



## Turning Points

Exploring survivors' experiences of the coordinated community response to domestic violence in Hammersmith and Fulham

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## 1. Acknowledgements

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We would like to thank the following for making this consultation so effective:

The survivors of domestic violence from Hammersmith and Fulham who took the time to share their experiences with both the facilitators and each other.

The frontline agencies who were invaluable in this process, including ADVANCE/Minerva, Westside Floating Support, Hestia and DVIP/Al-Aman, for contacting past and recent clients for participation in this consultation.

The Standing Together staff who shared their knowledge of the landscape of domestic violence in the borough.

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## Part One: Introduction

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### Standing Together

Standing Together (ST) coordinates the ground-breaking strategic partnership to tackle domestic violence in Hammersmith and Fulham (H&F). ST drives and supports integrated working amongst professionals and a coordinated community response to anyone affected by this issue in the borough and beyond. A key aspect of this work is a commitment to placing the survivor at the centre of the partnership's efforts.

In practice, survivors' and practitioners' perspectives are captured by operational groups within the partnership and, as such, influence the strategic priorities and actions undertaken by its members. This consultation attempts to expand this process by gathering feedback from those who have experienced the services of partner agencies in H&F first-hand. The overall objective of this consultation is to improve survivors' safety by listening to the experiences of individuals directly and utilising them to improve agency practice.

Standing Together has been consulting with survivors of domestic violence since 2001 and has previously published four reports highlighting the results of previous consultation groups. These are available from Standing Together; a publication list and order form is available on the website.

For more information about the Standing Together coordinated response to domestic violence please visit [www.standingtogether.org.uk](http://www.standingtogether.org.uk).

### Scale of domestic violence (DV)

Domestic violence (DV) is a social and global problem that has a significant impact on individuals, families, communities and society as a whole. Research indicates that it affects one in four women and one in six men in their lifetime; regardless of age, social class, race, disability or lifestyle. At least 750,000 children a year witness domestic violence [Department of Health, 2002].

Domestic violence is internationally acknowledged to be one of the health inequalities affecting women, and forms a significant obstacle to their receiving of effective health care [World Health Organisation, 1997; United Nations, 1993]. Domestic violence can have a significant impact on women's mental health; 70% of female psychiatric in-patients and 80% of those in secure settings have histories of physical or sexual abuse [Phillips, 2000; Department of Health, 2002]. Children who live with domestic violence are at increased risk of developing



behavioural problems and emotional trauma, and experiencing mental health difficulties in adult life [Kolbo, et al., 1996; Morley and Mullender, 1994; Hester et al.2000].

In the UK, the police receive a call every minute regarding an incident of domestic violence. In any one year, there are 13 million separate incidents of physical violence or threats of violence against women from partners or former partners [Home Office, 2004; Dodd et al., 2004; Dobash and Dobash, 1980; Walby and Allen, 2004]. There are severe consequences for those most at risk; 42% of all female homicide victims, compared with 4% of male homicide victims, were killed by current or former partners in England and Wales in 2000/01. This equates to 102 women, an average of 2 women every week [Home Office, 2001; Hughes, 1992; Abrahams, 1994].

In 75% - 90% of incidents of domestic violence, children are in the same or next room; 52% of child protection cases involve domestic violence [Department of Health, 2002; Farmer and Owen, 1995].

For more information about the impact and prevalence of domestic violence in the borough of Hammersmith and Fulham please visit Standing Together's data webpage<sup>1</sup>.

### **Consultation process**

This consultation focusses on understanding the primary reporting experience of survivors in H&F and how local statutory and voluntary services subsequently supported them in order to see how the coordinated community response is working in the borough. This consultation does not address the survivors' experiences of domestic violence within their relationships but rather highlights their experiences with professionals in H&F to investigate if the coordinated community response worked on a practical level for these survivors.

Specialist domestic violence agencies in H&F were asked to identify and contact clients for participation in this consultation. The following agencies agreed to participate and identified 26 potential participants: ADVANCE/Minerva, Westside Floating Support, Hestia and DVIP/AI-Aman. All 26 women were contacted by an independent consultant and asked for their preferred manner of participation in the consultation. 16 women attended a 90-minute focus group session in May 2012 and 4 women opted to be interviewed by telephone. One woman from the focus group provided additional feedback by email and another by phone.

It is important to note the success of the recruitment process and the high number of participants secured for this type of consultation, which was primarily due to the assistance of the local specialist agencies and the professional background of the consultant working with the participants. Receiving detailed feedback from **20 women** regarding their experience with professionals in relation to domestic violence is a distinct achievement, both in qualitative and quantitative terms. This is particularly exceptional in a domestic violence consultation, given the sensitive nature of the issues to be discussed and potential barriers to accessing survivors post-involvement with services (language issues, trauma history, reluctance to discuss past

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<sup>1</sup><http://www.standingtogether.org.uk/standingtogetherlondonwhat/standingtogetherdata/#c336>



events, etc.). In this case, the number of participants in this consultation and the volume of feedback received directly impacts the quality and quantity of findings and recommendations from this consultation.

The focus group was co-facilitated by the independent consultant and an additional facilitator. All participants at the focus group signed two consent forms (Appendix 1) at the start of the session (keeping one copy for themselves and one copy for the consultant) and the confidentiality policy was explained. Participants interviewed by telephone gave verbal consent after policies were read to them (Appendix 2). With the permission of participants, the focus group session and telephone calls were recorded and transcribed so that quotes and comments in this report are accurate. Participants in this consultation are not identified at any time in this report and false names have been used throughout to protect the confidentiality of the survivors.

During the session and telephone interviews, participants were asked about their first experiences of reporting domestic violence to professionals and any subsequent agency interventions. They were also asked what was helpful and if they had specific experiences with the voluntary sector, criminal justice system, family and/or health services they wanted to talk about (See Appendices 3 and 4).

There was time allocated after the session/interviews for individual participants to speak with the consultant in more depth and information on local services was available for each participant (See Appendix 5).

Participants in the consultation will be able to read and retain a copy of the final report.

## **Background of participants**

### **Gender**

All 20 participants in this consultation were women and were over 18. The participant group reflects the fact that domestic violence is primarily a gender-based issue, consisting mainly of violence by men against women in the overwhelming majority of cases. The specialist agencies that were consulted and provided potential participants currently only support women. However, domestic violence does occur in same sex relationships and heterosexual men can also be abused by their partners or other family members. Although this consultation focuses on the experience of heterosexual female survivors of domestic violence, a further consultation specifically investigating the coordinated community response to male and Lesbian, Gay, Bisexual and Transgendered (LGBT) survivors is recommended.

### **Age, Ethnicity & Children**

The majority of participants were aged 25-54 (80%) and 50% of participants self-identified as being black and minority ethnic and the other 50% self-identified as white or white other. 55% of participants had children under the age of 18 and 30% had adult children (over 18), while 15% of participants did not have any children.

**Chart 1: Participant Age**

18-24	1	5%
25-34	8	40%
35-44	3	15%
45-54	5	25%
55-64	2	10%
65+	1	5%
Total	20	100%

**Chart 2: Participant Ethnicity (self-identified)**

White British	3	15%
White Other	7	35%
Mixed (Asian)	2	10%
Black Caribbean	2	10%
Asian	2	10%
Black British	1	5%
Black African	1	5%
Black Other	1	5%
Arab	1	5%
Total	20	100%

**Chart 3: Participant Children**

No Children	3	15%
Children <18 years old	11	55%
Children >18 years old	6	30%
Total	20	100%

### **Agency Interaction**

All participants had contact in 2011-2012 with one or more member organisations of the H&F strategic partnership and the primary focus of the findings in this report will be on most recent interactions. **All** 20 participants had been supported by at least one of the four local specialist domestic violence agencies that assisted in recruitment for this consultation. All 20 participants currently live in the borough of H&F. 61% of participants had contact *only* with H&F organizations. 39% had recent contact with at least one organisation in H&F *and* previously had contact with organisations in other boroughs in relation to their experience of domestic violence. This includes H&F refuge residents who fled other boroughs and now reside in H&F for safety reasons as well as current H&F residents who experienced long-term abuse in various parts of London.



