which has a dedicated police officer to support those at standard risk. Data from the interviews with the '*high risk*' survivors also revealed some cases where survivors were denied access to services to which they were referred because such services deemed them as being too '*high risk*'.

The research revealed considerable concern by participants about the level of support services provided to children. This was also connected to what both police officers and professionals identified as the absence of appropriate funding for domestic violence support more generally. Interviewees also expressed considerable concern over the availability of short-term funding for ad hoc initiatives, and in their view there was an absence of an overall sustainable strategy to support survivors and their families in Suffolk.

Survivors also commented on the lack of information about the support services available to them, and confusion between the police and other professionals, including health professionals, as to what was actually available and where.

Professionals and police officers in the study were also often vague or unsure about exactly what each which organisation was providing, and what support was available in their area or in Suffolk generally. Again, Haverhill appears as an exception in this finding in relation to understanding the specific support available to survivors in that area. Overall, participants felt that the information that police and other professionals had was rather ad hoc and based on feedback from survivors themselves, or on hearsay and rumour rather than on clear knowledge and information.

3.1 SUPPORTING ORGANISATIONS

It is neither the purpose nor the intention of this report to name specific third-sector organisations or charities providing support to survivors of domestic violence and abuse, but to provide an overview of the service provision and support available to survivors and their families in Suffolk. The names of specific organisations have, therefore, not been included in the report, although reference where appropriate to specific services which the participants spoke of, for example, the IDVA service, victim support, and refuges are discussed.

In a recently published study which analysed the SafeLives database, which has records of more than 35,000 cases of adults experiencing domestic abuse since 2009, found that 85% of victims had been in contact with an average of five professionals in the year before they got “effective” help from an independent domestic violence adviser (IDVA) or another specialist practitioner (SafeLives, online). Overall, the participants in our study described the availability of support and therapeutic services in Suffolk as ‘ad hoc’ and a ‘lottery’. Access to support and services is drawn across two main categories: geographic location, especially in terms of specialist services, and level of risk. There are no drop-in centres in Lowestoft or Bury St Edmunds, which means for survivors located in the vicinity of these locations the support available to them is far less than that provided in Ipswich, which has a dedicated drop-in centre. The professionals and police officers reported that there also appears to be considerable variation in the degree of partnership working across the region, with some areas evidencing stronger and more active partnership working than others.

There was real concern amongst participants over the concentration of services in Ipswich relative to what was perceived as a paucity of services in more rural areas. This point was raised by all three participant groups.

There is a real lack of services in rural areas which actually make up the majority of Suffolk (Professional).

Male survivors felt that they were discriminated against, and viewed female survivors as being able to access far more support than was available to them:

I felt disgusted, I just felt let down completely as a bloke. No one was believing me at all ... they weren't there to help me at all. There was no help until I met [name of support worker] (Male survivor).

All the professionals in our study commented on the geography of Suffolk as a county and the particular issues this raises in relation to the support available:

Everything is done in Ipswich. You have pockets of problems – in Lowestoft. The biggest problem is deprivation and until deprivation is alleviated in some way.You now have 5th generation people on the dole, a background of children taking drugs and alcohol and not being properly parented (Professional).

I think in a county like Suffolk it's quite difficult because it's quite rural. [Name of specialist organisation] is in Ipswich and there's quite a lot of incidents in Ipswich but also further afield and if someone is raped in Halesworth and they don't want to get in a police car, how do they if they can't afford it? (Professional).

This point was also made by a number of survivors and professionals, especially in relation to the sexual assault referral centres (SARCs):

I do think this SARC is a huge step forward. It will evolve and develop. They are already looking at the children's side and it provides a place for people to go where they don't have to report it to the police (Police Officer).

I have had six months counselling from the Rape Crisis centre and I can now talk about these things. I know that they will never go away but I can now get them out of the box and deal with them and then put them away again. They used to fly round me head like Harry Potter dementors but I am a much stronger person now. Yes I do get upset because I was in a horrific time – having been dragged kicking and screaming to the SARC it transpired that I experienced some horrendous sexual assaults – they were things I could not deal with because I was in a horrendous marriage and I didn't have a way out (Survivor).

Ipswich may have a women's aid drop in centre and a SARC but that's no good to me living right out here is it? How the hell am I supposed to get there? (Survivor).

If you are raped and don't want to go to the SARC you are just dumped on a pile and have to wait five or six weeks for an ISVA [Independent Sexual Violence advisor] (Professional).

Given the prevalence of sexual abuse in domestic violence and abuse cases, and the long-term consequences and impact this can have on survivors (see Chapter 1), the failure to provide an adequately funded and geographically distributed support infrastructure around this raises real causes for concern.

The importance of holistic, reliable and appropriate support is essential in enabling and supporting survivors of domestic violence and abuse to end the relationship with the perpetrator, develop their self-confidence and self-esteem, and learn the skills required to manage the practical aspects of everyday life, such as coping with finances and developing resilience to rebuild their lives and begin the recovery process. Central to understanding why some survivors are able to embark on this process successfully while some return to the perpetrator or enter another abusive relationship is the concept of *social capital*. Although definitions of social capital vary but essentially 'social capital describes the

pattern and intensity of networks among people and the shared values which arise from those networks' and 'research has shown that higher levels of social capital are associated with better health, higher educational achievement, better employment outcomes, and lower crime rates' (ONS, online). Survivors often lack social capital at the time of reporting/disclosing the abuse, and successfully supporting survivors involves building their resources for *social capital*. The aim of most of the supportive interventions with regard to supporting survivors of domestic violence and abuse is to develop social capital. Support group processes, for example, allow survivors to build trusting relationships with others and establish supportive networks indicative of social capital (Larence and Porter, 2004). In Anderson et al.'s (2012: p. 1294) mixed method study, for example, participants sought and accepted both informal and formal mechanisms of support, and they argue that that 'developing support systems and mobilizing resources were central to participants' resilience and ultimately to their recovery from domestic violence', and that it is essential to examine how victims of domestic abuse experience events after the violence if we are to get a better understanding of how resilience can emerge from devastation.

Many of the accounts in the Suffolk study support this point; without the necessary social capital, survivors and their families return to victim status. One participant described the ongoing and long-term physical, sexual and emotional abuse. She eventually reported the abuse to the police and left her partner on occasions, but he intimidated her and she returned to the relationship. She subsequently made another report after more violent abuse and she was put into refuges, but again her partner's intimidating and threatening behaviour forced her to return to him.

I got shoved around the country with the kids, shoved into different refuges still terrified, still terrified about the court date. In that time my daughter had to be interviewed by the police because he had also sexually abused her so she had to go through all of that as well. Eventually he got hold of me via Facebook. I was terrified. I was in a refuge in [name of place] I had lost all the support from the police because they all seemed so far away. He got inside my head again and I dropped the charges. I was just so scared I dropped all the charges, in a way I wish they would have never have moved me because I would have gone ahead with the charges because I would have had their [police] support fully. I would have gone through with it because I had support [in Suffolk] and I went from having a massive support network to nothing. There was absolutely nothing in [name of place] (Survivor).

3.1.1 LEVEL OF RISK

It depends what level of risk you are at as to what service you get (Professional).

There is a disparity in access to services depending on the level of risk assessment. Survivors who are assessed and identified as being at 'high risk' are more likely to be, although not always, subject to the MARAC, and have a variety of services available to them. These include national statutory organisations as well as other third-sector service providers. Whilst this distribution of services

along risk lines appears logical at face value, there is a considerable level of concern amongst professionals and amongst the police officers themselves with regard to the accuracy of the assessment process, which does not adequately cater for the dynamic, highly changeable, and complex nature of domestic violence and abuse, the related risk factors, and the lack of reflexivity and quality control of assessments by the police (see Chapter 2). Furthermore, a number of professionals and police officers in Suffolk expressed their concern at the unequal distribution of services and the poor provision of support for those identified as medium or standard risk:

In terms of the high risk victims in this area they are probably the best provided for by national, statutory services but for those victims who are medium risk, access to services is poor. Everything is chucked at the high end. We have the MARAC, we have witness care who will organise the courts for them, we have people like me, and the police will respond more appropriately if you are high risk. If you are standard risk there will be an automatic referral to victim support and if you go that route you will get 2 or 3 phone calls and if you are not made contact with that is the end of your support. Bear in mind that that person may have had their phone smashed up or they may have changed their number which is a bit worrying (Professional).

This finding is also reflected in the national SafeLives (2015: p. 2) study which suggests that ‘the clarity of the national approach to high-risk victims has not been matched by a similar focus on other victims and family members’.

The professionals and the police officers that took part in the study felt that there is a real problem in Suffolk around the sharing of information and data between services and organisations. They said that whilst the MARAC is effective and has successfully encouraged multi-agency co-operation and working together, there is little joined up working at the other levels of risk. With the exception of Haverhill, which does seem from accounts in the data to have established a successful model of communication and multi-agency working to support standard risk survivors, there is little evidence in the wider data from the interview transcripts, that suggests that other organisations and services are communicating effectively, or working collaboratively, to support those cases identified as medium or standard risk.

You have multi-agency working most of the time so you have social care, you have health, you have mental health, you’ll have civil orders and you’ll have criminal orders, and sometimes you’ll have counsellors. So you have all these people working with this problem with this person and you have to try and make sense of it in a way that is appropriate because you have data sharing and information sharing that is a minefield – and people just don’t know – especially health because they get so scared about information sharing and that is difficult for people (Police Officer).

A case could be made, however, to suggest that other support models exist, which might offer a better alternative to a model which leaves only high risk cases open to extensive support. In the case of Haverhill, for example, participants told us that standard risk victims are provided with a dedicated

worker. By working effectively in collaboration with other agencies, this approach they felt reduces the number of repeated reports, enables the early identification of problems, which can be referred to early intervention programmes, and may prevent standard risk cases from escalating to medium or high risk. This model does require evaluation, but would lend itself very well as an evidence-based policing initiative to improve support for survivors of domestic violence and abuse in other areas in Suffolk.

It is important to remember that 'leaving an abuse relationship involves transitioning from being controlled, to being in control while coping with the costs of a domestic life filled with fear, terror, and devastation' (Anderson et al., 2012: p. 1279). However, the findings of this research suggest that which level and types of support organisations aim to be, or claim to be, supporting, is rather confused in Suffolk. Changes in funding priorities, and which organisations have secured funding and for what specific purposes, have led to an apparent overlap of services for 'high risk' survivors, as many professionals remarked:

We used to have an organisation called [name of previous organisation] who worked with the medium risk cases and that worked really well but now we have an organisation called [name of organisation] who don't seem to have made their mind up over what level they are working at but all their information says that they work with high risk (Professional).

The problem is that those at 'medium risk' have no support in court and have not been given the advice they need, for example, information that they may be entitled to a restraining order. So they are not getting the support they need (Professional).

There is an overlap between [name of organisation] and the IDVA service providing crisis management with high risk cases or intensive family support with families with children but their capacity is very low – 5 families per worker (25 in total) bearing in mind they are high risk. For medium risk there is no support and for standard risk only victim care and they are dealing with all the referrals (Professional).

Even for those survivors assessed as 'high risk' there is apparent confusion over which organisations will provide support for them, even when the police have made the referral:

After the shot gun incident the police decided that I probably needed someone to talk to so they referred me to Victim Support and they phoned me up but when they heard what had happened to me they decided that I was too high risk and they did not want to work with me and they said 'sorry we can't' (Survivor).

There were many accounts in the data where survivors had been referred to an organisation by the police, but without the police knowing exactly what the organisation provided, or if the referral was helpful:

I heard that [name of organisation] got a lot of money and are supposed to be providing support for victims of domestic abuse but I have never seen any

evidence of what they are doing. I don't know anyone who has had support from them. I have told victims to contact them for advice but I don't know whether they did or not (Police Officer).

The participants in the study felt that there is no clear structure as to who offers exactly what support to whom, and where, in Suffolk, and this is confusing for all concerned, but especially for survivors who feel they have been let down:

I found it all really confusing. First of all I didn't know that there was anyone to help and I found information really difficult to find and then I found some information online about what was here in [name of town]. I contacted them and they were helpful and eventually I reported to the police. They said social services would help me but they wouldn't. Then they gave me a bunch of leaflets and said that they would do this to help me and they would do that. It was all bollocks – I called lots of the organisations they [the police] said but I just got shunted about from pillar to post. Some did not even exist anymore. [Name of organisation] said that they would call me back but they never did. I was left in limbo feeling even more worthless. The only person of any help was [IDVA] (Survivor).

There are lots of third-sector organisations but there is very little that is joined up. They all go to the forums and say that 'this is a little bit of what I do' but there are too many and a duplication of services and administrative costs. Short-term funding is also a problem. It is confusing – it is confusing for us so God knows what it must be like for victims (Professional).

There were some positive accounts from survivors about the overall package of support they had received, although these were rare. One participant was, for example, very positive about the support she had had from various organisations instigated by a police officer:

I was given numbers for lots of support groups, [name of organisation], [name] from victim support, and loads of numbers for women's aid. I've an appointment for [date] to see someone from [name of organisation]. I've spoken to [name of organisation] on the phone and they have been really helpful, giving me advice and information especially about tenancy hearings. Everyone has been magnificent. I wish everyone could have the same experience as I have had, it has given me a lot of confidence in the system and in me (Survivor).

There is also a considerable amount of data in the interview transcripts about the length of time that support is available for, as many survivors commented on this. The long-term consequences of domestic violence and abuse are well documented (see Chapter 1), but there appears to be too little long-term support available. Often after being identified as 'high risk', support is available in various forms until the court process is complete, but the consequences of the abuse remain with the survivor and their children for years. The account below is one of many survivors who talked about having support that helped them, but felt that it was too short term:

I had a health visitor call for my child and I reported to her that he [husband] was strangling me and I'd had enough and it went straight to social services and we were on a child in need plan for 6 months and I done the freedom programme on that. ... They all pulled out at 6 months and a month after that it happened again, twice in 2 days (Survivor).