**Chart 4: Participant Referral Sources**

Agency	No. Participants	No. who did not participate	Total
ADVANCE/Minerva	8	3	11
Westside	6	1	7
Hestia	5	1	6
DVIP/Al-Aman	0	1	1
Joint Westside/Al-Aman	1	0	1
Total	20	6	26

Here it is important to note that this consultation focuses on women who were able to access services and support in relation to their experience of domestic violence. It does not include survivors who accessed organisations in the borough in regards to their experience of DV and were not working with a support agency. Additionally, this consultation does not include survivors who did not access any services or support, which makes up a significant portion of people experiencing domestic violence across the UK. For example in Standing Together's Criminal Justice System Attrition Table (See Appendix 6) only 34% of survivors in a given year report to the police while 66% do not. There are many reasons (isolation, immigration, language barriers, fear, etc.) why survivors do not access services and/or support and a future consultation focussing on these individuals would be necessary, in order to explore their experience of domestic violence and learn how organizations and professionals in H&F could better reach them and respond to their needs and experiences.

### **Risk**

All participants were currently in safe, non-crisis situations and only one participant was still in contact with her ex-partner at the time of this consultation.

### **Goals of the consultation and partner agencies**

This report is based on the findings from the focus group session and telephone interviews and is directed at key stakeholders of the H&F strategic partnership group with the overall objective to help improve the Partnership's responses to survivors of domestic violence.

Agreed outcomes of this consultation are to:

- Ensure that survivors' voices are heard and continue ST's commitment to providing accountability for survivors;
- Develop recommendations based on first-hand experiences of survivors in the H&F services system to present to those in positions to respond and make changes in order to influence the strategic and operational performance across the H&F Partnership;
- Highlight existing good practice within individual agencies but also in a multi-agency context, to demonstrate where the coordinated community response is working;
- Identify current areas of weakness and gaps within service provision and partnership working;
- Improve survivors' safety by listening to the experiences of survivors in H&F to impact future organisational practice;
- Build a network of survivors to allow for continued and on-going consultation as conduit for feedback for the H&F strategic partnership.



## **How Standing Together will use the consultation recommendations**

The chief outcome for this consultation is to have a direct impact on local domestic violence service provision. Key messages and recommendations from this consultation will be fed back to the partnership in a number of ways. They will be presented at the highest level of the partnership at the winter 2012 meeting of the strategic group at which all organisations mentioned in this report are regular attendees. More specific recommendations will be forwarded to the thematic operational groups (i.e. Housing, Children and Health, Court Management Group/SDVC Annual Review) for discussion at their quarterly meetings. Areas for improvement will be considered at all levels of the partnership and wherever possible, timetabled for action/improvement by relevant agencies. Best practice, strengths and innovative developments will be similarly considered across the partnership. Feedback will also be incorporated into the on-going training and development strategy of Standing Together.

The report will be widely distributed and published on Standing Together's website for public viewing and feedback.

## **About the Consultant**

Meghan E. Field has over 12 years of experience working to tackle domestic violence both in the Americas and in the UK. She holds two bachelor degrees with honours in Spanish and Philosophy and a 1:1 Master's degree from Simmons College in Gender and Cultural Studies, where she was a lecturer in Research Methods. She is a CAADA-trained Independent Domestic Violence Advisor and managed a West London IDVA Service for three years at Woman's Trust. She was the Domestic and Sexual Violence Services Coordinator and a Senior Community Safety Officer for the Royal Borough of Kensington & Chelsea, where she directed the Borough's Strategic Partnership. Currently, she is a trustee on the board of three international development charities and has recently started her own business specialising in freelance consultancy and training on DV partnership-working, policy and interventions.

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## Part Two: Findings of the Consultation

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### Section 1: The essential role of the specialist DV sector; the importance of singular, continuous support for survivors; and Positive outcomes resulting from joint Police and ADVANCE interventions

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**Finding 1.1: Survivors prefer the continuity and support of a single professional rather than having to interact with a variety of professionals and repeat their experience to professionals who are not supportive and/or do not understand the dynamics of domestic violence.**

Survivors cited the benefit of having one professional, usually a domestic violence specialist, to contact for both emotional support and practical advice and information. Survivors' stated that they previously lacked knowledge of the benefits and criminal justice systems available to them and found it essential to have one person who, for example, could help them navigate all the processes ranging from obtaining housing benefits to understanding the end-to-end process of a criminal case. Every survivor mentioned that they welcomed and appreciated the proactive, on-going calls from their advocate or caseworker and felt that the levels of support they received were appropriate. This varied based on individual needs and circumstances but, generally, support calls right after an incident, during and after the court process were cited as the most beneficial.

Sylvia<sup>2</sup>, a mother of three, indicated that it was very practical for her to first be able to go to her advocate at ADVANCE<sup>3</sup>, H&F's Independent Domestic Violence Advocacy (IDVA) Service, and then at Minerva<sup>4</sup>, to ask a series of questions and trust that she was being given

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<sup>2</sup> All names have been changed to protect the confidentiality of participants.

<sup>3</sup> ADVANCE is a women's charity based in West London specialising in domestic violence crisis intervention and supporting high risk women with complex and interrelated problems. ADVANCE provides independent advocacy, advice and unconditional support to women and their children who are marginalised or disadvantaged as a result of domestic abuse and/or other social exclusion factors. For more information see <http://www.advanceadvocacyproject.org.uk/>.

<sup>4</sup> Minerva, run by ADVANCE, is a service delivered to women offenders and those at risk of offending. The Minerva Project is designed to offer community based support to women at risk of offending by giving practical and emotional support across a range of issues. Minerva also supports women with complex needs (mental

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correct advice. Moreover it was important that her advocate would come back to her with information she could not provide straightaway as opposed to signposting her on to another service or passing her onto another member of the advocacy service.

*I am in contact with a group called MINERVA, which is the practical side of ADVANCE and they are literally saving my life. I just needed help with all the practical stuff that I don't have a clue about what to do. But they do. They have been a lot of help, just giving you anything that you can think about. And if they don't know it, they will actually find it out for you....I really just need someone in one place, in one go. If you have children, you can't just run around. It's just impossible. If you're trying to work and you're trying to take care of your children, and do everything yourself, you just really need one person to call.*

- Sylvia

Romana stated that her advocate at ADVANCE really 'knew her case', providing her with on-going emotional support while she was living in H&F and making her feel that she could contact her if she had any problems even after she was housed out of the borough. This feeling of support gave Romana the confidence to pursue all housing options, even though it was a difficult process.

Survivors highlight the importance of support workers who help them navigate complex and unknown systems and their desire to avoid repeating their history of abuse to a number of people, especially to professionals who do not demonstrate an understanding of domestic violence.

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health, substance misuse, domestic violence etc.) For more information please see <http://www.advanceadvocacyproject.org.uk/#/advance-minerva/4545402738>.

*You go to interviews for housing for example and they push papers in front of you to fill in: 'How many times did he hit you?' You want to forget. You don't want to bring it up again and especially when you've gone through so much for so long. And how many days did I want to forget the next day what happened, not make notes and go through it again in detail...Society is telling you that they don't want to deal with people like you, as I experience now in the council. They put you with a man who doesn't have a clue about domestic violence. He's 30 years old or 20 – how can I tell him or you, or you, or you about what I went through? They don't recognise it. So dealing with somebody, one person, through this process of gaining your total freedom; that is very useful. Telling your story to one person and then to somebody else, it's not helpful. It drags you down...you feel lost. When I left the council that time, she [my advocate] was there for me. I called her because I wanted to stick to someone who knows my case, who can help me deal with things. I have worked with other people since, but it's not the same as that person who was there for me the first time, she's so important to me.*

- Romana

Similarly, Susanne was in a refuge in H&F in the late 1990s and she continues to access Westside Floating Support<sup>5</sup> for on-going emotional support, especially since her son began showing signs that he might be abusive possibly as a result of witnessing domestic violence when he was younger. The continuity of local support has been instrumental for Susanne in her continued safety and family development.