3.1.2 MOVING LOCATION

Responses to domestic violence and abuse often centre on physically separating the perpetrator from the survivor. High risk cases or women fleeing with children often seek places in a refuge. Refuges were not only seen as providing accommodation to survivors but also as providing other support and advice:

The women's refuge helped me fill in benefits forms and they were very good. In fact they were brilliant (Survivor).

In the main, the survivors who had had contact with, or who had been in, a refuge were very grateful for the service and the support they had received. For some, however, the experience was less positive:

In the end after finding me beaten, raped with a bag over my head they eventually moved me from [town] to a refuge. I was out of my head really drinking loads, they took control of all charges etc. but even then they bundled me in a car, drove me there and dumped me there with no money, no clothes with no follow up. I didn't last there very long as it was a dry house but I was drinking loads. I then got moved to another refuge and ended up in another abusive relationship as I had nothing so I had to put up with it (Survivor).

In [town] I got put into emergency housing once with 5 men, one was a dealer, another a paranoid schizophrenic, there was no locks on the door and I ended up with 5 men sitting on the end of my bed, yet even though I'm supposed to be a vulnerable adult I get shoved into these terrible places where a vulnerable woman should never be. Someone needs to think about who else is in the accommodation hostels before you get placed. Also there needs to be some follow up and guidance to make sure you have help and are not lost. Mixed hostels like this set you up for other abusive relationships as no one has anything apart from problems, drinking and taking drugs and maybe then end up being moved again. So following up on people when they go into a hostel is really important (Survivor).

Many survivors and professionals in the study questioned the situation that many survivors find themselves in of having to move house or go into a refuge because the police could not protect them. The implications for repeatedly being rehoused or moved into, and between, refuges for survivors and their children are significant, and further compound the victimisation that they feel.

Why should they move away from their professional and family support networks? Why should their children have to leave their schools? Why can we not better protect these victims from their perpetrators? (Professional).

Fifteen of the participants in the study talked about being rehoused as a result of the abuse. Just as the feelings of isolation were an issue for those in a refuge, similarly, those survivors who were rehoused had concerns about this, and also about the bureaucracy they perceived as problematic in Suffolk:

Dealing with [name of council] has been a real nightmare – I mean I had to go through the homeless provision to get rehoused and because you go through the homeless side – it is hard to know who to blame – I needed to be moved within the Suffolk or the [region] area but by the same token you still have to fit within their rules and guidelines so I could only because of my local attachment to [name] I could only look at [region] but if I had been allowed to look at [region] area I could probably have been given a house a lot sooner because I would have had a wider area so that is possibly something that needs looking into so that if you need to move you should be able to move regardless of which council it falls under – like [names of villages] fall within the limits but are under a different council so I think they really do need to look at if it is this sort of situation that they should open up all the areas (Survivor).

Everybody thinks oh it will be all right and when you go to court it will be over but I am going to have to look over my shoulder for the rest of my life. I have to move home because he knows where I live so for my kids' safety and mine the council are moving me and I should be moved before the court case (Survivor).

What these testimonies indicate is that an effective response to domestic violence must also address, in a sensitive and appropriate way, not only the quality of the refuge space available, but the aftercare and support services available to survivors post court. This is specifically relevant in relation to issues of rehousing, which a number of survivors require. There is often insufficient funding available to make houses more secure, and this results in families having to move many times, or remain in the refuge system.

Many of my clients have lived in a variety of temporary homes with their children missing huge chunks of their education, loss of friendships, social isolation to mention but a few of the impacts of this option, only to one day decide that they want to settle and still needing the benefit of the Sanctuary Scheme. Many of my clients do not want the upheaval that 'fleeing' domestic abuse brings and expect to be able to be provided with adequate provision to protect them in their homes (Professional).

3.2 IDVA SERVICE IN SUFFOLK

Domestic violence advocacy is the key component to meeting the needs of safety and healing for thousands of women and children escaping violence in the home (Slattery and Goodman, 2009: p. 1374).

At the time that the Suffolk Study was nearing completion there were significant changes announced to the IDVA service in Suffolk, and this is an important consideration in relation to the findings of this report. The substantial investment by the Police and Crime Commissioner (PCC) was undertaken

following the HMIC (2014) report, which stated that: 'there are just three independent domestic abuse advisors (IDVAs) in the county. This is insufficient for them to be able to properly support victims of domestic violence and abuse. Other similar forces have far more IDVAs, some as many as ten.' Since the HMIC report the PCC successfully worked with partner agencies to increase the number of IDVAs in Suffolk, and in October 2014 a major grant by the PCC, Tim Passmore, was awarded to support victims of domestic violence and abuse in order to secure a dedicated and more comprehensive countywide IDVA service and employ eight IDVAs to address the safety of 'high risk' victims and their children.

A well-considered definition and comprehensive account of the role of an IDVA is provided by Howarth et al. (2009, p. 6):

Independent Domestic Violence Advisors or IDVAs are specialist case workers who focus on working predominantly with high risk victims, those most at risk of homicide or serious harm. They work from the point of crisis and have a well-defined role underpinned by an accredited training programme. They offer intensive short to medium term support. They also mobilise multiple resources on behalf of victims by coordinating the response of a wide range of agencies who might be involved with a case, including those working with perpetrators and children. Thus, they work in partnership with a range of statutory and voluntary agencies but are independent of any single agency. In common with other specialist domestic abuse services, their goal is safety.

Crucially, IDVAs were found in Howarth et al.'s (2009) study to provide intervention that was tailored around the nature of the abuse being experienced by victims, as well as their individual circumstances. Thus, victims experiencing comparatively more severe abuse received more intensive support and more frequent access to many services (for instance, court, housing, target-hardening). Equally, victims with specific support needs (for example, children, substance misuse) received more frequent access to relevant services and agencies. Similarly, the data from the Suffolk study reflects this individualised support provided by the IDVA service. One participant summed up the differences in the approach between the IDVA and the police thus:

I know what he is like I was with him for [x] number of years – I know exactly what he is like and this is what happens and people don't listen to you and they get to see a case on paper and they look at the victim as another number to put through the books – that is the difference between the Police and [name of IDVA]. [IDVA] sees the person and listens to the story and is patient, the police just see a number and how quick they can get it through the system. I was just another number on a piece of paper and they did not listen to me and I was telling them what he would do and how he would behave (Survivor).

The Howarth study found that 'the actions of these specialist workers resulted in either a complete or near ending of the abuse previously experienced by the majority of victims' (Howarth et al., 2009: p. 1). One participant in our study described how her very difficult situation had been transformed once she was receiving the support on an IDVA. She placed a great deal of emphasis on the positives that the IDVA made to her situation, and almost painted out a 'before'

and 'after' image of the transition she made from the helpless victim, to being more supported, and more aware of how to deal with her situation. The example provided below is typical of what survivors said about the support they had had, or were currently receiving, from an IDVA:

It was great that I have [name of IDVA] as a contact because as soon as I knew my ex found out my name I contacted [name of IDVA] and she made sure a safety plan was in place. It's great knowing I have this one point of contact for help, although it may not always fall under her remit, she still helps. [Name of IDVA] even helped me when I had problems with accommodation issues with one of the refuges I was staying in (Survivor).

Similarly, another participant had had support from the IDVA service. Now that her court case was over she no longer had that service, but remained very happy with the support she had received.

[Name of IDVA] has been totally amazing – so supportive but knows she knows that I am safe and she is overworked and now she has to give other women priority and I get that, I totally get that but there are other issues, psychological and emotional issues and ongoing stuff but there is no help for that (Survivor).

Those who had had access to support from an IDVA were likely to have been assessed as 'high risk', had experienced a very complex array of issues and problems in relation to domestic violence and abuse, and many had children involved. Similarly, the abuse experienced by victims accessing IDVA services was in Howarth et al.'s (2009) evaluation both multi-faceted and extremely serious.

From the evaluation undertaken by Howarth et al. (2009), the evidence that the role of the IDVA is vitally important in supporting victims is demonstrated in the relative reduction in abuse from 75 per cent in relation to physical, sexual abuse and jealous and controlling behaviours, to approximately 66 per cent in severe stalking cases. In addition to the figures which provide very positive evidence that support from an IDVA can reduce abuse, Howarth et al. (2009) also point out the notable outcome that 76 per cent of victims said that they felt safer when supported by an IDVA. Taking into account indications that there was also a reduced risk to children, the service provided by an IDVA is highly effective in not only reducing abuse but in making the survivor feel safer, and that by assessing the risk to the non-abusive parent, IDVAs may therefore 'have an associated impact on children' safety and wellbeing' (Howarth et al. 2009: p. 12).

Whilst the recent development to increase the number of IDVAs providing support in Suffolk has been widely welcomed across the sector, it has not been without some concern. The professionals and some police officers in the study described how the role of the IDVA post changed from the previous description and responsibility to focus on high risk cases only, and IDVAs currently in post had to reapply for their jobs, which caused some considerable uncertainty and anxiety amongst support workers, police and the survivors themselves. Considerable concerns were also raised over the gaps in service provision that the change would bring about, in that it would exacerbate the already identified

gaps in Suffolk, especially for those identified as medium or standard risk, which may result in even less support for these vulnerable groups. A professional (non-IDVA) explained:

I mean it is good news – very good news – we have desperately needed more IDVAs – they do an amazing job but their case loads are crazy – they are so overworked – I don't know how they cope. Hopefully this will make things better and will mean that victims across the county will be better supported. What worries me though is the ones that don't qualify for support – the ones that don't identify as high risk. What happens to them? There will be nothing. Previously the IDVAs would support high and medium risk victims and would often support them beyond their crisis point and stay supporting them until they were happy to cope without them. That's not going to happen now – it is beyond their job description now so what will happen to those victims? Because there is nothing else, really nothing else. Other organisations claim to be supporting victims and their families but I have never seen or heard of it. Our service users are from all the categories of risk – high, medium and standard but there is going to be no one to support most of them now. It's a real worry – there is a massive gap in service provision in Suffolk – a massive one (Professional).

Wider research by Slattery and Goodman (2009) suggests that co-worker support and good quality clinical supervision are critical to emotional well-being in managing secondary traumatic stress in domestic violence support workers. Organisations in Suffolk need to consider critically how they can support and improve the emotional well-being and workload monitoring of IDVAs in Suffolk.

Concerns were also raised by professionals in the study over the lack of clinical supervision for IDVAs, their very heavy work load, and the lack of ongoing evaluation of the IDVA service. The service had no formalised support mechanisms in place if an IDVA went off sick or was on annual leave. It is recommended in this report that with the introduction of the new and extended IDVA service in Suffolk that these issues are addressed, and that a formal and structured approach to clinical supervision is adopted, that there is a formal mechanism for workload monitoring, and that the IDVA service across the county is subject to a robust, multi-stakeholder evaluation.

The positive impact on victims' well-being and improved social support networks has a positive effect on the likelihood of protecting them from re-abuse in the longer term (Howarth et al., 2009).

3.3 SUPPORT FOR CHILDREN

54 of the 69 survivors, who volunteered to contribute to this study had children. 49 of those survivors who had children felt that there is a dearth of services for children affected by domestic violence and abuse in Suffolk. The majority of the professionals who took part in this study also held this view. The professionals said that whilst there is some minimal provision for children in Ipswich, through, for example, the Stronger Families programme, there are waiting lists for this programme and very little else available. The accounts of most of the

professionals and some police officers also describe to some extent a level of confusion over who should be providing specialist services for children, who has received funding to provide services provided, and a lack of clear information about what is available. For example:

It is a huge gap. We should all know the devastating impact this has on the lives of children so they need to be considered in all of that. There is a lot more we can collectively do to improve the issue (Police Officer).

When [name of organisation] were commissioned by Children and Young People's Services, children were part of the spec but nothing is available. Child and Adolescent Mental Health Service [CAMHS] is vastly oversubscribed and the criteria is very high and they don't deal with under-fives (Professional).

Stanley et al. (2010) in their study argue that services for children and families experiencing domestic violence are fragmented. Their research which elicited families' views of professional intervention, based on interviews with 40 young people, survivors and perpetrators, examined both the notification process itself and the subsequent service pathways followed by families when referred to social services, and they explored which other agencies contributed to supporting families. The research by Stanley et al. (2010) found that young people described being excluded or ignored when police intervened in domestic violence, and stated that they wanted more information and explanations from the police. Interestingly, their study also showed that 'half the officers interviewed expressed some reluctance about talking directly to children' (Stanley, 2010: p. 11). In our research we found a similarly unsatisfactory picture in the participants' accounts, where even when children are referred to support services, the process was described as 'cumbersome' and 'ineffective', and certainly not child-centred as one professional described in her account of making a referral to CAMS:

We have a three year old that witnessed what the court officer described as the worst injuries he has ever seen and social services are supposed to be getting their act together to support that child but they are waking up in the night screaming but there is nothing for them. There is a 13 year old that we know from a case I am working on who was herself assaulted in the assault on her Mum. She has been waiting five months for some support from the integrated teams, they referred her to CAMS. CAMS phoned the client and said they would get back to her when they have spoken to the social worker but they never contacted her again. We have contacted the social worker time and time again but they never come back to us, we have contacted their manager time and time again but they never come back to us. CAMS never came back to us and the child is still suffering. It is a dire situation for children in Suffolk (Professional).

The SafeLives (2015: p. 23) national study found that 'four in five of the families where a child is exposed to domestic abuse are known to at least one public agency' yet often 'agencies do not link known risks to each individual in a given family, so children or adults at risk are not identified'.

3.3.1 SOCIAL SERVICES

Some police officers in the study said that they sometimes referred families to social services if they felt that there was a need:

We would refer to [name of organisation] because they do a lot of therapeutic and group work with the children and they do Stronger Families. We will do a visit and if we feel something needs to happen we will do a referral to social services and recommend they take an extra look at the family, the children might need extra support (Police Officer).

Whilst 49 of the survivors discussed what they described as a lack of support services for children generally, the analysis of the interview data recorded for the study highlights some areas of dissatisfaction with the support, or lack of support, received by seven of survivors from social services in Suffolk. Although there were only a few survivors in the study who mentioned 'social services' specifically in their accounts (8 in total), only one survivor was positive about the support they had received. The others were highly critical of both the attitudes of the social workers they had had contact with and also with the services available from social services to support their children, or the lack of support that they themselves received.

[IDVA] has been phenomenal – she has even phoned me on her days off or when she is on holiday just to check that we are OK. The service that has been the least helpful has been social services – as soon as he goes to court and is properly sentenced then the children can be taken off the at risk register but until then and because it has taken so long they have had to have and live with the stigma of being on the at risk register (Survivor).

If I were to improve anything it would have to be social services because if there was anyone that the children could have talked to it could have been them or they should be able to direct you to different services or support. ... they were pulled from pillar to post and had so many different social workers because they were told that they don't need an experienced one because there is a not a problem (Survivor).

Many professionals and survivors discussed the attitude of people to whom they chose to report or disclose the abuse to as being crucial to the confidence they felt in taking the report further. It was not just the police whose attitudes were influential but also other professionals. It had, for example, taken one participant 6 weeks to muster the courage to disclose the abuse to her social worker as she was frightened that her children would be taken into care, but after the social worker's response she decided not to report the abuse:

It took me ages to get the courage to talk to her, 6 weeks or so I reckon. I told her, I told her about him punching me and that but I told her he hadn't touched the kids as I didn't want them being taken away. I told her about the way he treated me and the abuse but she said that she was too busy to deal with it and she would pretend I hadn't told her as she didn't have the

time to deal with it. 'Too much paperwork' she said and she was too busy. I felt so let down I didn't know who to tell (Survivor).

Some of the professionals in the study expressed their concern about the difficulties many organisations had when trying to work in partnership with social services:

Social services need to stop working in Silo and they need to appreciate that there are people out there who are experts in DV and that they do not have the monopoly on providing services (Professional).

In one case, a survivor had contacted social services to ask for help and advice with the children's school after their father had been arrested for images of child abuse. This is her account of their response:

There was a rumour going about the school about what their dad had done and the teacher had rung me to let me know what was going on and so I rung social services and said 'look this is what's happening'. I stupidly thought that the social worker would pay a visit to the children or the school and put some sort of measure in place and all I got told was 'What do you think they should do?' And I was like 'Well I don't know I haven't been in this situation before but I think someone needs to make sure that the children are OK - I mean I check that they are OK but sometimes they want to offload onto someone that is not involved' and I got told 'well it will be in tomorrow's fish and chip paper so don't worry about it'. That doesn't help the children on that day in that situation (Survivor).

Social services were also viewed by three survivors as not understanding the nature of the abusive situation, especially in relation to child contact and access arrangements where they would sometimes be asked to contribute a professional assessment to the court. All three survivors in the study claimed that such assessments, made on a 'one off' interview between social services and the perpetrator, masked the reality of what he was really like with the children, as he could be well behaved when social services were there. Social services were seen by the survivors to be an interventionist service, not a supporting one.

He would act up in front of social services and be really charming and perfectly behaved in front of them so they thought I was making it all up and they wouldn't believe me. So he made out it was me who was the mad one - not that he was the problem at all. It was all in my head (Survivor).

Many families had prolonged but sporadic contact with professionals as a result of child contact and access and the family court process in Stanley et al.'s (2010: p. 12) study. They found that families were subjected to repeated assessments after repeated referrals, but that 'intervention was often withdrawn when families informed social workers that the couple had separated; this happened despite evidence that domestic violence continues beyond, or can intensify at, the point of separation'.

Stanley et al. (2010: p. 12) also in their study that social services were more likely to become involved with families at a safeguarding level rather than at a family support level, and they observe from their research that:

Those families who received a safeguarding service were seen to struggle to acknowledge the extent of the domestic violence in the family and its impact on children. Together with families' fears and suspicions of children's social services, this was seen to make some families unwilling to engage with social workers. As a result, child protection rather than a family support response was likely.

The data from our findings from the interviews in Suffolk suggest that a similar view of children's social services was held by those survivors who had mentioned them in their interviews and by most of the professionals and police: that they were perceived as an agency for child protection rather than as acting in a preventative or supportive role. One mother specifically asked for help with counselling for her children, but because she was seen to be 'coping', social services felt that they did not have a role to play and would not provide any advice or support for her, even though she identified a need for support for her children:

They are on child protection and so social services are involved but because they have no doubt about my parenting and that, I have just been left to get on with it. But I have been in touch with them and said that I think that the children need counselling and that and they need some sort of support but they just say 'you are doing fine; you are doing fine' but they are on child protection for a reason and only now have I got a family support worker but it took 9 months (Survivor).

Thus the data from our study in Suffolk reveals that the participants' perceptions are similar to Stanley et al.'s research, 'resource shortfalls were noted in respect of support services for all groups experiencing domestic violence. Services that offered intervention for children exposed to domestic violence were felt to be insufficiently available' (2010: p. 14). Furthermore, Professor Cathy Humphries, a leading expert on domestic abuse, (2008) argues strongly that in general statutory child protection responses to domestic violence and abuse disclosures or reports are not '*effective, efficacious, efficient or ethical*', and that services and resources for supporting children who have been exposed to domestic violence and abuse should be redirected from child protection to the community sector.

3.3.2 SCHOOLS AND CHILDREN'S CENTRES

Individual schools and children's centres were discussed by majority of the survivors in the study who had children in relation to the support they had received from them. Many named schools were identified as being extremely supportive and helpful to individual families whose children had experienced domestic violence and abuse. Similarly, many children's centres were considered by the survivors as providing vital support and also specific services, for example, the Freedom Programme or child-minding to allow a survivor to attend legal appointments or seek advice.

The children's centre has been fantastic – if I have had a bad day the staff will look after the children so I can talk to someone as I don't have a huge support system (Survivor).

The school have been fantastic and they have put a TA [teaching assistant] in to support my little boy but all the help that kids have got has been because I have fought for it and it has all been through me – not through social services (Survivor).

Schools were, however, viewed by all the stakeholder groups as not raising awareness of domestic violence and abuse generally, and it was felt that much more could be done in personal, social and health education [PSHE] lessons, for example, to address this vitally important need. They felt that enabling young people to recognise patterns of abuse or controlling behaviour early in a relationship will ameliorate some of the damage caused by entering an abusive relationship and not being able to recognise it as such. As one professional articulated:

If we take a massive step back, one of the ways of solving it is to get into schools. We used to go to the college but they are young adults, their behaviour has already developed. Some areas are allowing them to go into schools. Here they did start it but I don't know if it is still happening, but that is the only way to get into schools, even primary schools just to teach the kids that the boys don't have to be aggressive and the girl doesn't have to be submissive. That is not the way of the world. They are living in an unusual situation – they think it is normal. You have to start young to make them realise that that behaviour is unacceptable. That is a long-term thing but you have to take the first step (Professional).

Based on existing estimates of prevalence, the overall costs to the public purse of domestic violence remain substantial. If one adds to this the wider long-term impact on mental health and intergenerational effects on child development, not captured in these estimates, there is an overwhelming argument for a preventative approach (Guy et al., 2014: p. 12).

There has been some good stuff around hard hitting PSHE domestic abuse, sexual violence in schools which I supported. I think the earlier you get in the better. Once again, it is the long term approach. It is much wider than police enforcement. It is how you prevent children growing up thinking it is acceptable to behave in that way (Police Officer).

It was suggested by some professional participants and police officers that such an initiative may include developing a working partnership between the police, third-sector organisations and Suffolk schools to design a programme of education about domestic violence and abuse, and they suggested that awareness-raising initiatives should be developed in consultation with young people themselves.

The participants in our study felt that a more proactive approach needed to be adopted in relation to supporting children and young people who have witnessed domestic violence and abuse. In their view it needs to be more widely acknowledged in Suffolk that children are victims of domestic violence and abuse

and that they need support and access to universal and specialist services to help them overcome the psychological and emotional consequences of witnessing domestic violence and abuse, and that abuse often continues after the couple have separated. They felt that there is an urgent need for services to be available for children to ameliorate the damage caused by domestic violence and abuse, and to enable them to recognise a healthy relationship, to break the generational cycle of abuse, and to prevent them from becoming the victims and perpetrators in the next 20 years. Many felt that this should be a priority for Suffolk.

3.5 SUMMARY OF CHAPTER 3

- ◆ Overall, the participants in the study felt that support for survivors of domestic violence and abuse in Suffolk is fragmented and confused. They felt that there are some areas of overlap but considerable gaps in service provision.
- ◆ All three stakeholder groups identified that there are marked geographic differences in support available, with little or no support in rural areas.
- ◆ The triage approach to risk assessment predetermines the level of support potentially available, and this leaves many survivors who are at medium or standard risk with little or no support at all.
- ◆ Many felt The availability of short-term funding, as opposed to longer-term, sustainable funding mechanisms, has generated a plethora of short-term support programmes and time-limited support services.
- ◆ Nearly all the participants discussed a lack of clear information about what services are available in Suffolk, a lack of information-sharing between organisations, and a lack of partnership-working.
- ◆ Male survivors do not feel that they have equal access to the support and services available to female survivors.
- ◆ The IDVA service provides an excellent level of support to those who are able to access it and, although the service was severely under-resourced at the time of the study, the feedback from survivors was overwhelmingly positive.
- ◆ The new investment in the IDVA service has been welcomed, but it was suggested that there is a need for improved clinical supervision and workload monitoring.
- ◆ Moving location and the refuge system is a significant factor in providing safety for survivors and their families, but can lead for some to an erosion of social capital and therefore increase the vulnerability of survivors.
- ◆ Support for survivors of domestic violence and abuse needs to be appropriate and available to those who need it. The participants in the study felt more long-term, sustainable and responsive strategies are desperately needed.
- ◆ The majority of the participants who had children and the professionals expressed the view that there is a dearth of supportive services available for children and young in Suffolk, in spite of the well documented, long-term serious psychological consequences for children experiencing domestic violence and abuse.
- ◆ Individual school and children's centres have provided much welcomed support for families. Most participants felt that schools have a vital role to

play in raising awareness of domestic violence and abuse, and providing a catalyst for a generational change in better education for young people in relation to understanding and challenging abusive behaviours.

CHAPTER 4 BARRIERS TO REPORTING

'Whilst many women experiencing patterns of sustained, serious violence will eventually bring their plight to the attention of public agencies, a significant proportion will not do so, and those that do will only report a fraction of the assaults they experience' (Barnish, 2004: p. 16). In understanding the barriers associated with reporting domestic violence and abuse for women and for men, it is essential to have a sound knowledge of the types and characteristics of domestic violence and abuse and the factors associated with it. This is considered in some depth in Chapter 1 of this report, and the findings presented in Chapter 1 are significant here, as are the findings of Chapters 2 and 3. The perceptions that survivors had of the criminal justice system and the support they had from various organisations or wider social capital highly influenced whether or not they reported the abuse and sought help, engaged with intervention programmes, and were able to begin a journey of recovery.

There are many barriers associated with non-reporting or under-reporting of domestic violence and abuse. Fear of the perpetrator and the abuse escalating if it was reported was the reason identified as the main barrier to reporting. This was coupled with a lack of confidence that the police would 'do anything about it', or that reporting the abuse would make any difference to the perpetrator's behaviour. Many survivors reflected on their situations and felt that they did not themselves realise that they were in an abusive relationship, or that they did not consider the perpetrators' behaviour to be dangerous at the time. Their perception that they could manage the situation also prevented disclosure, and often survivors would reflexively weigh up the long-term and short-term risks and decide to remain in the relationship. Being financially dependent and emotionally dependent also prevented many from leaving the relationship, as they would have too much to lose. In the Suffolk study, the stigma of admitting domestic violence and abuse, especially sexual abuse, was said by all three stakeholder groups interviewed to be a serious issue. Many survivors and professionals spoke of the fear of survivors that their children would be taken away by social services if domestic abuse was reported, and the fear that they would have to move house, become isolated from family and friends, their local support networks, or that their children would have to go to different schools. Other studies, for example, Peckover's (2003) research with 16 women in contact with the health visiting service, suggested that women experiencing domestic violence face a number of difficulties seeking help about their situation from statutory health and welfare agencies. Many did not know how to access appropriate sources of support and protection.

4.1 THE 'INTIMATE' RELATIONSHIP AS A BARRIER

Violence in intimacy is primarily to *known* women, not strangers. This kind of violence occurs in context of *intimate* relations – involving confidences, childcare, housework, close physical proximity, conversation, silence, and sexual activity and possibilities. Known relations between men and women probably involve a history together, experience of similar events, maybe future contact. Violence occurs in association with other knowledges of the person. The man knows about the woman,

her past, perhaps previous violation, strengths, weaknesses; the woman knows about the man, his past, his previous violence (Hearn, 2012: p. 155).

The relationship between the survivors and the perpetrators is key to understanding why survivors report, or do not report, the abuse. Whilst the police and professionals make an *objective* assessment of risk (as discussed in Chapter 2), those actually experiencing the abusive relationship will have a very different, *subjective*, perception of risk in relation to that relationship. It is this subjective, individualised perception of risk that is fundamental to understanding reporting abuse. Perceptions of risk underpin how the relationship is understood, and people constantly monitor and weigh up risk in their everyday lives, including risk in relation to relationships (Giddens, 1990, 1991). When considering whether or not to report the abuse, the survivors all talked about their relationship with the perpetrator, and often the way that they had been, or were being, controlled, or 'brainwashed', and had normalised the abuse, was why they did not report the abuse. However, in their reflexive monitoring of the risk, something would happen, or a combination of factors would coincide, which led to a '*tipping point*', and their construction of risk changed. The risk from the abuse, to themselves or their children, would outweigh the justification for staying in the relationship or '*putting up*' with the abuse.