*It was 16 years ago when I got the number for Women's Aid through the Yellow Pages. I was told of an available refuge, which happened to be in Shepherds Bush ...and they've been on-going help ever since. There's always someone that you can pick up the phone to and say hello to, because I am doing that right now with my son. He just turned 21 and he's showing signs of mental abuse [towards me] so I'm seeking advice and help from Westside. One of the ladies there used to be at Shepherds Bush refuge.*

- Susanne

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<sup>5</sup> Westside Floating Support provides emotional and practical support for women in H&F who are experiencing domestic violence to help them regain confidence, self-esteem and to take back control of their lives. For more information please see:  
<http://www.sbhg.co.uk/Home/Westside/Domesticviolencefloatingssupport/tabid/1286/Default.aspx>.

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For some survivors continuing to access practical support through *and after* the crisis stage (including post criminal reporting and involvement in the criminal justice system) proved to be what made the most significant difference to their recovery and ability to move on from the abuse. For Sylvia, her turning point came after Minerva helped her rebuild her CVs, giving her the confidence to search for jobs and believe in herself again.

*My turning point is – I hope it is – my key worker at Minerva has helped me do my CVs – not only one but she’s helped me to do three different kinds. Because I’ve lost my job on top of everything I’m trying to find work...So she’s helped me with that and that is a big turning point just to have a CV that you can go around with...You feel really tall when you’ve achieved something and you’ve put it on a piece of paper and you are trying to support your children, because that’s what I need.*

- Sylvia

Miriam had a similar experience. After living in one of the H&F refuges (run by Hestia<sup>6</sup>) she was offered accommodations in the borough in 2011. While in the refuge her key worker connected her with a local social worker and ensured that Miriam would have on-going supported after moving into the flat by referring her to Westside Floating Support. Miriam’s health visitor and GP (General Practitioner) in H&F also offered to refer her to Westside and

*It is very encouraging that after so many years of abuse and manipulation I finally believe things can be different for me and my baby. Speaking to Westside makes me believe that I can again become the strong, professional woman I was before my relationship with my ex-husband. -*

- Miriam

because of this she felt supported and ready to move out into the community after her time in the refuge. Despite interacting with over 7 organisations before moving to H&F, once here Miriam experienced the coordinated community response working for her. Miriam stated the following about the support she received since moving to the borough:

Miriam’s case is a good example of DV awareness working in practice, demonstrated through the number of professionals who both recognised the abuse and who felt they were able to do something to support her; in this case it was referring Miriam to Westside Floating Support. This highlights the importance of professionals being able to identify DV at the earliest stage possible and being in a position that they feel they can respond to the DV in an appropriate way, ideally by: knowing which local services are available, making a referral to the most

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<sup>6</sup>Hestia supports around 1,600 women and children a year, in their domestic violence services in 11 London boroughs, including H&F. They provide emergency refuge accommodation, second stage accommodation, floating support, outreach and children and family projects. For more information please see <http://www.hestia.org/how-we-help/domestic-violence-services-information>.

appropriate service with the consent of and in the presence of the survivor, and being able to do a basic level of safety planning with the survivor.

**Summary of key points from survivors (1.1):**

- Survivors appreciated having one person or service which continuously supported them even after their point of crisis.
- Survivors stated that having to repeat their story to multiple professionals, especially those who demonstrated a lack of DV awareness was detrimental to their emotional and physical safety.
- Survivors who felt their support professional 'knew and understood' them were more likely to engage with that service over a longer period.
- Survivors appreciated the level of interaction they had with their support workers and many would have welcomed more, because the support they received was of high quality and was extremely beneficial to their emotional and practical safety.
- Survivors stressed the importance of continuing to fund both crisis and practical/floating support services in H&F.

**Recommendations for H&F Strategic Partnership (1.1):**

1. The Partnership should maintain funding for at least the current levels of specialist support service provision as this is fundamental to maintaining survivors' short-term and long-term safety.
2. Support services, especially ADVANCE, should provide intensive support in the first four weeks after first referral to the service with at least current levels of contact, but preferably with increased support and contacts made to each survivor.
3. Support services should continue with case allocation to a single advocate or support worker when possible who can advocate on behalf of a survivor when/if necessary.
4. The Partnership should ensure that a consistent and positive support response around DV is being delivered across member organisations, as this sends a strong message to survivors that professionals are working together to help them rebuild their lives and are committed to tackling DV.
5. Management of frontline staff in all key agencies in H&F should ensure through specific trainings/briefings that their employees know which local services are available, can make a referral to the most appropriate service with the consent of and in the presence of the survivor, and being able to do a basic level of safety planning with the survivor.

**Finding 1.2: Survivors said that being referred to ADVANCE as soon as possible after reporting domestic violence to the H&F Police was very important. For some survivors, the combination of ADVANCE and the Police in the Community Safety Unit (CSU) proved to be the optimal combination of support that helped them move on from their abusive relationship and remain safe.**

Survivors who were referred to ADVANCE immediately following a report to H&F Police and who received intensive support in the subsequent period (up to 4 weeks) after the incident were more likely to support the criminal process or seek alternative safety recourses, such as an injunction. For some women, if the criminal process did not continue to court or the court result was not what they had expected, they were still satisfied with the outcome, having been offered support and information throughout the process by ADVANCE *and* the Police,





especially through the H&F Community Safety Unit (CSU)<sup>7</sup>. Having additional civil options explained and made available to survivors (often for the first time by ADVANCE) was an added benefit that many pursued either in addition to, or as an alternative to, criminal justice outcomes. Having an advocate accompany a survivor to court(s) was often cited as a distinctively helpful part of the process.

Elise was eventually referred to ADVANCE by frontline Police on the same day that she reported an incident of domestic violence. However, Elise highlights that there were previous reported incidents when she was not referred to ADVANCE, which constituted missed opportunities for intervention by the H&F Police, especially first responders who answered call-outs to her address on previous occasions.

Elise found the joint support by the H&F Police in the Community Safety Unit and ADVANCE very helpful because she was offered a package of support both within the criminal justice system and beyond. Indeed it was the combination of support in her case that enabled her to act on her options, pursue injunctions and not return to the abusive relationship.

It is important to note that the majority of survivors who cited positive experiences with H&F Police were referring to their interactions with the Community Safety Unit and not frontline Police. Very few survivors mentioned the role or impact of first responders when questioned about their interactions with the Police and only three survivors were referred immediately to ADVANCE by frontline Police on the day they reported an incident of DV.

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<sup>7</sup> The CSU, part of the Metropolitan Police in H&F, will investigate incidents of the following: Domestic violence, Homophobia, Transphobia, Racism, Criminal offences where a person has been targeted because of their perceived race, faith, sexual orientation, or disability. For more information please see: <http://content.met.police.uk/Borough/Hammersmith/Contact>.



For every survivor whose case went through to court, having ADVANCE support them through the case and attend the trial with them was very beneficial. Kathryn cited the support of both ADVANCE and the Witness Service (provided by Victim Support)<sup>8</sup> at West London Magistrates Court as essential on the day of trial, stating that they both went 'above and beyond'.

#### *Case Study - Kathryn*

*Although her ex-partner pleaded guilty on the day of the trial, Kathryn attended court planning to give evidence on the day. She was nervous but felt confident as she had been offered a pre-trial visit by ADVANCE and was first offered special measures by the Police almost a year prior to the trial when she gave her initial statement. This reassured her about the process, knowing she would be 'protected' if and when the case got to trial.*

*On the day of trial she was nervous about giving evidence because she had given a long statement and had not seen the content for over 9 months because of a series of delays in the case; she stated that even though she did not have to, in the end, give evidence, she would have liked to have been able to review her statement prior to the day in court.*

*Additionally, some of the evidential emails her ex-partner sent her were not included in the CPS case file on the day of the trial, which she found distressing. However, with the help of her ADVANCE advocate and the Witness Service, she was able to print out some of them to reference if she had to give evidence.*

*Kathryn was extremely relieved when her ex-partner pleaded guilty and was impressed by the CPS prosecutor who explained the subsequent sentencing process, including the possibility of obtaining a restraining order as part of the sentence, which in the end she was granted alongside his sentence of a community order and mandatory participation in the Integrated Domestic Abuse Programme (IDAP). For Kathryn, this was an ideal result, because for her a successful criminal justice outcome was not her ex-partner going to jail. Rather, her ex-partner was not only mandated by the court to stop the harassment but was also ordered to receive help and support for mental health and substance abuse issues.*

*Although there were some "glitches" throughout the criminal justice process, including not being referred to ADVANCE for over 5 months after reporting, she had a positive overall experience due to the continuity of professional support she received – specifically the officer from the Community Safety Unit ('Johnny') and her IDVA ('Thien').*

The majority of survivors who had recently been in touch with officers in the Community Safety Unit had positive experiences largely due to the frequency and type of communication individual officers had with them. Survivors appreciated being kept up-to-date with their case via phone calls, texts and especially emails. Kathryn, for example, was kept informed on the

<sup>8</sup> Please see <http://www.victimsupport.org/Home/Help-for-witnesses>

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day her ex-partner was arrested for harassment, receiving updates from a police officer from the morning when the perpetrator was brought in for questioning, until 2 A.M. when she received a text to let her know that her ex-partner was being released. This allowed her to safely plan her movements on the day and to know she could leave work without having to worry her ex would be waiting for her outside her office. However, Kathryn's case highlights another missed opportunity, this time by CSU officers who never referred her to ADVANCE. Kathryn was not identified by ADVANCE until her case appeared in court the first time, nearly 6 months after she reported the abuse to H&F Police.

Sylvia also had a positive experience regarding communication with H&F Police (CSU officers in particular) and this made her feel like she was more involved in the criminal process, which she appreciated.

*The Police put me in contact with ADVANCE straightaway and they called me at midnight, which was really good. I was supposed to travel the next day and they actually made sure that I was on the train safely, that I was at the airport safely. I was dealing with them both in August [2011]. The Police didn't just call you back when they were supposed to, they emailed you back and helped you understand and input into the process. Like I said, I think the police in my case were absolutely amazing, especially alongside ADVANCE. During the case they were in contact with me and they [ADVANCE] were actually with me at the trial, which was really, really helpful because I had never been in court before. Just being in a court is scary enough, but being a witness is even more scary, so having someone there with me, I was very grateful.*

- Sylvia

Leah had a similar experience in that she was referred to ADVANCE on the same day she reported to the Police. She was supported by Thien straight through the court case and was impressed by the manner and frequency Thien and the CSU officers kept in touch with her, explaining 'everything' about her case each step of the way. Thien offered 'non-stop support' throughout the process, which was 'brilliant'. Leah was 'dreading having to give evidence in court because he and his friends and family would be there' so she was relieved when her ex-partner pleaded guilty at the earliest opportunity. Learning about his plea immediately from Thien who was in court on the day was very helpful for Leah as she did not have to worry at home longer than necessary. Thien talked her through the possible outcomes and soon after helped Leah make a victim impact statement (VIS), which was taken into consideration during sentencing. As requested in the VIS, Leah's ex-partner was given a restraining order, which is ideal as 'it is so nice to know I have security for the next two years.'

Leah's case highlights the positive impact an early plea can have on a survivor – the relief of not having to attend court at all – especially in conjunction with having that information communicated to the survivor immediately by an ADVANCE advocate. Additionally, Leah's

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experience demonstrates the value in taking victim impact statements both for the survivor to feel she has a voice in and also an impact on the end result of the criminal justice process.

Two women were not referred to ADVANCE right after the incident and only became known to the IDVA Service when their cases arrived at court: Kathryn (as mentioned above) and Irina.

*So I contacted the police again and they did nothing...Not until he was in court again when he got away with nothing this time, that was when ADVANCE called me because they were in court and they have been really, really helpful. I think this is the first organisation in 4 years who has been helpful and I'm going now to court to get an injunction. He should have had a restraining order a long time ago but there have been so many mistakes I'm just really grateful for ADVANCE. I think they do a great job...[Before] I didn't know that you could apply for different orders like injunctions and all they [other support organizations] said was you should change your number and hide or move...ADVANCE was more like 'So there's this thing you can actually apply for, you can go to family court and we can come with you, these are the papers'. This is just, like, really helpful that I could do this. They contacted me and have immediately been quite thorough and nice and explaining, like, because the police hadn't even referred me to them, they found out about my case apparently on the same day that it was going on in court and they said that if they had known earlier they might have been able to help me...But at least now it feels like it's going somewhere and that I can make it stop.*

- Irina

Both Kathryn and Irina stated that they *definitely* would have wanted to be in contact with ADVANCE earlier (in both cases over 5 months had passed between the report to the police and the first court appearance). In particular, Irina believed that the delay in accessing ADVANCE support was detrimental to her criminal case and her emotional wellbeing.

## **Summary of key points from Survivors (Section 1.2):**

- ADVANCE and Police offer essential joint support to survivors throughout the criminal justice process and beyond.
- Explaining processes clearly to survivors and helping them feel they are part of the criminal justice process are just as essential as the outcomes (sentencing, safety, risk reduction, etc.).
- ADVANCE support allows high risk survivors to access additional safety recourses outside of the criminal justice system, especially through injunctions. Often it is learning about and accessing additional options, which mark a turning point for survivors: empowering them to take action to make themselves and their children safer.
- Survivors want to be offered special measures at the earliest opportunity, and support at court (both criminal and civil) by IDVAs is essential.



- Frequent, timely, consistent, and varied (i.e. by email, text and phone call) communication by the Police *and* ADVANCE was cited as the most important piece of the support puzzle for most survivors when going through the criminal justice process.

**Recommendations for H&F Partnership (Section 1.2):**

- Police should continue to refer ALL high risk survivors to ADVANCE *immediately* after an incident; further investigation by Senior Management of H&F Police is needed to explore missed opportunities for referral to ADVANCE by both first responders and CSU officers. This should be fed back to the Partnership's Strategic Group.
- Special measures should be explained and offered by police officers as soon as possible after the survivor first reports DV to the Police. This conversation and the decision of the survivor should be noted in the case file and should be re-visited with the survivor well before the trial, if the case proceeds to that level.
- Police officers and ADVANCE should continue to work together to ensure that a holistic package of support is offered to *every* survivor who reports DV to the police. This should involve intensive support in the first four weeks after reporting and should continue throughout and beyond the criminal justice process when necessary. This joint work should be highlighted by the H&F Partnership as one of the most successful forms of supportive partnership work currently practiced in the borough.
- Police, especially in the CSU, and ADVANCE should continue to employ frequent, timely, consistent, and varied (i.e. by email, text and phone) means of communication with survivors.
- Police and ADVANCE should continue to give immediate feedback to survivors when possible. In particular, ADVANCE should continue to contact survivors from court with immediate feedback about their cases.
- Police and the Crown Prosecution Service should do everything possible to secure a plea at the earliest opportunity from perpetrators whose case has arrived in court.
- Police and ADVANCE should continue to take victim impact statements at the earliest opportunity from survivors in all cases where appropriate.

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## Section 2: The importance of proactive non-specialist professionals and the statutory sector

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**Finding 2.1: In mapping their pathways of DV disclosure, many survivors indicated at least one interaction with a professional that they felt was a missed opportunity for proactive earlier intervention and support.**

For many survivors, failure to provide adequate understanding and support around their experience of domestic violence, especially after *first* disclosure, jeopardized their continued engagement with the service and their overall safety. Admittedly, some survivors were not ready to leave their relationships earlier in their journeys, but they were able to identify when professionals ‘let them down’ and when they felt an individual or agency could have made a difference in their situation at an earlier intervention point.

In Lorena’s case, she initially disclosed DV to a medical professional at a hospital in H&F and was referred to H&F Social Services because she had a young child. For her, Social Services missed an opportunity to refer her to ADVANCE and/or offer her any support for her or her child. A year passed and it was only after another incident occurred and the Police were called that Lorena was eventually referred to ADVANCE and received adequate support around her experience of domestic violence from the IDVA Service, but again felt ‘let-down’ by the lack of additional support offered by Social Services.