Because if he told me to do something I did it and even now in all honestly I don't know what terrifies me more the fact that I am terrified of him or that he can convince me that it is all in my head and it is all ok. That is the most frightening part but it is also the hardest bit to explain but it is one of those things that most people just don't understand. I don't know if you have watched the murdered by my boyfriend documentary on BBC3? It was very good and very profound and the best thing about it from my perspective as a survivor and a victim it very clearly points out that no matter who sits there and tells you then why didn't you get out? You actually can't. There has to come that day when the switch flips basically (Survivor).

I knew he was abusive, he tried to strangle me often, he hit me and grabbed me and kicked me down the stairs but I put up with it. I didn't want the kids to grow up without a Dad and I was too scared of being on my own as I didn't think I could cope on my own. I always said though that the kids didn't know, that the kids didn't realise but if they ever saw it then I would do something about it. They saw the worst of it, they saw him trying to kill me, holding his hands round my throat until I turned blue and almost stopped breathing. I always said that if my kids saw I would do something about it and I did (Survivor).

Many survivors return to an abusive relationship out of fear or because their ex-partner persuades them that he will change. Many of the survivors we spoke to discussed this, and some had returned to an abusive partner many times. Understanding from previous relationships and being able to recognise patterns

of abusive behaviour (the aim of the Freedom Programme,¹ for example) is an essential aspect of supporting survivors, but for others it was also the knowledge that they had gained from observing others in abusive relationships, sometimes with the same perpetrator. One participant described how once she had reported the abuse she knew that she must not have any contact with the perpetrator as she would then lose her right to be supported by statutory agencies. She had witnessed the perpetrator pursue and harass a previous partner, to the point where the previous partner made contact with him. The participant was aware that she desperately needed the support she currently was in receipt of, and was determined not to have any contact with the perpetrator which might jeopardise her case.

When he met me she went to the police and tried to get a harassment order and everything else and I actually watched him provoke her and push her to the point where she actually contacted him and the minute she contacted him and went against all the advice she had been given all the support everything just stopped and she was basically on her own and I think because I saw him do that to somebody else when it was my turn – I knew I could not let him and I could not let any part of him into my life because everything would just stop and I would never be rid of him in a lot of circumstances I don't think that these things are taken into account. These men can be very persuasive and if they can't persuade you with fear they will persuade you with charm. And they know which buttons to push and they know how to get to you and how to push you into contacting them (Survivor).

At the 'tipping point', the concept of risk is crucial. At that point, the fear of staying with the perpetrator outweighs the fear of leaving him and/or reporting the abuse. Fear is, however, also the main reason why domestic violence and abuse are not reported.

As one Professional pointed out:

They are scared financially that they won't be able to cope and they are scared because of threats and threatening behaviour – they may believe that behaviour. Some men threaten to kill themselves if they leave and some men actually do do that or they threaten to kill them or their children. A lot of women don't realise that there is so much support available and it can happen to anyone – people say I thought it can only happen to women who don't work or who have low social status but there are professional women that come here – it can happen to anybody – and it can happen to them – teachers nurses anyone but some women feel ashamed that it has happened to them and feel like it is their fault but it is not (Professional).

Often survivors do not recognise that they are in an abusive relationship because there is a lack of information about what an abusive relationship may be like:

¹ Designed by Pat Craven, *The Freedom Programme* is a 12-week course based on the Duluth model of domestic violence, examining the actions, behaviours and beliefs of a perpetrator of domestic violence and the beliefs and responses of the victim/survivor.

There have been loads of adverts recently saying that abusive relationships are not acceptable and you should call this agency or that agency and even the police. But what nothing tells you is what exactly is abusive, where is the line? When do I call the police or when do I call a support group? There is nothing clear about what is unacceptable (Survivor).

And I went to the doctors and he said 'Well actually you are being abused' and I kind of didn't want to have that label put on myself and I didn't want to admit that I was actually being abused (Survivor).

One participant, for example, did not want to report the abuse to the police because of what her grown up children would think:

I have spoken to the police when he started pushing me about and he bruised my arm and he started kicking me about and he hurt my back – so I called the police – did they come out that time? Yes, they did but I said you cannot come out to the house because of my children and my husband because he will go crazy – I didn't think it was that serious or that they would take it that seriously but they did and I was really surprised so they came to work and they were there ages and they said you must be really careful as things can escalate really quickly and you could get hurt. And I said well I don't think he would ever hurt me really badly and they said 'well did you think he would do what he did last night' and I said well 'no'. They told me to watch the programme on TV called Murdered by my Boyfriend and I said 'well he would never murder me' and they wanted me to make a statement but I wouldn't make a statement because of my children and they would arrest him and there is no way I can get him arrested ever because my children would hate me. I could never get him arrested ever, ever (Survivor).

Another said that one of the reasons she did not report the abuse was when she was pregnant with her second child:

I didn't want to become a single parent, pregnant with a young child (Survivor).

The SafeLives (2015) study found that victims of domestic violence are often abused for almost three years before they get the help they need and that some victims are subjected to more than 50 incidents during that time. Whilst the study states that some victims are subjected to more than 50 incidents before they get help it is important to remember that it is difficult to quantify psychological and emotional abuse in such a way. Survivors often endure such abuse for years, either not recognising it as abusive or not being about to do anything about it.

That's why women don't report because they have heard it time and time again. 35 incidences before that reports and it goes to court as 'first offence' and the magistrate gives them a conditional discharge – it just makes the situation worse (Professional).

It is a hugely complex subject. I recognise everything you have said there. I think it is always going to be difficult for victims to seek help. I think there has been a lot of academic research that shows that someone is 30–40 times a victim of domestic abuse before they forward seeking help and even a police colleague, a senior woman police officer said to me once ‘well if my husband assaulted me I wouldn’t report it as I have so much to lose’ (Police Officer).

Low self-esteem and a lack of self-belief were identified in the interview data as common and significant factors in not reporting the abuse. Often survivors discussed a ‘tipping point’ in the abusive relationship when they decided, or felt, that they could not take any more, or that the violence got to a level where it was taken out of their hands and reported by a third party.

But if the violence escalated, or children saw or were viewed as being affected by the abuse, the non-abusive partner was more likely to seek help and report the abuse.

Those that have a history of abusive partners or those that have been abused in childhood are also less likely to report abuse in later life. ‘Victims who experience abuse across their life course may be less likely to leave relationships or turn to the criminal justice system for assistance due to the adverse effects of multiple victimisation and low expectations of change or betterment (Barnish, 2004: p. 31).

I mean I come from a well-educated university background – I have had a fairly good career and I am not what you would typically call a domestic abuse victim and that sounds really odd but people have this idea in their heads that ‘this is what a victim looks like’. The one thing we have in common is that we all think that we have victim written in a sign – ‘pick me I am gullible’ (Survivor).

4.2 PERCEPTIONS OF POLICE AND THE CJS

Barnish (2004: p. 31) observes that ‘victims who experience abuse across their life course may be less likely to leave such relationships or turn to the criminal justice system for assistance due to the adverse effects of multiple victimisation and low expectations of change or betterment’. The long-term effects identified in Section 2 in the report are significant factors in understanding why many people do not report the abuse. Feeling worthless and having a lack of self-confidence, coupled with constantly being told by the perpetrator that they will not be believed and the embarrassment of admitting what has happened to them, combine into a major psychological obstacle to reporting, because for these survivors being labelled a victim is to admit to a stigma. This obstacle, combined with the attitude of some police officers or professional people when the abuse is reported or disclosed, becomes even harder to overcome.

From the participants’ accounts one of the main barriers to reporting domestic abuse is the perception survivors have of the police. As identified in Chapter 2, the attitude that police officers have towards survivors is fundamental to whether or not survivors feel able or confident to report the abuse.

They are so hardened to it, they see people like me day in day out and I regret bitterly to this day why I did not go and see them when I had been beaten to a pulp – other people have seen me bruised with spilt lips, and split eyes and nose splattered all over – people have seen that but I never ever went to the police. But they have seen it in other people and the way that they deal with it is to laugh it off, to make light of it, to the officer that sat here and she said that she thought that in most cases of domestic violence that not that the women deserved it that's not the right words but that 'she probably been giving it that [makes mouthing gesture with hand] for God knows how long and he probably had enough and gave her one', somebody else said to me 'well if you didn't want your fingers broken why didn't you let go of your mobile phone?' and it is this sort of off the cuff remark that they leave you with. The police go home at the end of their shift and forget about it all. What they forget is that that is that person's life and an off the cuff remark 'oh he's not enjoying it either' stays with you as a victim (Survivor).

The problematic attitude of many police officers was also discussed by many professionals working with survivors of domestic abuse as a barrier to effective support:

I've had teams of police officers come here, some you can very clearly pick up from their body language that they are not really interested in what you have to say, there's no eye contact, it's very clear you are boring the socks off them. And I'm not saying I am an expert at identifying a perpetrator but I've got a lot of years' experience and you can tell by someone's body language and how they react to a female who may be in a position of authority to them ... the kind of comments made ... certain derogatory comments about females, if they are left unchallenged it reinforces those beliefs (Professional).

I can understand about the police. My daughter's [age] and I didn't report anything to the police until [date] and I went to my ex-partner's and he was drunk and I had had a glass of wine and I could tell that the atmosphere was getting heated and that I tried to leave and he pushed me against the wall and then he pushed me and my daughter over and I tried to call the police and when the police come and because he was drunk and because I had had one glass of wine I smelt of alcohol they thought it was my fault too and they got social services involved (Survivor).

Assumptions related to gender were also highlighted as a barrier to reporting and accessing support for male survivors, and the first barrier to overcome for male survivors is the stigma of being a victim of domestic violence and abuse, and dealing with that fact emotionally and psychologically with family and friends. Having made the decision to report the matter to the police, however, the participants perceive there is a general lack of awareness of how to treat a male survivor of domestic violence and abuse. They each suggested that the police in particular adhere to socially acceptable or gender-ascribed roles in which the female is the victim and the male is the offender. This is consistent with the findings of Hogan et al. (2012), and the participants' perception that

everything that follows the initial report reaffirms their initial emotional and psychological concerns and then exposes them to re-victimisation by a system which exists wholly for the protection of females.

Appalling, the stereotype that the man must be the perpetrator and if a woman had committed an act of violence, it must be in self-defence, is so severely burnt into everyone's brain that are involved, they can't seem to be able to look past this (Male survivor).

'Cos I knew that in principal I could have pushed her away ... 'cos I'm bigger and stronger, that's the barrier and you think people will not think it's a big deal ... it took a weekend to report it (Male survivor).

These findings concur with Worrall et al.'s (2006: p. 496) analysis of charging decisions in 245 cases of domestic violence in the USA, which found that criminal charges were 'much more likely in cases where the suspect was a male', but more than 20 per cent of the suspects in the cases they looked at were female and, although some incidents were characterised as 'mutual assaults', they concluded that the assumption that women are the sole victims of domestic violence had an impact on interventions aimed at helping victims.

For a few in the study who had had personal relationships, including friendships, with police officers, the perceived attitude towards domestic violence by police officers was also important:

My ex-husband was in the police force and he said that the general consciousness in the police force about domestic abuse was 'Oh the paperwork and also that the silly slag should not have gone back to him' that was the general impression that the officers gave off. 'Oh no not that pain in the arse again' that was what they thought of victims of domestic abuse so why would I have talked to them about it with that attitude? (Survivor).

Feeling that they are being a nuisance, or that they would not be believed or understood, was a common theme in the data. One participant described how she felt about contacting the police after she had reported the abuse:

I was made to feel like it didn't matter and that's where the police do let victims down. You feel like you are constantly having to justify yourself to them and then to not get anything in return. At no point did I ever feel comfortable phoning them and asking for advice – I mean they say 'oh well do phone us if you are worried about anything' but then when you do you are made to feel like you are the biggest inconvenience going and I just thought 'well why did I bother?' Most people I have spoken to – we have all got issues with self-esteem and confidence and it takes a lot to pick up the phone and ask for advice but when you do – it's a huge task in itself – and you do it and you get slapped down for it you don't want to do it again. And so I never wanted to actually phone them (Survivor).

It was her experiences with another police force in another county that had led another participant to mistrust police generally:

I lost faith in the system due to [name of county] police, their lack of help, passing me from officer to officer, no support emotionally left me feeling helpless and scared. If I had the support then that I have now, I would have been better able to insist that a better investigation and prosecution occurred. Lots of evidence was lost copies of CCTV or statements and all cases against my ex was dropped, even one for arson! My experience of [name of county] police is now that I don't trust them which has now rubbed off onto any police service (Survivor).

Similarly, negative court experiences with poor sentencing or lower charges were a barrier to reporting, and many survivors saw reporting the abuse as 'making the situation worse':

What doesn't help is that they talk you into arresting someone, they arrest them and then let them go and say don't go within 200 yards of the flat. That's nonsense it doesn't work it just adds fuel to the fire, it makes them angrier. So you sit there and don't say anything but that then lets things continue. If someone is abusing you, they already have that in their head, telling them that they cannot go round somewhere isn't going to work, even if you say they will spend 6 hours in the nick. It comes back and back and back, it makes you excuse them because it's not worth the repercussions (Survivor).

I don't think there are enough laws and preventions in place to keep people safe and that is a massive contributor to why people don't report (Professional).

In relation to sexual abuse, perceptions of how survivors are treated and responded to were seen to be especially important:

It's like rape victims, they don't think they are going to be believed, they don't think that anyone is going to stop what is happening to them. It might do briefly while they are in a refuge but then they have got to go out into world (Professional).

In the past 3 years we've had 812 [rapes], they will be people who have come here from the police, other agencies and some historic and also the child cases but that's just the tip of the iceberg ... that will include self-referrals who choose not to report to the police ... the findings of the HMIC report show that the police are only logging 2 out of 6 (Professional).

Sexual violence is a real problem as it is generally only identified as historic. Women won't come forward to disclose sexual abuse because they know that they will be dragged to Ipswich to an industrial area to be forensically examined or they know that the conviction rate is only 6 per cent or they have had a friend that has been raped. Rape and sexual violence is huge and they will know a friend that it has happened to and they know that they will get the 'Yes love; No love; you were asking for it love' so they don't bother (Professional).