*The first time I was referred to Social Services it was a bit of a let-down..I was in hospital and they automatically refer you and pass your details if you have a child to social services. The next day the lady called me and spoke to me for about five minutes and said that she would send me the information for ADVANCE. I waited and waited and a year later I still didn't have an ADVANCE information pack. They never contacted me and she didn't pass on my details. They didn't come and check on me to see if my kid was ok. She is ok but they didn't come and check. And I feel like, if that was a child in a really bad situation that could be damaging potentially to her, if they did what they did with me. And then a year later there was another incident where I called the police and straightaway I got referred to ADVANCE. Social services then contacted me again and I met them but I didn't quite get any help. I just met them and they were like, ok we will sign you off now. They never came to my home. I think they actually let children down. I think that they could have told me what was on offer. They just asked me if I wanted any more assistance from them but I don't know what's out there and what's available.*

- Lorena

Lorena's case highlights how both the health and social services professionals she encountered missed opportunities to refer her to a specialist DV service at the earliest opportunity. The health care professional focused primarily on potential child protection issues but neglected to ensure a package of specialist support was in place for Lorena. Social Services also missed a key opportunity to intervene earlier and proactively connect Lorena with ADVANCE. It is also unclear if what action, if any, either service took in relation to the perpetrator and the offending behaviour.

It is important to note at this stage that only a small minority of survivors (2 out of 20 or 10%) mentioned *any* interactions with health professionals as part of their experiences with services in H&F around domestic violence. This, in particular, indicates a trend in the experience of these survivors pointing to the health sector's failure to respond in a coordinated and proactive way in H&F to domestic violence.

In comparison to Lorena, Jaclyn did not realise what she was experiencing was abuse and she agreed to try mediation/couples counselling with her ex-partner. The counsellor they saw did not identify or acknowledge the abuse, leaving Jaclyn confused and unsupported when they eventually were asked not to attend further sessions. After this, Jaclyn did not access support for another few months until a worker at the Masbro Centre<sup>9</sup> proactively identified the abuse (See Section 2.4).

*I was in a really bad place when I split up with my ex, I had nobody to turn to or anything like that so I was on the computer and I went through the citizens advice website, just to see what my options was and I ended up going through [counselling] with my ex and it was a horrible experience. And I had no idea about the term domestic abuse or anything like that, and I didn't think it applied to me and it was a horrible experience – the guy that done the counselling he didn't pick up on my situation, he wasn't very supportive. He ended up kicking us out because my ex refused to turn up. So we both got chucked out and we didn't attend anymore. And then I was left on my own and I had no idea who to turn to.*

- Jaclyn

Shareen had worked with a number of professionals in other boroughs before she was moved to H&F and felt she did not ever have adequate support until she lived in the refuge. However, she almost did not make it to the refuge as she was told by a social worker in another borough

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<sup>9</sup> The Masbro Centre is one of the largest community led centres in the London borough of Hammersmith and Fulham, which has established a reputation for quality provision of services, which are tailored to the expressed needs of local people. The Masbro Centre provides a diversity of services and facilities to the local community including education, training initiatives, a Playscheme and variety of children's services. For more information please see: <http://masbro.org.uk/index.htm>



that this was not an option for her and her child. Given her perception of the power of social workers and the fact that she trusted this professional to advise her on her options in regards to the DV, she initially did not consider leaving her ex-partner. Shareen remained in an acutely abusive relationship for another few years, during which time both she and her son ended up in hospital as a result of injuries perpetrated by her ex-partner. It was not until another social worker encouraged her to enter a refuge that Shareen began to believe that her situation might improve.

*I have been in this situation for 12 years, and I only recently know about women's refuge and all the help available. Before I went into a refuge, I went to social services and I remember I was told by a female social worker, this is interesting, she told me not to go to Women's Aid [the refuge] because the kids that are there are really disturbed and it's not really a good place for kids. Later on when I moved to the refuge, I told this to the workers and staff there- because for all the good work that has gone into Women's Aid, there's a social worker who says you shouldn't go there, it's not your place.*

- Shareen

### **Summary of key points from survivors (2.1):**

- Individual professionals are in unique positions of power to identify DV and support survivors in accessing safe options, especially when someone is disclosing DV for the first time.
- By default, most survivors trust in the opinion of the professional they have disclosed to and, therefore, ill-informed advice or inaction can have a detrimental effect on survivors' safety.
- Survivors who were not appropriately supported remained in abusive relationships for longer periods, putting themselves and their children at risk of continued and more severe abuse.
- Survivors' experiences of missed opportunities highlight the critical gap around statutory services' domestic violence interventions. The participants in this consultation often passed through statutory services until they found or were referred to a specialist service, at which time they received adequate support.
- Very few survivors mentioned actions or interventions by health care professionals and the ones that did highlighted missed opportunities for early and appropriate interventions. This points to a worrying gap in service delivery around domestic violence in this sector especially as many, if not all survivors and/or their children will access some form of health care, which could present opportunities for identification and intervention.

### **Recommendations for H&F Strategic Partnership (2.1):**

- The H&F Partnership should review its training strategy to explore ways in which all frontline professionals can receive training to proactively identify domestic violence. This could have a direct impact on earlier identification and interventions and fewer missed opportunities for DV detection and support in H&F.

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- In particular, senior management of Partnership organisations should take responsibility for providing in-house DV training (or release staff to attend external training) which covers signs of DV, how to proactively identify DV, how to discuss DV with service-users, accurate knowledge about local resources and specialist services to which they signpost survivors and/or refer to for professional advice and support, and basic safety planning techniques.
- More importantly, training should focus not just on building or maintaining a professional culture of signposting on to DV specialist services but should look to expand its focus; Training should emphasize how the statutory sector can respond proactively to domestic violence, cultivating confidence in professionals that (especially in a time of diminishing resources) allows them to take fuller responsibility around this issue and help close the critical gap of missed interventions.
- Professional training could include how to ask the survivor if she has disclosed previously to another organisation/professional or if this is her first disclosure. Professionals could be made aware that especially if this is first disclosure they have an opportunity to support the survivor in a meaningful way that could prevent further violence from occurring or escalating.
- Specific training should be targeted at addressing offending behaviour and working with perpetrators (as opposed to referring clients to couples counselling or mediation).
- The H&F Partnership should explore awareness raising activities around domestic violence targeted at the general public; especially around what is domestic violence, how to recognise if an individual or someone they know are experiencing DV, and what they can do once DV is identified.
- Senior membership from the health sector of the H&F Partnership should review their activities around early intervention and identification of domestic violence and report back to the Partnership with gaps and examples of best practice (as this was not captured in the consultation).

**Finding 2.2: The majority of survivors cited an experience with a professional during which they did not feel believed or taken seriously when they disclosed domestic violence. In most cases, this also led to delays in seeking further help and feeling that they were unable to leave the abusive relationship.**

Survivors cited frontline/first response housing professionals in the local authority as those most likely to challenge them, voice disbelief in their history of DV, or directly accuse them of lying. Second to housing were the Police (both CSU and Frontline) but, as cited above, most

*So I went there and the initial housing officer brushed me off like I was a piece of rubbish. I had to break down in front of them to get them to believe me. I was like – do you want him to kill my children? And that was when it was like ‘click’ for them. But before they kept saying oh you can go back go back go back. But people don’t really understand until they are in your situation. I said to the woman – until you’ve been in my situation, until you’ve walked a mile in my shoes, you do not know what I’m going through whatsoever...I don’t understand why all of a sudden they deem domestic violence as such a petty thing. That’s the impression I get. They seem to think that you’re faking, that you’re lying. It’s like hold on a minute: would I have brought three children out of their home, where they’re comfortable, right, to live in one tiny room? Where’s the common sense? How selfish am I as a mother to put my children in that situation?*

- Danielle



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survivors had positive interactions with H&F Police, especially within the Community Safety Unit. Danielle, a mother of three, had the following feedback from her interaction with Housing Advice in H&F, which left her feeling disbelieved, undermined and insulted:

Melanie, a mother of one young child who had experienced significant levels of emotional abuse by her ex-partner, had a similar experience to Danielle's when she approached the local authority. She, however, stated that she was directly told her case was not genuine:

*When I first approached the Council – and keep in mind I used to work for a Council and I had clients whom I used to advise on what to say and what not to say. So when I first approached the Council, they actually said to me that my case wasn't genuine. They said because I had no proof. Again, there wasn't any physical abuse in my relationship. And I said, well, I was too scared to go to the police...plus in a lot of domestic violence cases, most people are scared to go to the police. So I said I don't have any reports from them, plus...he hasn't ever touched me, so I don't have any doctors' reports or anything. So she asked me to go to the Police and do something quietly, but told me she didn't think it would be enough because my case wasn't genuine.*

- Melanie

Natalie, a third mother, also felt she was not believed when she approached the council repeatedly for help with housing.