According to the participants, another barrier to both reporting the abuse and going through the court process is listening to other people's accounts of what happens in court and the outcomes of the prosecutions. By talking to other survivors, often in support groups, survivors share their experiences of court and discuss charges and sentencing. They said that the frightening nature of the court experience, having to relive and retell the abuse to strangers all over again, and feeling unsupported in another 'legal' hostile environment, is often a too daunting a challenge for survivors who are trying to recover. They also felt that knowing that the perpetrator is likely to get off on a lesser charge, or be found not guilty through lack of evidence or a loophole in the law, forms a barrier for survivors to going through the court process. Furthermore, some participants also highlighted that being humiliated by barristers who set out to undermine and discredit not only the evidence but often the survivor's integrity, contributes to survivors being unwilling to report the abuse or to continue with charges.

There are too many loop holes for the person that has done the damage I mean there is one lady who I spoke to, she had 20 years of abuse and she had photos of when she had been stabbed but because they did not show her face he never got charged. She was too frightened to go to hospital. From talking to the other people I know it seems like there are too many gaps to help the person who has done the damage and there is not enough to help the victim (Survivor).

4.3 CULTURAL BARRIERS

While distrust of police and the criminal justice system and a wider, more general, fear of the consequences of reporting, remain, according to the survivors and the professionals in the study, significant obstacles to reporting domestic violence, another set of obstacles also mitigate against disclosure and the provision of appropriate support. These may generally be considered cultural barriers. 'Multicultural perspectives on domestic violence support the use of culturally competent services for both victims and perpetrators' (Sokoloff and Dupont, 2005: p. 51). On the one hand it could be the case that a particular set of attitudes held by a community worked to normalise behaviour that was by wider standards abusive. Domestic violence in the travelling community was discussed in these terms as indicative of a culture where reporting was heavily stigmatised by a community that preferred to address its own issues itself. As a professional explained:

There are a thousand reasons to stay and only one reason to leave and ironically, that is domestic violence. This is then a very big deal to report to a family member or other member of the community. People will be reticent to interfere; they are more likely to say 'you've got a lovely home, the children always look nice, what are you complaining about?' and 'if you leave, where will you go? To that big society who has told you all your life, we don't want you?' A travelling wife will therefore be expected, culturally, to suffer a significant amount of domestic violence before anyone will tolerate it being complained about (Professional).

The survivors who spoke to us who had experienced domestic abuse with a partner or ex-partner in the armed forces also discussed the stigma they associated with reporting the abuse:

The army give a lot of support and outside agencies to come in but it's more the stigma behind because it's very much like it's drilled into the husband that the wife doesn't make a fuss. It's very difficult to walk into Army Welfare services because it's very much like keeping up appearances (Survivor).

Some participants in the Suffolk study did not report the abuse to the police because of their immigration status. They were particularly worried that they would be deported and lose their child(ren). As one participant described below:

The evidence I provided enabled me to get a quick divorce, which was a better resolution for me, than going to the police. I am a foreign national so I don't have a great deal of faith in the system because at the time I was on a visa which was dependent on my marriage and my husband used that against me a lot and threatened me that I would get deported and would lose my child. I didn't trust that going to get help would actually help me (Survivor).

Those with greater incomes often do not come to the attention of support services (Hearn and McKie, 2010). Many professionals in our study commented on social class inequalities in relation to court cases, one of them stating that '*it is probably at the lower end is the ones we see in court*', and, referring to '*middle class*' cases, stated that '*I'm sure we are [missing victims] but it's more bearable because there is more money, holidays*'. Such perceptions of class and social status can be a barrier to reporting, and many participants pointed out that middle class perpetrators are very good at presenting themselves in a perfect manner when they deal with the police or court:

I mean it is very difficult for some women in Suffolk who are from middle or upper class backgrounds. You've got kids at expensive independent schools, a 4 by 4 parked in the driveway, a big posh house and a well-to-do social circle. Often these women have never worked or have not worked since they had children, the husband controlled all the money and they have got too much to lose. The kids would be taken out of school; they are frightened of losing their house, all their friends and their nice holidays (Professional).

The professional status of the perpetrator was also a barrier to reporting and engaging with services, and the non-abusive partner felt that no one would believe them.

He tells me 'I'm a pillar of the community'; he can come across as a very charming man. He was always like that when the police come (Survivor).

Providing appropriate support for male survivors is essential. Each of the male participants made it clear they were not seeking special treatment or services specific to their gender (except access to a male shelter). They simply wished to avail themselves of the services available to women who have suffered similar

experiences, to be treated equally and feel as though they will be supported. All the male survivors and the professionals who contributed to the Suffolk study felt that more also needs to be done to raise awareness of male victims of domestic violence and abuse, as the participants and male survivors suggested:

More needs to be done to raise the awareness of a male victim in the same way women did years ago (Professional).

There needs to be more done to highlight the plight of male victims. It's a fight for it ... my job has become more of a fight to see where we can go with it as a support service ... we're battling to knock down doors, it's become a passion that we are going to fight for our rights (Professional).

For a male survivor, as well as the other male participants in the study, services and support would be improved if the gendered stereotypical attitudes of police and other professionals could be overcome and they were more open to listening:

Not to judge people straight away, you've got to sit and listen, there's a bigger picture ... if they had their way, I would have been in court for attacking [name of partner]. It's no good judging straight away 'cos he's a man and believing everything she is saying because she's probably got a few tears (Male survivor).

4.4 INFORMATION ABOUT SERVICES

All but a very few of the people we interviewed for this study expressed a view that there is general lack of information and knowledge about domestic violence and abuse, how to recognise it, how to report it, and what support is available. There was also a view that there is also considerable confusion over what the police response might be, and what happens after domestic abuse is reported.

In most cases women are scared and too scared to report it because they are scared of what might happen if they do report it and they are not aware of what will happen. A lot of women are not aware that if they do report it and the police have seen what has gone on, they can decide to go ahead and take it to court even without the women making a statement and they are not aware of that and women can get frustrated that they were not told that that can happen (Professional).

Actually trying to access services, participants suggested, was problematic, as identified in Chapter 3.

Every time there is an incident they give out a sheet with various numbers on it but no one tells you what each organisation does and how they can help. When I eventually called victim support they said they couldn't help as it is a complex case and it was too challenging for them. I even tried to call the Samaritans for help and their number was normally busy or I was asked to leave my number, which I didn't want to do (Survivor).

Most of the survivors we interviewed made this point, and highlighted the difficulties they had had with finding information and advice. It is also important

to remember that for many survivors their lives are being controlled and monitored, and they often have restrictions placed on them by the perpetrator about where they are allowed to go and when they are able to go out. Some survivors did not want to look things up online in case their search history was seen, even making phone calls can be problematic, and they were often frightened that their call would be returned at an inappropriate time.

There is nothing letting people know what's going on, the stuff in the doctors is out of date, how are people to know what help there is? People just want to know who to speak too instead of phoning 999 (Survivor).

I also didn't know what help there was for me, I didn't know that refuges would help me, even though I used to be a social worker and worked with some, I didn't realise that they could help me! The image of refuges that I had was it's only for unemployed single mothers or people with kids, or that they won't have a single woman that kind of stuff. I didn't even know they did support in the community, that I could go to them beforehand and say what can I do to stay safe? (Survivor).

There was no one about at the time to help explain. I read about the Freedom programme but no one could tell me about it. I wish I knew more about this earlier. The information about it didn't give enough details about how to get on it as I think it would have helped me manage my depression quicker. I've been in this house since [date] but when I first came here I didn't get any extra help to start with and no one really told me about [name of IDVA] services and how that makes me feel when I go to court as my ex and her friends are always hanging around waiting and watching (Survivor).

4.5 FUNDING

The professionals and the police officers all, to some extent detailed how, a significant barrier to reporting and engaging with supporting services is the problems organisations have with funding. This situation is by no means unique to Suffolk, as Hearn and McKie (2010: p. 151) point out:

Ongoing underfunding of refuges for women and children who have experienced violence, combined with policy shifts to community or public safety, are part of the reproduction of wider social practices that silence, even sanction, violence against women, especially that in and around intimate relationships, homes and families.

Nationally cost studies have an increasing role to play in moving forward evidence-based policy making, because they can help integrate social issues into mainline policy discussion and decision making. However, cost analysis itself should be the sole decisive factor affecting policy decisions (Ling Chan and Yin-Nei Cho, 2010). Every professional we spoke to in the study, and most of the police officers, talked about funding as a barrier to providing support and having to justify programmes using cost analysis:

Sometimes we were lucky and got funding for 3 years. Children In Need we got funding from for 3 years. Sometimes I would spend all day just filling in application forms for money (Professional).

I think the whole issue of short term funding is an issue across the country. All are fighting for the same money, wondering if you are going to survive, trying to provide a service. The people who are supposed to deliver that service spend their time filling out big forms to get the money to ensure their service provided to victims is working. Services that you think are not going to be there much longer, but then they scrape it out of the bag at the last minute, but in a year's time they are in the same situation. They are spending more time worrying about their future as a service than they are about the service they are providing to the victims (Police Officer).

We go to everybody and anybody. [Name of company] has just given us another £1000 for the Caring Dads programme, they gave us a £1000 for the Freedom programme which gives us 500 books to hand out. If the girls from the refuge didn't do it free of charge we would never manage (Professional).

Programmes such as these, and others, are, to some extent, effective in educating survivors and perpetrators, and the evidence from the participants in the Suffolk study suggests that they are indeed helpful in recognising and preventing further abuse. They are, according to the professionals who discussed them, seen as highly cost-effective by the organisations that run them and feedback from participants highlight the value of them. Yet, arguably it should be remembered that, whilst 'economic analyses of interventions help guide decisions on how to guide resources, policy makers can make better informed decisions on how to prioritize and allocate scarce resources based on cost information', but often less measurable factors such as psychological costs are excluded (Ling Chan and Yin-Nei Cho, 2010: p. 129).

The problems with the current funding milieu is that whilst it may effectively fund short-term programmes and short courses, or a defined period of therapeutic counselling, the participants felt that it often fails to provide security and sustainability for offering the long-term support which survivors actually need, on account of the long-term implications of their experience of domestic abuse. This is exemplified by one participant who argued:

There needs to be something after the refuges and the Freedom programme and the prescribed course of counselling there needs to be something long term because these women don't recover in a year or two years but there is nothing and you know nothing's done long-term. It affects your life long-term and there needs to be some sort of structure and they need places to go and more support long term (Survivor).

4.6 SUMMARY OF CHAPTER 4

- ◆ Knowledge and understanding of the types and characteristics of domestic violence and abuse, and the factors associated with it, are essential to understanding the barrier to reporting domestic violence and abuse.
- ◆ Fear of the perpetrator and the abuse escalating was the main barrier to reporting in our study.
- ◆ The participants also revealed how low self-esteem and a lack of awareness that the relationship was abusive, especially in relation to psychological and emotional abuse, is also a barrier to disclosure.
- ◆ Other barriers included the stigma associated with abuse, which was also significant for male survivors and those that had experienced sexual abuse; and concerns that they would not be believed or have their children taken away.
- ◆ The concept of social capital is important to understanding reporting and disclosure behaviours.
- ◆ Participants often spoke of a 'tipping point' in their relationship, which changes their attitude towards reporting and seeking help.
- ◆ Our data suggests that negative attitudes from some police officers prevented reporting, or the further reporting, of abusive behaviours.
- ◆ Cultural barriers to reporting and seeking help need to be better understood generally in order to overcome them.
- ◆ The majority of the participants in our study felt that there is considerable confusion over the support services available in Suffolk, which prevents survivors from seeking help and support.
- ◆ They also felt that the lack of clear information about where to go for help and how support can be accessed prevents many survivors from reporting abuse in Suffolk and getting the help they need.
- ◆ Overall, the professionals and police officers who took part said that funding shortages and small-scale, short-term funding opportunities compromise the extent and sustainability of support programmes.

Mears and Visher (2005: p. 210) reviewed 20 years of progress and argued that the challenges that face researchers and practitioners were 'daunting yet exciting'. Over the past two decades we continue to be witnesses to such changes and challenges, with some remaining similarities and some marked differences. The focus on physical abuse has been widely redefined and expanded to include psychological and emotional abuse, and amendments to UK legislation, due to be introduced in April 2015, will bring about this change. It is questionable, though, what impact this will have on the lives of those who are the victims of domestic violence and abuse, those that have survived it, or those who are trying to survive it. The Oxford English dictionary defines 'victim' as: '*A person harmed, injured, or killed as a result of a crime, accident, or other event or action*', and it is important to remember that in considering the complexities of the recurring debates in relation to domestic violence and abuse some of the participants in this study, and many others who have also experienced domestic violence and abuse, do not see themselves as survivors. Whilst they may consider themselves survivors of domestic violence and abuse, nevertheless in their opinion they remain victims of the criminal justice system.

First published in 1992, Dobash and Dobash's *Women, Violence and Social Change* opens with this paragraph:

For the women who have been physically abused in the home by the men with whom they live, the past two decades have seen both radical change and no change at all. The lives of some have been touched by an ever expanding, worldwide movement to support women who have been battered and to challenge male violence. Some legal and social institutions have begun to respond, while others remain in a nexus of traditional tolerance of male violence and indifference to those who suffer from such violence. This is a time marked by social change and resistance to change, by innovation and reassertion of tradition. Both the new and the old responses are used, challenged and defended by those with differing views about the nature of this problem and how best to confront it. The arena of change and challenge is alive with ideas and activity.

Since this book was published in 1992 there have indeed been many changes, yet much more needs to be done. For improvements to be made there needs to be significant changes in the way that domestic violence and abuse is understood and responded to. As Hearn (2012: p. 159) suggests:

To focus only on specific pre-determined acts of physical violence may neglect other violations. What counts as violence or violation involves previous and potential violences, assumed or actual threat and intimidations, violence embedded in social relations, processes of accumulation of violations over time, and various psychological, emotional, verbal and subtle violations and controls, feeling of fear, degradations, intimidations, humiliations, isolations, entrapments, virtual or actual imprisonments, and the sense of people, surroundings and events being uncomfortable and out of control.

This report has highlighted the experiences of domestic violence and abuse suffered and endured by the survivors who contributed to the study, and the perceptions of police officers and professionals working with them on how survivors of domestic abuse in Suffolk are treated by the services designed to support them. It is of paramount importance that that we acknowledge the

complexity of domestic violence and abuse and move away from the dominant discourses and stereotypical assumptions. This research offers those commissioning services, and those working directly with survivors and their families, a rich insight into the experiences of 69 survivors of domestic violence and abuse in Suffolk. All three stakeholder groups who voluntarily participated in the study felt they were contributing to a very positive and an extremely important piece of research that was very much needed, and all the participants expressed that they valued the opportunity to have their views heard.

This fifth chapter of the report considers how Suffolk could develop an innovative and responsive strategy to the main findings of this report, and how services could be improved to match local needs better. The findings presented in this report highlight the complex nature of domestic violence and abuse, and some of the challenges facing the police and professionals in Suffolk who are trying to respond to, and support, those affected by domestic violence and abuse. Wider research to date on recovery outcomes suggests that we do not know how survivors 'fully achieve psychological and physical well-being as they encounter the demands of creating a new life. Research on recovery outcomes is encouraging and important, but fails to fully take into account the process and outcome of resilience for survivors in the aftermath of domestic violence' (Anderson et al., 2012: p. 1280).

While policy makers focus on short-term, cost-effective and gender neutral solutions, the underlying causes of domestic violence which include gender inequality and stereotypes as well as public attitudes towards tolerating violence, require long-term approaches which focus on prosecution, prevention, education and protection (Ishkanian, 2014: p. 16).

It is recommended that any developments to improve the services and support available for survivors should be evidence-based and subject to a systemic review and evaluation process. It is clear that training and awareness-raising is urgently needed, targeted at those working with survivors and their families. Also, more general education and awareness-raising across the population of Suffolk is required. From the accounts given in this study, Suffolk needs to respond more robustly to domestic violence and abuse than is currently the case. If people are more generally aware of all forms of domestic violence and abuse, including psychological and emotional abuse, they are more likely to recognise it early and be more likely to disclose it or discuss it with friends or family, or seek professional advice and help. As a hidden topic, often viewed as a societal taboo, domestic violence and abuse remain in the shadows of public, media, and political discourse, until a tragic incident hits the headlines and enters the arena of public interest for a short time. The 'iceberg' effect hides the hundreds of thousands of cases which do not hit the headlines and which remain below the surface, hidden from public awareness, and, more importantly, public scrutiny. Consequently, as domestic violence and abuse continue to be unreported and under-reported most victims remain unsupported. Generating a mechanism whereby domestic abuse is talked about and discussed at all levels will provide a starting point for changing the way that it is understood, ignored, or even tolerated.

It is also recommended that clearly identifiable improvements towards developing effective working partnerships in Suffolk are made which provide a joined up, comprehensive and appropriate service to all those who have been affected by domestic violence and abuse, and who need support. Domestic abuse appears in a myriad of different forms, as this report has indicated, including violent, life-threatening physical abuse, sexual abuse, emotional, psychological and financial abuse. There are long-term consequences and significant implications for those affected by domestic violence and abuse, and these cannot be overlooked.

The testimonies of all three stakeholder groups interviewed – survivors, police officers and professionals working with those affected by domestic abuse – expressed views on services in Suffolk as being too few, hard to access and patchy, with some specific areas of overlap in some geographical areas, or in relation to those in high need. Overall, the participants in the study felt there to be an inadequate level of support for survivors of domestic abuse and their families in Suffolk. ‘Victims are much safer when they receive intensive support’ (Howarth et al., 2009: p. 13) and whilst those assessed at ‘high risk’ and subject to MARAC intervention and IDVA support were able to access some level of support and were extremely positive, other services, even those for high risk cases, were often viewed as insufficient by the participants. For those deemed to be ‘medium’ or ‘standard’ risk, support services were felt to be scarce and that there is much confusion about what is actually available. A clear, straightforward countywide platform of up-to-date and accurate information is needed. The political rhetoric about partnership working is not reflected in the data from the interviews in this study, and there is scant evidence in participants’ accounts that statutory services and third-sector organisations have clear objectives for partnership working in practice. Best working practice requires partnerships populated by officers who have a deep and thorough understanding of domestic violence and abuse; who concede to domestic violence the priority it deserves; who operate in an ethos characterised by gender equality; who carry cross-party political support; a history of multi-agency working; developed partnership structures; and leadership, funding and communication (Wills et al., 2011).

In the current policy context which prioritizes cost-savings, women’s organizations are shifting their campaigning focus around domestic violence away from human rights and gender equality towards highlighting how their work provides good value for money and cost-savings (Ishkanian, 2014: p. 15).

The police officers and the professionals who expressed their views said that current funding opportunities are often too short-term, sporadic, and lack sustainability for many organisations in Suffolk. This has resulted in some areas of overlap in service provision, gaps in areas of identified need, and an uneasy climate of temporality and uncertainty in service delivery. There, therefore, needs to be a unified commitment to working in partnership with other organisations to compliment and dovetail services in Suffolk to meet the support needs of those affected by domestic violence and abuse seamlessly, without overlapping or ‘doubling up’ of services. Communication within and between organisations involved in domestic violence needs to improve radically, as does communication with survivors.

RECOMMENDATIONS

While the report found a number of examples of best practice that deserve commendation, participants' accounts nevertheless point to their perceptions of failure at many levels in the way survivors are treated by the agencies who should be supporting them. We therefore recommend that every agency involved in confronting domestic violence should review their practices in the light of this report, and takes steps to address the following recommendations.

5.1 REVIEWING THE STRATEGIC INTEGRATION OF SERVICE PROVISION

We recommend that the findings of this report be included as part of an independent county-wide strategic review of service delivery, conducted with all relevant stakeholders including survivors and their families.

This independent review should be mandated to establish a common strategic direction for the provision of domestic violence services across Suffolk, based on a systematic assessment of need and a clear action plan with time scales for delivery.

Issues for the review should include:

- ◆ Equality of services across the county.
- ◆ Clarity over the roles and responsibilities of the agencies in confronting domestic abuse
- ◆ Gaps in, and duplication of, service provision.
- ◆ The balance between prioritisation of cases according to risk and prevention activity.
- ◆ Evidence-based service design.
- ◆ The join up of the system to tackle domestic abuse across the county.
- ◆ Improving mechanisms to ensure survivors are aware of, and are accessing, the support available.
- ◆ Improving the involvement of those affected by domestic violence and abuse in the commissioning of local services to meet the broad spectrum of survivors' needs.
- ◆ Co-ordination of processes for the ongoing monitoring of the impact and effectiveness of services.

5.2 IMPROVING COMMUNICATION

Whilst the importance of effective communication between agencies, and between agencies and survivors, is clearly acknowledged, the participants' accounts illustrate how in reality communication can be inadequate. We therefore recommend that a fundamental review be conducted into how agencies communicate effectively between each other and with victims.

The aims of this review should include:

- ◆ The development of a long-term strategic communication plan involving all agencies.
- ◆ Ensuring that effective and consistent communication occurs between all agencies involved in a domestic abuse case.
- ◆ Ensuring communication practices meet the identified needs of service users.
- ◆ Ensuring that information is shared between agencies in a safe and timely manner.
- ◆ Ensuring survivors can easily access information that will enable them to access support.
- ◆ Ensuring that all agencies have up-to-date information that enables them to provide timely and consistent advice to survivors.
- ◆ Developing a countywide publicity campaign to promote a greater understanding of the dynamics of domestic violence and abuse, and where to access support services in Suffolk.
- ◆ The use of traditional media channels and social media.

5.3 MAKING THE CRIMINAL JUSTICE SYSTEM MORE RESPONSIVE

Given the mixed and often negative experience of the CJS participants described in the study, a case could be made for fundamentally reviewing the way in which the police and other agencies in the CJS work to support survivors. It is therefore recommended that the police and those involved with the CJS in Suffolk should:

- 5.3.1 Have frequent up-to-date training on domestic violence and abuse, including emotional and psychological abuse and the impact this can have on survivors and their families.
- 5.3.2 Receive training on the dynamics of domestic violence and abuse, specifically in relation to male survivors, and be encouraged to challenge gender stereotypical assumptions on the way that male survivors are responded to and treated.
- 5.3.3 Receive training on the recent changes in the law in relation to psychological and emotional abuse specifically, and the impact this may have in relation to evidence-gathering and the use of victim impact statements.
- 5.3.4 Have training on developing reflective practice, specifically in relation to communication and interpersonal skills.
- 5.3.5 Ensure that magistrates and judges receive training on domestic violence and abuse, especially with regard to the impact it can have on survivors and their children, and with regard to the importance of considering the history of domestic violence and abuse in child contact and access arrangements.
- 5.3.6 Obtain feedback from survivors of domestic abuse about their views of police officers' responses and attitudes, and their opinion on the overall service they received from the police, with the aim of feeding this back into training programmes.
- 5.3.7 Obtain feedback from survivors about their experiences of the CJS, the support they received through the court process, and their opinion on

- their overall experience of the CJS with the aim of feeding this back into training programmes.
- 5.3.8 Monitor the domestic abuse assessment process in their area and ensure that there are improved quality control mechanisms in relation to reviewing the accuracy of decisions made.
 - 5.3.9 Consider how they can work more effectively with police forces from other counties to ensure the safety of survivors in Suffolk.

5.4 IMPROVING SERVICE DELIVERY FOR SURVIVORS OF DOMESTIC ABUSE

It is recommended that organisations supporting those affected by domestic abuse should:

- 5.4.1 Clearly identify the services they are providing, and identify where and to whom these services are being provided.
- 5.4.2 Work collaboratively with other agencies to dovetail services and minimise duplication.
- 5.4.3 Ensure that their services are evidence-based and user-centred, in both their design and their delivery, and that they are meeting the needs of those that require them.
- 5.4.4 Consider identifying a named point of contact for survivors in order to coordinate services and ensure consistent support.
- 5.4.5 Ensure that the services they provide are delivered in ways that offer equal access to all survivors of domestic abuse, regardless of ethnicity, sexuality, age and gender.
- 5.4.6 Be able to demonstrate that their services do not discriminate against particular categories of service users.
- 5.4.7 Ensure that all those working with them have up-to-date and appropriate training on domestic violence and abuse, and have the necessary qualifications to undertake this line of work.
- 5.4.8 Ensure that those working with survivors of domestic violence and abuse have good quality clinical support and effective workload monitoring. This is especially important for those working in the community or on a one-to-one basis with survivors, for example, IDVAs.
- 5.4.9 Ensure that robust evaluation mechanisms are embedded.

5.5 SUPPORTING CHILDREN AND YOUNG PEOPLE

Every child in Suffolk who has been affected by domestic violence and abuse should be able to access high quality intervention and appropriate supportive services. It was the perspective of 49 survivors who took part in the study and many professionals we interviewed, that support services for children of victims of domestic abuse were inadequate to meet their or their parents' needs. We therefore recommend that:

- 5.5.1 As part of an independent systematic review of provision, the geographical distribution and adequacy of support services for children of survivors of domestic violence is examined with a view to ensuring that every child has access to the services required to protect them and that these are appropriate to their needs.

- 5.5.2. The development of appropriate and relevant services for children in Suffolk should enable children affected to develop a healthy attitude to future relationships and to engage positively with their families, communities and educational opportunities and should include consideration of the viewpoints of children and young people themselves.
- 5.5.3 Children and young people should be given information and advice on all types of domestic abuse and giving children the space and the confidence to talk about their feelings, their worries and their hopes about relationships will provide opportunities to challenge unhelpful stereotypes and reinforce positive relationship characteristics.
- 5.5.4 Consideration should be given to how schools can be better supported to help prevent domestic abuse and support victims.
- 5.5.5 A comprehensive programme of education is developed in order to:
- ◆ Raise awareness of domestic violence and abuse amongst young people and their families and the role of social media in abusive relationships.
 - ◆ Encourage young people to reflect on their own attitudes and behaviours in relation to personal and intimate relationships.
 - ◆ Promote a culture of change for children which effectively challenges domestic abuse in Suffolk.

CHAPTER 6 METHODOLOGY

This final chapter discusses the methodological framework adopted in the study, the research design, and describes the process undertaken. The importance of ethical considerations is discussed and the procedures followed are outlined. Resonating with the principles of 'emancipatory' science and with 'feminist epistemology developed from Marxism, that suggest that an oppressed group has access to knowledge in a way that other groups do not', as outlined by Benton and Craib (2001: p. 8), the aim of this qualitative research was to explore the survivors' perceptions of the police and the CJS, their views on the services and support available to them in Suffolk, and identify barriers to reporting and accessing help. Strauss and Corbin (1998: p. 35), emphasise the importance of objectivity in qualitative research and state:

The ability to achieve a certain degree of distance from the research materials and to present them fairly; the ability to listen to the words of the respondents and to give them a voice independent of that of the researcher.

This chapter outlines our methodological approach and the procedures adopted to give the participants a voice and provide a valid, reliable and accurate account of their experiences.

6.1 THE METHODOLOGICAL APPROACH

Within social research there are research strategies, each with a definite set of interrelated epistemological, ontological and practical foundations. Key methodological questions therefore shape the character of a research study, and the overall nature of research methodology shapes how each method is used. Methodology refers to philosophies, ideologies, principles and values that inform the research process. Social research is inevitably based on some dimension of the intellectual tradition of western knowledge, and alternative views of reality lead to different propositions about what reality is (ontology); different ways of establishing what can be accepted as real (epistemology); different strategies for validating our claims about reality; and different techniques for collecting data (Hart, 1998).