*You want to explain to the people that you're in a situation of chaos, and variable, not only for me, but for my son as well – I'm not on drugs, I don't drink or whatever, so why don't you believe me? They just look at you and say, 'Oh no, you are not a priority, you have to be on the file'. The next month the same. I find that absolutely unacceptable and inappropriate because really it's a constant humiliation.*

- Natalie

Irina was in the minority of survivors who had negative interactions with H&F Police in the Community Safety Unit. However, just as with Danielle, Melanie and Natalie her experience highlights how emotionally damaging it is for survivors when they perceive professionals doubt their experience of abuse. Irina understood that the police needed to 'do their job' and investigate her case but was disappointed in the way this process was explained to her. In the end, her treatment left her feeling helpless in the criminal process.

*Yeah, the people who I felt I had to prove it to were the police. I didn't have a very positive experience with the Hammersmith police. In my case, it was harassment from phone calls and emails and texts from my ex and the texts were clearly from his number...I took this all to the police, and they were like, 'Well I really don't know that so we need to investigate.' So they 'investigated' for 2 months and then I got a phone call where they said, 'We have news for you!' And I said, 'Well what is that?' They said 'it's good news!' 'Go on then, what's the good news?' 'Well, it turns out it really is him [texting, calling] and not you!' **OF COURSE IT'S NOT ME!!** It's like just so obvious! Of course he [her ex] says to the police that I'm doing all this, that I'm lying. So I've felt let down and not believed by the police. And I think that this was the hardest part about everything I've experienced. Just the feeling of helplessness.*

- Irina

### **Summary of key points from survivors (2.2):**

- From the above testimonies, it is clear that to be told directly she is lying or that her experience of DV is not genuine is very damaging to a survivor's emotional well-being. As a result, survivors feel victimised and disempowered not just by their perpetrators but additionally by the professionals they put their trust in and believe will offer them support to leave their abusive situations.
- When a professional makes a survivor feel disbelieved, this also can have a potentially negative effect on her future engagement with that organisation and other services.
- Even if professionals cannot provide the practical support the survivor seeks (i.e. some form of local authority housing, a successful criminal prosecution, etc.) survivors stated it is essential that they communicate this to them in such a way that survivors still feel believed and emotionally supported.
- Survivors felt that their experiences of emotional abuse were not taken as seriously as had there been physical abuse as well in their relationship.

### **Recommendations for H&F Strategic Partnership (2.2):**

- DV awareness raising training for non-specialist professionals could cover how to deliver empathetic, believing responses when DV is identified or disclosed and the link between this kind of response and continuity of service-usage by survivors.
- On-going awareness-raising activities amongst professionals are needed to highlight the range of abuse that constitutes domestic violence.
- Professionals can explore ways of supporting survivors who have experienced any kind of abuse, including emotional abuse, not just in situations where physical abuse is identified or evidenced.

**Finding 2.3: Survivors stressed that they would like to be encouraged to make appropriate and safe decisions for themselves and their children whilst not being judged or made to feel that the entire responsibility for protecting themselves and their families rested on them. Survivors felt they were doubly victimised, first by their partners and secondarily by services that put undue pressure on them as women and mothers and not enough on the perpetrators to make changes in the relationship.**

Elise felt pressured by Social Services to do something about the abuse *and* the fact that her children were witnessing it in her home. She was upset by threats to take her children from

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her care and frustrated at the lack of understanding of her situation and failure by Social Services to provide alternatives, especially directed at her partner.

*I found with Social Services that because the children were there when the abuse was happening, my children ended up being put on the at-risk register. They said that I allowed my children to see what was happening within the house. Of course I didn't want my children to see that but you can't stop it. I didn't find that that was fair because my children were safe and were well looked after... They told me that if it happens again and if the children see it again, then there's a risk that my children could be taken off of me. I said, Well, I don't sit there and ask him to hit me, or call me names in front of the children. What do you want me to do? I'm scared to leave him. Elise*

Though Natalie generally felt adequately supported after disclosing DV for the first time, she experienced a lack of understanding across the specialist and statutory services she accessed regarding interventions for her ex-husband. She stated that most survivors already take on blame and responsibility for the abuse and generally for the well-being of their partners, so it would be beneficial for professionals to acknowledge this and to intervene with perpetrators when possible.

*It is very important for professional people to have an awareness of all these kind of illnesses like bipolar, narcissism, men who take drugs, alcohol - that there is already a problem in the background. It's not necessarily you, but you become the nurse, the cleaner, you do everything already in the relationship. So I really think that the people from ADVANCE and Social Services must have the knowledge at least of these kinds of illnesses so that they can guide us in a way so as to prevent more violence... Having someone who can listen to you is great but someone who can also help you 'get' that you are in a situation which is domestic violence is even better... Domestic violence must stop at any cost but it keeps going because sometimes we feel we still love him and we deserve it. We talk about that to the people from ADVANCE and Social Services and they understand it but if someone could have more knowledge and say maybe it is time for your boyfriend to be referred to another professional sector. Natalie*

Maria also felt immense pressure to leave her partner and change her situation, especially after her case went to the H&F MARAC<sup>10</sup> (Multi-Agency Risk Assessment Conference). She too was frustrated that interventions were not also directed at her partner.

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<sup>10</sup> MARAC is a meeting where information is shared on the highest risk domestic violence cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary

*I just remember being pressurised every time I went to any agency, being told my name is coming up every month and being told I had to do something about it. I felt like I was being pressured. Maria*

However, survivors felt the solution was not always as simple as referring their partners to a perpetrator programme or counselling about the abuse. At least three of the participants had ex-partners who, despite attending perpetrator programmes, were not convinced of the programmes' merit in stopping the violence. Attendance at an anger management course was not perceived as effective, and survivors stated that some interventions actually gave their ex-partners additional tactics and excuses to justify their abuse.

*ADVANCE did ask if we could refer him via the GP to counselling because he was depressed...he did start doing it but it is very hard for a man, most of them are obviously men, and abusive, and they don't want help. [They think] there's nothing wrong with them. He went and said it was a 25 year old sitting and reading a script from a book. Does she really think she is going to help me? So putting them in anger management or another course is not going to work because they are so deeply rooted in their head and in their mind in what they are doing. So any course that has to do with losing control they're gonna walk out of that because they don't want to lose control and it just goes right over their heads. Sylvia*

Elise's ex-partner attended a court mandated IDAP<sup>11</sup> (Integrated Domestic Abuse Programme) course, which he completed to avoid having to go to prison. She believed this was not helpful because he did not voluntarily enter the programme.

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sectors. After sharing all relevant information they have about a victim/survivor, the representatives discuss options for increasing the safety of the victim/survivor and turn these into a co-ordinated action plan. The main focus of the MARAC is on managing the risk to the adult victim/survivor, but in doing this will also consider other family members, including any children involved, and also managing the behaviour of the perpetrator. Information shared at the MARAC is confidential and is only used for the purpose of reducing the risk of harm to those at risk. The H&F MARAC is coordinated by Standing Together. For more information please see: <http://www.standingtogether.org.uk/standingtogetherlocal/standingtogethermarac/>

<sup>11</sup> IDAP is a group work programme for men who have abused their wives, partners or ex-partners. The court may order a perpetrator to follow this programme as part of his community sentence or it may be a condition of a prison licence. For more information please see: [http://www.swmprobation.gov.uk/wp-content/uploads/2010/06/integrated\\_domestic\\_abuse\\_programme\\_\\_idap\\_\\_leaflet\\_-\\_june\\_2010.pdf](http://www.swmprobation.gov.uk/wp-content/uploads/2010/06/integrated_domestic_abuse_programme__idap__leaflet_-_june_2010.pdf)

*My husband done it but he did it to keep out of prison. So they put him in a programme...It was at the domestic violence court and it was instead of going to prison but he done that and it didn't change him, he was still the same after. I was a bit disappointed and I didn't see the point in it. Elise*

**Summary of key points from survivors (2.3):**

- Survivors stated they already accept most of the blame and responsibility for the abuse in their relationships and would like professionals to help change this by actively addressing the abuse directly with the perpetrator in a way that does not jeopardise the survivor's safety.
- In particular, survivors cited Social Services as an agency that could be doing more to hold perpetrators accountable for their actions.
- Current options available for perpetrators to be referred to like non-specific counselling and anger management classes were not found to be helpful and in some cases increased the risk to survivors. Additionally, survivors were also negative about specialist, often compulsory, perpetrator interventions like the IDAP programme as they did not experience any changes in their partners' behaviour after participating in these courses.