Positivism, originating in the natural sciences, assumes that there is an objective reality which can be accurately measured, adopts the use of natural scientific methods with social science, and aims to be objective, produce generalisable knowledge, and explain behaviour in terms of cause and effect (May, 1997). Grover (2004), however, argues that positivistic approaches do not address the subjective experiences of participants and Roberts and Sanders (2005: p. 297) contend that 'unlike the relatively closed world of natural scientific experiments, the social world is more contingent because of the unpredictable nature of human behaviour'. In discussing the realism versus relativism debate, Pawson (1999) argues that such dualism in research methodology is an oversimplification. Winch (1990, cited in May 1997) argues that positivist methods are not applicable in the social sciences, and emphasises the importance of meaning and language in research. The theoretical background of the study, therefore, is based on interpretivism, or social constructivism, which

Denzin and Lincoln (1998) suggest has historically argued for the uniqueness of human inquiry. In contrast to the predictive understanding advocated by positivists, interpretativists favour Max Weber's (1964) empathetic understanding known as *verstehen* which is: 'the attempt to understand social action through a kind of empathetic identification' (O'Connell Davidson and Layder, 1994: p. 31).

'Interviews yield rich insights into people's experiences, opinions, aspirations, attitudes and feelings' (May, 1997 p. 109). At the qualitative end of the research spectrum, the research squarely adopts the use of group unstructured interviews. Additionally, such an unstructured approach allows the researcher greater flexibility (Coolican, 1996), and although interaction between interviewer and interviewee is viewed as a potential problem from a positivist perspective (Hester and Francis, 1994), from a feminist perspective it is seen as an essential component of successful interviewing (Oakley, 1990). The approach we adopted follows the feminist tradition which pioneered participatory approaches to research (Gilbert, 2008). Feminist research, based on participatory, collaborative and non-exploitive relationships following the interpretivist/constructionist paradigm, emphasises women's everyday experiences and provides women with a voice to discuss social life from their perspective. It rejects traditional research methods and reconsiders the relationship between the researcher and the researched (Sarantakos, 2005). Furthermore, Dickson-Swift et al. (2008: p. 28) propose that there can be very positive outcomes in participating in sensitive research, as participants are able to talk about issues and concerns that they may not otherwise have the opportunity to talk about and that 'the confidential nature of research that sensitive researchers ensure to the participants may permit these people to open up their concerns'. Their observations are reflected in the rich nature of the descriptions in the data obtained in our study.

According to Truman (2000), feminist research critical of positivist-influenced approaches exposes the centrality of male power in the social construction of knowledge, challenges fundamental binaries in traditional research such as objectivity and distance from research participants, and considers the relationship of marginalised groups in the research process. Delamont, (2003: p. 60) observes that 'the debates surrounding feminist methods encompass the biggest impact feminism has made to sociology'. Feminist research views unstructured in-depth interviews as an appropriate method as they encourage subjectivity and dialogue between equals. The interviews, influenced by Oakley's (1990) argument that disengagement is inappropriate, were informal and allowed interaction between the researcher and the participants. Although such interaction may undermine the methodological ideal of reliability and standardisation, Coolican (1996) suggests that the use of unstructured interviews can provide research with high validity, but reliability suffers and it is not easy to generalise. Dickson-Swift et al. (2008: p. 28) propose that 'as a moral and sensitive researcher, we should not ask questions that may contribute to the stigmatization of our research participants'. To this end we were careful to allow the participants to talk about what was important to them, and did not ask direct structured questions. The topic guides we used were developed in consultation with representatives from each group, and piloted with a small group. The guides

were modified after piloting to include a section on social media, as this was recommended by all groups piloted. This is important as, from an interpretivist perspective, interactionally flexible techniques are preferred in order to portray the depths of meanings of the subjects' social understandings and thus ensure 'validity' of the interview data (Hester and Francis, 1994).

Whilst focus group methods developed away from the major methodological traditions of qualitative research, and remained largely overlooked in formal academic research until the late 1970s, focus group methods have become increasingly popular in the social sciences (Kidd and Parshall, 2000). It has been argued that the recent interest in focus groups is often based on practical issues such as time and cost when compared to individual interviews, but there is evidence to suggest that focus groups may be 'of value in studying issues in socially marginalized groups' (Kitzinger, 1994 and Madriz, 1998, cited in Kidd and Parshall, 2000) and would additionally focus upon group norms and dynamics around the issues under investigation (May, 1999). Utilisation of two or more techniques within research of the same methodological origin and nature is known as intra-method triangulation, and uses the strengths of each method to overcome the deficiencies of the other. The intra-triangulation of research tools will achieve a higher degree of validity and reliability than a single research tool (Saratakos, 2005). The focus groups we facilitated validated the main themes in our findings, and provided further opportunities for participants to give their views on the research objectives.

6.2 LIMITATIONS OF THE STUDY

Interpretivism tends to emphasise the meaning of human conduct, to the exclusion of practical involvements and causal conditions, and fails to examine social norms in relation to asymmetries of power and divisions of interest in society (Giddens, 1976). In our study we faced a number of practical issues, but were keen to address the traditional imbalances of power and throughout strived to ensure that the survivors' voices remained at the centre of the research strategy, as detailed in our methodological approach outlined above. The sample of participants in the study from all three stakeholder groups was an opportunity sample with participants who volunteered to take part in the study. The emphasis throughout the research was on the survivors' views and experiences. Opportunity sampling uses the knowledge and attributes of the researcher to identify participants, and is often grouped together with incidental types of sampling (for example, convenience sampling and volunteer sampling). Whilst opportunity sampling is sometimes viewed as a less robust form of sample selection (than, for example, a random sample strategy more commonly used in surveys), it is widely accepted in the research community as being employed by social researchers studying covert or hard-to-access groups of people (Brady, 2006, online). Furthermore, we incorporated three main stakeholder groups in the research – the survivors themselves, professionals, and police officers – but on account of our strict adherence to ethical diligence and the requirement by HM courts to apply for permission to access HM Courts & Tribunals Service (HMCTS) to carry out academic research, including the interviewing of court staff, we were unable to include interviews with members of the judiciary, for example, magistrates and judges in our research. Their

viewpoints would have been beneficial to the study and it is hoped that once we have been granted a Privileged Access Agreement (PAA), (see HM Courts & Tribunals Service, 2014), their perspectives will be able to be sought in a future research initiative which would build on the findings presented here. Furthermore, although concerns may be raised from a positivist perspective over the lack of objectivity, small sample size, the use of anecdotal evidence, and the difficulty in replicating and generalising from the study, these are common disadvantages associated with qualitative research (see Miles and Huberman, 1994).

O'Leary (2004) explores aspects of post-positivist research as participatory and collaborative, inductive, dependable and auditable, which seeks findings that are idiographic, valuable and qualitative. Methods used by qualitative researchers exemplify a common belief that they can provide a deeper understanding of the social phenomena than would be obtained from purely quantitative data (Silverman, 1997), and the rich detail they provide assumes an interpretivistic approach (May, 1997). Qualitative data are a 'source of well-grounded, rich descriptions and explanations of processes' (Miles and Huberman, 1994: p. 1).

Participants were all voluntary and the study was advertised through various support groups in Suffolk, as well as through the domestic abuse teams in Suffolk. Information leaflets were given out detailing the nature of the study and posters were also displayed in dedicated domestic abuse support organisations, which gave the researchers contact details. Some participants contacted the researchers directly, but others passed their contact details on to the research team via their support worker of IDVA. Participants were then contacted through their preferred method of contact: email, text or phone call, and given further information about the study. If the participants were happy to contribute to the research, interviews were arranged according to convenient times and dates for participants, and in locations chosen by them. Dickson-Swift et al. (2008: p. 36) observe that 'often qualitative research interviews take place in people's homes and people are effectively volunteering to allow researchers to come into a private part of their lives'. Some participants in the Suffolk study chose to be interviewed in their own homes and stated that they would rather be interviewed at home as they either felt safe there or that they would rather be at home where, if they got upset discussing the issues that arose, they could be in private. Three focus groups with survivors were also held at supporting organisations which were advertised in advance. A total of 69 survivors were interviewed for the research, all of whom lived in Suffolk. Sixty-three survivors were female and 6 were male. Of the survivors who contacted us and participated in the research, 48 (including 4 of the males) had reported the abuse to the police. Twenty-one had not reported the abuse but were in contact with an organisation that was supporting them.

6.3 DATA ANALYSIS

The data from the audio-recorded interviews were transcribed by the researchers and the analysis was initially carried out manually. The data were analysed following Miles and Huberman's (1994) recommendations to affix codes to interview transcripts and sorting, and to identify similar phrases,

relationships between variables, patterns and themes, and common sequences. The data were then analysed further and analytical trees were designed to explore the main themes that arose from the categorised data in relation to the research objectives. The method of *verstehen* necessarily produces empirical data of a very different type than that generated by positivist research techniques, and qualitative data do not lend themselves to enumeration, tabulation or statistical analysis (O'Connell Davidson and Layder, 1994). Qualitative data are a source of well-grounded, rich descriptions and explanations of processes (Miles and Huberman, 1994), and the emphasis for analysis therefore lies in collating, prioritising and summarising all the information acquired and categorising the data (Coolican, 1996). This is what Strauss and Corbin (1998: p. 19) refer to as 'conceptual ordering' and the 'organization of the data into discrete categories'. The data produced relates well to the aims of the study and is discussed in categories related to the objectives.

The very nature of knowledge is a debatable concept in itself. Qualitative research of this nature lends itself to the more idiographic view of knowledge, considering nomothetic knowledge as insensitive to local meanings, and favouring understanding and interpretation as research goals (Punch, 2005). Denzin and Lincoln, (1994) suggest that the social constructivist approach views knowledge as local, partial and situated. Grover (2004: pp. 84–5) further outlines how a 'phenomenological study', that allows 'subjects to communicate their experience without having it transformed by the researcher so as to alter its meaning in any significant manner', produces phenomenological data, adding a dimension which has its own 'authenticity and validity'. The data are presented within the emerging themes, but are presented as the participants themselves said using verbatim quotes.

6.4 ETHICAL CONSIDERATIONS

'Ethics are a set of moral principles that aims to prevent researchers from harming those they research' (Dickson-Swift et al. 2008: p. 26). Ethical approval for the research was gained from the Research Ethics Committee of UCS and ensured that participants were protected throughout the project. Frankfort-Nachmias and Nachmias (1996) suggest that two common issues within the ethical decision-making framework are informed consent and privacy. In order to be mindful of ethical requirements and meet the principles of high quality research, written information about the research, its aims, design and process were available to all the participants and their parents. The participants' names have been rendered completely anonymous. The researchers had an up-to-date Disclosure and Barring Service (DBS), and are experienced in conducting research interviews and focus groups, and in researching sensitive topics. Convenient times for all the participants for each group were negotiated and arranged, and the interviews took place in a location chosen by the participants themselves. These included UCS, police stations, organisations supporting those affected by domestic abuse, homes of survivors, cafés and coffee shops. This was important for ensuring ethical sensitivity and the participant-centred approach that we aimed to achieve throughout the process, as in Harrison's (2008: p. 388) study, which also argues that 'given the sensitivity of the issues involved and potential risks for participants who agreed to talk about their experiences, the

team navigated a careful course to ensure that obtaining methodologically robust data did not jeopardize their safety and well-being’.

In addition, this research project complied with both the British Sociological Association (BSA) and the British Psychological Society’s (BPS) guidelines, and adhered to the guidelines set out by the UK Research Integrity Office’s (UKRIO) (2009)² code of practice for research and the Singapore Statement on Research Integrity,³ based upon the principles of:

- ◆ Honesty in all aspects of research.
- ◆ Accountability in the conduct of research.
- ◆ Professional courtesy and fairness in working with others.
- ◆ Good stewardship of research on behalf of others.

All participants were provided with appropriate information detailing the aims and objectives of the research, how the data collected from them would be used, especially with regard to confidentiality and anonymity, and how the contributions would be published and the findings disseminated.

This study adopted carefully considered ethical considerations throughout, as it is classed as ‘sensitive research’. Lee’s definition of sensitive research is preferred as it ‘suggests that sensitive research has the potential to impact on all the people involved in it’ (Dickson-Swift et al. 2008: p. 2). Sensitive research is ‘research which potentially poses a substantial threat to those who are or have been involved in it’ (Lee, 1993: p. 4).

Precautions have been taken throughout the report to remove details from the data so as not to identify the survivors, professionals and police officers who participated in the research. For this reason, pseudonyms were not used to label the contributions from individual participants so as not to connect quotes to other quotes which appear in the report which may make participants identifiable to those involved in the case. This has been done to protect survivors’ identities from those who may be familiar with their case and be able to connect certain identifying facts. In line with the National Society for the Prevention of Cruelty to Children (NSPCC) study by Radford et al. (2011) to preserve informant confidentiality, the research protocol similarly does not provide details about the professional or police officer, the service area in which they work, or their specific responsibility or geographic location in Suffolk.

² UK Research Integrity Office (2009) Code of Practice for Research: promoting good practice and preventing misconduct. Available from <http://www.ukrio.org/publications/>.

³ Singapore Statement on Research Integrity, available to download from <http://www.wcri2010.org>.

REFERENCES:

- Anderson, K. M., Renner, L. M. and Danis, F. S. (2012) 'Recovery: Resilience and Growth in the Aftermath of Domestic Violence' in *Violence Against Women*, Vol. 18 (11), pp. 1279–99.
- Barnish, M. (2004) *Domestic Violence: A Literature Review*, London: HM Inspectorate of Probation. Online, available from: <http://webarchive.nationalarchives.gov.uk/+http://www.justice.gov.uk/inspect-orates/hmi-probation/docs/thematic-dv-literaturereview-rps.pdf>.
- Benton, T. and Craib, I. (2001) *Philosophy of Social Science*, Basingstoke: Palgrave.
- Bjelland, H. (2014) 'Higher Status That One's Partner Makes Both Men and Women Vulnerable to Intimate Partner Violence', Kilden Information Centre for Gender Research. Online, available from: <http://eng.kilden.forskningsradet.no/c52778/nyhet/vis.html?tid=87378>.
- Brady, A. (2006) 'Opportunity Sampling' in Jupp, V. (ed.), *The Sage Dictionary of Research Methods*. Online, available from: <http://srmo.sagepub.com>.
- Cambell, D. (2010) 'More than 40 Per Cent of Domestic Violence Victims are Male, Report Reveals' in the *Observer*, Sunday 5 September 2010.
- Campbell, J. (2002) 'Health Consequences of Intimate Partner Violence' in the *Lancet*, Vol. 359 (9314), pp. 1331–6.
- Coolican, H. (1994) *Research Methods and Statistics in Psychology* (2nd edn), London: Hodder and Stoughton.
- Dar, A. (2013) *Domestic violence statistics Standard Note SN/SG/950*, presented to the House of Commons briefing paper. Online, available from: www.parliament.uk/briefing-papers/sn00950.pdf.
- Delamont, S. (2003) *Feminist Sociology*, London: Sage.
- Denzin, N. K. and Lincoln, Y. S. (eds) (1994) *Handbook of Qualitative Research* London: Sage.
- Dickson-Swift, V., James, E. L. and Laimputtong, P. (2008) *Undertaking Sensitive Research in the Health and Social Sciences*, Cambridge Medicine: Cambridge.
- Dobash, R., Dobash, R. E., Cavanagh, K. and Lewis, R. (1998) 'Separate and Intersecting Realities: A comparison of men's and women's accounts of violence against women' in *Violence Against Women*, Vol. 4 (4), pp. 382–414.
- Dobash, R. E. and Dobash, R. P. (1992) *Women, Violence and Social Change* London: Routledge.
- Drijber, B., Reijnders, U. and Ceelan, M. (2013) 'Male Victims of Domestic Violence' in *Journal of Family Violence*, Vol. 28, DOI 10.1007/s10896-012-9482-9.

- Dunn, J. L. (2005) “‘Victims’ and ‘Survivors’”: Emerging Vocabularies of Motive for “Battered Women Who Stay” in *Sociological Inquiry*. Vol. 75 (1), pp. 1–30.
- Frankfort-Nachmias, C. and Nachmias, D. (1996) *Research Methods in the Social Sciences* (5th edn) London: Arnold.
- Giddens, A. (1976) *New Rules of Sociological Method*, London: Hutchinson.
- Giddens, A. (1990) *The Consequences of Modernity*, Cambridge: Polity Press.
- Giddens, A. (1991) *Modernity and Self-Identity Self and Society in the Late Modern Age* Cambridge: Polity Press.
- Gilbert, N. (2008) *Researching Social Life* (3rd edn), London: Sage.
- Goddard, A. (2014) ‘Children’ in Bewley, S. and Welch, J. (eds), *ABC of Domestic and Sexual Violence*, Chichester: John Wiley and Sons.
- Goodrum, S., Umberson, D. and Anderson, K. (2001) ‘Batterer’s Views of the Self and Others in Domestic Violence’ in *Sociological Inquiry*, Vol. 21 (2), pp. 221–40.
- Grover, S. (2004) ‘Why Won’t They Listen To Us? On giving power and voice to children participating in social research’ in *Childhood*, Vol. 11 (1), pp. 81–93.
- Guy, J., Feinstein, L. and Griffiths, A. (2014) *Early Intervention in Domestic Violence and Abuse*, Early Intervention Foundation. Online, available from: <http://www.eif.org.uk/wp-content/uploads/2014/03/Early-Intervention-in-Domestic-Violence-and-Abuse-Full-Report.pdf>.
- Harrison, C. (2008) ‘Implacably Hostile or Appropriately Protective? Women Managing Child Contact in the Context of Domestic Violence’ in *Violence Against Women*, Vol. 14 (4), pp. 381–405.
- Hart, C. (1998) *Doing a Literature Review*, London: Sage.
- Hearn, J. (2012) ‘The Sociological Significance of Domestic Violence: Tensions, Paradoxes and Implications’ in *Current Sociology*, Vol. 6 (2), pp. 152–70.
- Hearn, J. and McKie, L. (2010) ‘Gendered and Social Hierarchies in Problem Representation and Policy Processes: “Domestic Violence” in Finland and Scotland’ in *Violence Against Women*, Vol. 16 (2), pp. 136–58.
- Hester, S. and Francis, D. (1994) ‘Doing Data: The local organization of a sociological interview’ in *British Journal of Sociology*, Vol. 45, pp. 675–94.
- Hetling, A. (2011) ‘Welfare Caseworker Assessments and Domestic Violence services: Findings From Administrative Data and Case Narratives’ in *Violence Against Women*, Vol. 17 (8), pp. 1046–66.
- HM Courts and Tribunals Service: Law and Justice System (2014) *Access to Courts and Tribunals for Academic Researchers*. Online, available from: <https://www.gov.uk/access-to-courts-and-tribunals-for-academic-researchers>.

HMIC (2014) *Suffolk Constabulary's approach to tackling domestic abuse*. Online, available from: <https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/2014/03/suffolk-approach-to-tackling-domestic-abuse.pdf>.

Hogan, K., Hegarty, J., Ward, T., and Dodd, L. (2012) 'Counsellor's Experiences of Working with Male Victims of Female-Perpetrated Domestic Abuse' in *Counselling and Psychotherapy Research: Linking Research with Practice*, doi:10.1080/dx.doi.org/14733145.2011.630479.

Home Office (2013) 'Information for Local Areas on the Change to the Definition of Domestic Violence and Abuse'. Online, available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf.

Home Office: Crime and Policing (2014a) 'Government to Create New Domestic Abuse Offence'. Online, available from: <https://www.gov.uk/government/news/government-to-create-new-domestic-abuse-offence>.

Home Office: Home Affairs Section (2014b) *Standard Note SN/HA/6337*. Online, available from: <http://www.parliament.uk/briefing-papers/SN06337>: House of Commons.

Howarth, E., Stimpson, L., Barran, D. and Robinson, A. (2009) *Safety in Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services*. Online, available from: <http://www.henrysmithcharity.org.uk/documents/SafetyinNumbersFullReportNov09.pdf>.

Hoyle, C. (2011) 'Feminism, Victimology and Domestic Violence' in Walklate, S. (ed.) *Handbook of Victims and Victimology*, Oxford: Routledge pp. 146–75.

Humphreys C. (2008) 'Problems in the System of Mandatory Reporting of Children Living with Domestic Violence' in *Journal of Family Studies*, Vol. 14 (2) 228–39.

Ishkanian, A. (2014) 'Neoliberalism and Violence: The Big Society and the Changing Politics of Domestic Violence in England' in *Critical Social Policy*, DOI: 10.1177/0261018313515973, pp. 1–21.

Kidd, P. S. and Parshall, M. (2000) 'Getting the Focus and the Group. Enhancing analytical rigour in focus group research' in *Journal of Qualitative Health*, Vol. 10 (3), pp. 293–308.

Kindness, A., Kim, H., Alder, S., Edwards, A., Parekh, A. and Olson, L. M. (2008) 'Court Compliance as a Predictor of Postadjudication Recidivism for Domestic Violence Offenders' in *Journal of Interpersonal Violence*, Vol. 24. (7), pp. 1222–38.

Larance, L. Y. and Porter, M. L. (2004) 'Observations from Practice: Support Group Membership as a Process of Social Capital Formation Among Female Survivors of Domestic Violence' in *Journal of Interpersonal Violence*, Vol 19 (6), pp. 676–90.

Lavis, V., Horrocks, C., Kelly, N. and Barker, V. (2005) 'Domestic Violence and Health Care: Opening Pandora's Box – Challenges and Dilemmas' in *Feminism and Psychology*, Vol. 15 (4), pp. 441–60.

Lee, R. M. (1993) *Doing Research on Sensitive Topics*, London: Sage.

Ling Chan, K. and Yin-Nei Cho, E. (2010) 'A Review of Cost Measures for the Economic Impact of Domestic Violence' in *Trauma, Violence and Abuse*, Vol. 1 (3), 129–43.

MAPPA (2012) *MAPPA Guidance 2012 Version 4 National MAPPA Team National Offender Management Service Offender Management and Public Protection Group*. Online, available from: <https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa--2>.

May, T. (1997) *Social Research Issues, Methods and Process* (2nd edn), Milton Keynes: Open University Press.

Mears, D. P. and Visher, C. A. (2005) 'Trends in Understanding and Addressing Domestic Violence' in *Journal of Interpersonal Violence*, Vol. 20 (2), pp. 204–11.

Miles, M. B. and Huberman, A. M. (1994) *Qualitative Data Analysis*, London: Sage.

NICE Guidelines (2010) *Pregnancy and Complex Social Factors: A Model for Service Provision for Pregnant Women with Complex Social Factors*. Online, available from: <http://www.nice.org.uk/guidance/cg110/resources/guidance-pregnancy-and-complex-social-factors-pdf>.

O'Connell Davidson, J. and Layder, D. (1994) *Methods, Sex and Madness*, London: Routledge.

Office for National Statistics (2013) *Statistical Bulletin: Focus on Violent and Sexual Offences 2011/12*. Online, available from: <http://www.ons.gov.uk>: Office for National Statistics.

O'Leary, Z. (2004) *The Essential Guide to Doing Research*, London: Sage.

Oakley, A. (1990) 'Interviewing Women: A Contradiction in Terms' in Roberts, H. (ed.) *Doing Feminist Research*, London: Routledge.

Pawson, R. (1999) 'Methodology' in Taylor, S. (ed.) *Sociology Issues and Debates*, Basingstoke: Macmillan.

Peckover, S. (2003) 'I Could Have Just Done with A Little More Help': An analysis of women's help-seeking from health visitors in the context of domestic violence' in *Health & Social Care in the Community*, Vol. 11. (3), pp. 275–82.

Perez Trujillo, M. and Ross, S. (2008) 'Police Response to Domestic Violence Making Decisions About Risk and Risk Management' in *Journal of Interpersonal Violence*, Vol. 23 (4), pp. 454–73.

- Punch, K. (2005) *Introduction to Social Research Quantitative and Qualitative approaches*, London: Sage.
- Radford, L. and Hester, M. (2006) *Mothering through Domestic Violence*, London: Jessica Kingsley.
- Radford, L., Aitken, R., Miller, P., Ellis, J., Roberts, J. and Firkic, A. (2011) *Meeting the Needs of Children Living with Domestic Violence in London* NSPCC. Online, available from: <http://www.nspcc.org.uk/globalassets/documents/research-reports/meeting-needs-children-living-domestic-violence-london-summary.pdf>.
- Roberts, J. M. and Sanders, T. (2005) 'Before, During and After: Realism, Reflexivity and Ethnography' in *The Sociological Review*, Vol. 53 (2), pp. 294–313.
- Royal College of Psychiatrists, *Mental health and Growing up*. Online, available from: <http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/domesticviolence.aspx>.
- SafeLives (2015) Getting it Right First Time Online available from <http://www.safelives.org.uk/file/getting-it-right-first-time-complete-reportpdf>.
- Sarantakos, S. (2005) *Social Research* (3rd edn), Basingstoke: Palgrave.
- Silverman, D. (ed.) (1997) *Qualitative Research: Theory, Method and Practice*, London: Sage.
- Slattery, S. M. and Goodman, L. A. (2009) 'Secondary Traumatic Stress Among Domestic Violence Advocates: Workplace Risk and Protective Factors' in *Violence Against Women*, Vol. 15 (11), pp. 1358–79.
- Sokoloff, N. and Dupont, I. (2005) 'Domestic Violence at the Intersections of Race, Class, and Gender: Challenges and Contributions to Understanding Violence Against Marginalized Women in Diverse Communities' in *Violence Against Women*, Vol. 11 (1), pp. 38–64.
- Stanley, N., Miller, P., Richardson, H. and Thomson, G. (2010) *Children and Families Experiencing Domestic Violence: Police and Children's Social Services' Responses*, UCLAN and NSPCC. Online, available from: www.nspcc.org.uk/inform.
- Strauss, A. and Corbin, J. (1998) *Basics of Qualitative Research: Grounded Theory Procedures and Technique* (2nd edn), London: Sage.
- Suffolk County Council (2012) *Suffolk Diversity Profile*. Online, available from: http://www.suffolk.gov.uk/assets/suffolk.gov.uk/Yourper cent20Council/Plansper cent20andper cent20Policies/Equalityper cent20andper cent20Diversity/2013_01_03per cent20Suffolkper cent20Diversityper cent20Profileper cent20Final.pdf.
- Truman, C. (2000) 'New Social Movements and Social Research' in Truman, C. and Mertens, D. (eds) *Research and Inequality*, London: Routledge.

Tsui, V. (2014) 'Male Victims of Intimate Partner Abuse: Use and Helpfulness of Services' in *Social Work*, Vol. 59 (2), doi.19,1093/sw/swu007.

UNICEF (online) *Behind Closed Doors: The Impact of Domestic Violence on Children*. Online, available from:
<http://www.unicef.org/protection/files/BehindClosedDoors.pdf>.

Walby, S. and Allen J. (2004) *Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey* Home Office: Development and Statistics Directorate. Online, available from:
<http://www.avaproject.org.uk/media/28792/hors276.pdf>.

Wills, A., Jacobs, N., Montique, B. and Croom, L. (2011) 'A Guide to Effective Partnerships'. Online, available from: *Standing Together Against Domestic Violence*,
http://www.standingtogether.org.uk/fileadmin/user_upload/standingUpload/Publications/HOP_-_guidance-_final_July_2011.pdf.

Women's Aid, *The Survivor's Handbook*. Online, available from:
<http://www.womensaid.org.uk/domestic-violence-survivors-handbook>.

Worrall, J. L., Ross, J. W and McCord, E. S. (2006) 'Modelling Prosecutors' Charging Decisions in Domestic Violence Cases' in *Crime and Delinquency*, Vol. 52 (3), pp. 472–503.