**Recommendations for H&F Strategic Partnership (2.3):**

- Specific training on working with perpetrators and holding them accountable should be offered in H&F on a regular basis and senior management of organisations could consider making this mandatory for certain frontline professionals, especially within Social Services. This training could focus on how to incorporate responses to perpetrators into professionals work along with safe interventions and working practices. The goal of this training is to integrate safe working with perpetrators into the work of statutory services in particular.
- Additionally, the MARAC could consider actions focused on interventions with the perpetrator(s) in every MARAC case and develop local protocols for more integrated working with MAPPA, the Multi Agency Public Protection Arrangements framework which joins up the agencies who manage offenders. This could help professionals share ideas and interventions across agencies and help develop a more holistic response to perpetrators in H&F.
- To meet the strategic objective of holding perpetrators accountable, the Partnership could investigate the range of specific interventions currently available to perpetrators in H&F to see if they are meeting local needs. The Partnership could also explore developing additional or innovative/voluntary perpetrator programmes locally.

**Finding 2.4: Equally, those who felt believed and supported were more confident with their choices and options. Many survivors also highlighted the power of professionals to impact their lives and safety in positive ways. In particular, survivors found it very powerful when professionals named what they were experiencing as domestic violence and helped them to understand what they were going through was actually abuse.**

Both Leah and Kathryn were hesitant to report the abuse to Police the first time. Kathryn thought that they *'had better things to do than look into harassing and hurtful emails from my ex-partner'*. Leah was embarrassed by the abuse and did not want anyone to know, including her best friends. However, both women were placed in situations in which they felt they could no longer contend with the situation on their own: Kathryn as the result of a particularly threatening email and Leah due to an assault that happened in public which left her with a broken nose and perforated eardrum. Despite their initial hesitation, both women used the same terms in describing their interaction with both frontline and CSU officers within H&F Police: *'They were brilliant.'* and *'I couldn't find fault with them.'* This was due in large part to Leah and Kathryn's impression that the Police took them seriously from the first report and *'believed and understood me'*. Leah summed up her experience with the Police in this way:

*I had brilliant help. I just hope other women are brave enough to report what is happening to them. I want women to know that if you need help, it's available. You don't have to put up with the abuse. Leah*

Many survivors agreed that having a professional name their experience as domestic violence marked a turning point in their lives. They stated that once they understood that it was 'domestic violence' or 'domestic abuse' they were experiencing – terms they were previously aware of but thought did not apply to them – they experienced a 'watershed' moment. Once they had named, acknowledged and accepted their experience as DV, they could no longer return to the relationship or approach it in the same way. For Miriam, it was the combination of support from a culturally specific service in her own language (Latin American Women's Rights Service<sup>12</sup>) and Westside that helped her understand that was she was experiencing was domestic violence

*For so long I was in this terrible relationship and inside I didn't think that this was really abuse. It took a long time and the support of professionals to make me open my eyes to what was really going on with me – domestic violence. Miriam*

For many survivors the most powerful step was learning that abuse can occur in many forms, especially emotional, and not just physical, which can all be potentially damaging. Often, this

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<sup>12</sup> The Latin American Women's Rights Service is based in London and aims to provide tools for growth to empower Latin American women in the UK to pursue personal and social change. They focus on meeting the needs, both immediate and long term, of women affected by poverty and abuse. They offer advice, advocacy, information and counselling services in a personalised, confidential and impartial manner. All our services are free and in Spanish and Portuguese. For more information please see: <http://www.lawrs.org.uk/>



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process of naming and understanding gave women the confidence to make safer choices for themselves and their children.

Both Jaclyn, who worked primarily with two professionals (at the Masbro Centre and at Westside) and Maria, who worked with a variety of professionals in H&F, had similar transformative experiences when they realised what they were experiencing was DV.

*Now because I realize that it was domestic violence – I didn't realize it was for many years – I'm being a bit cautious now and not as accepting. But it's gone on for long enough...I was denying it. I was living with that shame and guilt of not destroying my family. That's what it was that really kept me, maybe for too long I put a cover on it, which is what all of us do. And then it got out in the open and when it's out in the open there's nowhere to hide. Maria*

*Case Study – Jaclyn: In Her Own Words*

*I bring my son [to the Masbro Centre] and it was here that one of the outreach workers saw I was in a bit of a state one day – I'd just come from an argument with him – and she said 'Are you ok?' It wasn't until I spoke to her and I just told her everything that she said 'You know, you're going through domestic abuse.' And it just suddenly hit me: Oh is that what it is?! I really didn't know maybe it was a real naivety or something but I didn't have [physical] violence in mine, so I that's why didn't realise – I thought you had, you know, to be beaten up and things like that for it to be classed as that. My outreach worker has some understanding of domestic abuse and she said that you don't have to be physically hit and just went through all the different headlines that there could be, like mental, domestic abuse, and I found myself agreeing, like tick, tick tick. It was really helpful to identify my situation*

*My outreach worker at Masbro was really amazing. Best of all she believed me and took it very seriously. She acted quickly and referred me to Westside who have been supporting me since the beginning of this year. She knew a lot about domestic abuse and was sympathetic and pragmatic and still makes sure now that everything is ok when she sees me. Everything has been so much better since speaking with her and Westside. I've actually been getting the support that I needed.*

*When I started going to Westside I saw something called the Power Wheel and it was then when I was being asked questions about what happened to me that I realised I really had been through a tough time with my ex and I wanted to sort myself out. Knowledge really is the key, the more they told me about domestic abuse and what it involves the better I felt about my situation.*

Having the dynamics of DV explained to them by a specialist professional and also knowing that they were not alone in their experience was linked to survivors' on-going utilisation of services (or service-user retention within services). Working with professionals who took the time to invest in survivors' understanding of their situation created a trust in the professional DV sector. It was the combination of survivors' own increased knowledge of DV and the trust and working relationship with professionals that fostered a landscape of safety for these survivors and their children.

**Summary of key points from survivors (2.4):**

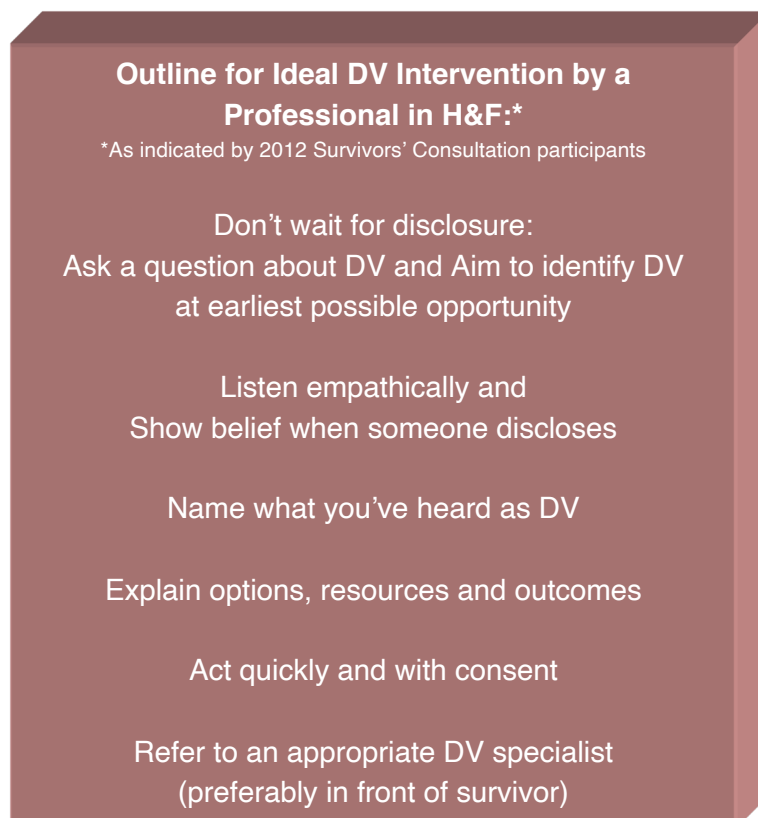
- Survivors stated that being believed by a professional when they disclosed domestic violence, especially in the first instance, had a direct impact on their trust in and continued engagement with that service.
- Working with professionals, especially in the specialist sector, who named their experience as DV and helped survivors understand the dynamics of DV helped them process and understand their experience more profoundly.



- Those women who saw what had happened to them as 'Domestic Violence or Abuse' could not envision returning to the abusive relationship and were determined to keep themselves and their children safe.

**Recommendations for H&F Strategic Partnership (2.5):**

- H&F Partnership member organisations could look at awareness raising activities for professionals and service-users about domestic violence, in order to be able to proactively identify and name this when it is happening through routine enquiry.
- Additionally, training for frontline professionals in the statutory sector should increase their skill base in communicating empathetically with victims, demonstrating belief when listening to their experiences of DV, responding in a way that names the abuse and working with the survivor to understand their experience as DV. Part of training could include explaining to professionals the link between this process and service-user retention and increased safety for survivors and children.
- The following chart outlines an ideal intervention pathway as highlighted by the experiences of survivors in this consultation. Members of the Partnership could review this and use it as a professional tool in the borough, similar to an aide memoire: to be distributed widely and kept on the desks of professionals for example.



**Finding 2.5: Many survivors spoke about how individuals in the statutory sector such as social workers, police officers and housing professionals made a positive difference to their lives and safety. However, survivors also spoke about the need for organisations to go beyond offering the support of individual professionals in order to create a culture of support across and especially within organisations.**

Survivors stressed the importance of creating safe spaces within organisations and demonstrating organisational commitment to tackling domestic violence in concrete and tangible ways. Survivors stated that organisations in H&F should clarify that DV is an issue each organisation and *ALL* of its professionals can deal with. The following are specific actions cited by survivors that could potentially assist in the transition from individual professional DV responses to the development of an organisational culture around tackling DV:

- Make sure that there are posters and leaflets about domestic violence in all public spaces and in the women's toilets (like at the Masbro Centre) – spaces where *'women won't feel threatened to look at them'* (Susanne);
- Provide an information pack for survivors on what DV is and what help is available, specifically within the organisation as well as at other local services;
- Highlight DV on websites and ensure that survivors can access DV information easily on websites or via phone lines;
- Take the opportunity to ask service-users about DV when possible within the context of regular appointments (i.e. at the GP or with your social worker);
- Ensure that there is access to a safe and protected area away from the general public when asking questions about DV or when survivors need to fill out forms regarding their experience with DV (especially at Housing Advice, 145 King Street);
- Speak to survivors about the availability of specialist DV services and refer survivors to them in a timely and transparent way.
- Mandate and provide a rolling programme of consistent training for frontline staff and managers covering DV awareness, identification and effective responses.

Survivors stated that these changes, alongside consistent training for all professionals around DV, could make the difference between a lottery system of support (in which the quality of support a survivor receives around DV depends on the individual professional or case worker to which she is assigned) versus consistent support from all professionals within statutory organisations. (Note: Survivors stated that the support they received from voluntary, specialist organisations around DV was largely consistent and almost always helpful, supportive and positive.)

**Summary of key points from survivors (2.5):**

- The support of the DV specialist sector is instrumental for many survivors in their journey to accessing safety especially through helping them name and understand what they experienced as DV.
- Outside of the specialist voluntary sector, it is still individual professionals who make a difference in the lives of survivors by believing them, supporting them and/or signposting on to the specialist sector.
- The power of single professionals to have a positive or negative impact on survivors remains a fundamental part of the survivor experience in H&F. As indicated by the experiences of participants in this consultation, survivors can experience both positive and negative responses from professionals from within the same organisation.



**Recommendations for H&F Strategic Partnership (2.5):**

- Organisations in H&F should work towards providing consistent support from *any professional* a survivor approaches. Organisations in the Partnership should look at ways of implementing cultural changes across the board within their agencies such as those listed above. The objective of these changes being that:
  - a) Survivors feel comfortable reporting DV and are confident they will be met with a basic understanding of DV; and
  - b) Survivors will be offered support either through the organisation that first identifies DV (or that she first discloses to) and/or be signposted on to an organisation that specialises in DV.
- The Strategic Group could hold a facilitated discussion of ways in which organisations could move from individual professional responses to a *whole organisation* response to domestic violence, in line with the borough's commitment to providing a coordinated community response to this issue.

## Section 3: Spotlight on communication and delivery of information by key professionals

**Finding 3.1: Survivors addressed the importance of how information is delivered and communicated with them. When processes, and especially options and outcomes, were explained to survivors in clear and consistent ways, this had a positive impact on their decision making and overall opinion of a service. When this failed to happen, survivors felt dissatisfied or even personally insulted by services.**

As cited in Section 1.2, Kathryn and Leah had very positive experiences with the criminal justice process, which they attributed to transparent communication with H&F Police and ADVANCE at every stage of their cases. Conversely, Irina did not feel the Police adequately explained the process and its potential outcomes to her, nor did they refer her to ADVANCE straightaway or give her the impression they believed what she told them. Therefore, her experience with the criminal justice system was largely negative, the exception being when her Independent Domestic Violence Advisor (IDVA) explained what happened after the case was over:

*I think it was the last time, with the most recent case, because first when I got the result I was like, 'Great, beating is now legal. Yay.' But after ADVANCE [explained] that apparently it was three people, not a single chair or judge [who made the decision] it kind of made more sense why the decision was like that. He got lucky basically but it made it easier to understand rather than being like 'Why?' Irina*

A few women, including Elise, highlighted that survivors can have their fears about Social Services confirmed, especially by asserting their power to take children away from their parents. In Elise's case, hospital staff would not allow her to take her baby home from the hospital until they contacted Social Services. The hospital did not explain its statutory responsibility around child protection nor its policy about DV to her; instead, Social Services were contacted in such a way that Elise felt undermined and unsupported when it came to the safety of her and her children and her ability to parent them.

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*Yeah, I thought my kids were going to be taken. Now obviously I got pregnant with my third child and I was in hospital when we had domestic violence and they told me I couldn't leave the hospital until they spoke to social services to say that it was safe for me to come home with my child. And I'm like well, my children are not at risk, I'm not going to harm them...he's a good dad but it was just our relationship that wasn't good. So I think they need to, I don't know, maybe educate themselves a bit more when it comes to things like that. Elise*

## **Summary of key points from survivors (3.1):**

- Clear and transparent communication by professionals about organisational policies, procedures and outcomes was cited as extremely important by survivors in this consultation.
- At times, survivors were not happy with the outcomes or actions taken by professionals in the statutory sector, and their dissatisfaction was compounded by the lack of empathy or information they received about what was being 'done to them'.
- Survivors prefer more inclusive and proactive communication from statutory services, especially around the criminal justice process and child protection/social services responsibilities.

## **Recommendations for H&F Strategic Partnership (3.1):**

- All professionals should adopt clear and consistent methods of communication with DV survivors. By default, professionals should seek to explain to survivors their options and potential actions/outcomes within their professional remit in a way that encourages survivors to feel part of the process.
- After identifying or hearing about DV for the first time, especially in cases where the survivor has children, professionals should clearly explain their organisation's statutory child protection responsibilities to the survivor. They should refer to Social Services with the awareness of the survivor. As stated in previous sections (i.e. 2.3), Social Services should communicate their processes to the survivor in a way that is empowering and does not place all the responsibility of safety on the survivor but also focuses on the accountability of the perpetrator.
- Frontline and CSU police officers should continue to explain the criminal justice process to survivors in consistent ways, and throughout the course of their involvement with a case in order for survivors to gain a thorough understanding of the process they are involved in.

**Finding 3.2: Having access to safe and suitable housing was a fundamental safety factor for all participants. However, many survivors had challenging and distressing interactions with housing professionals. This often had to do with a mismatch between survivors' expectations and what housing options the local authority in H&F could actually provide. More frequently, it was a result of the way survivors felt they were treated upon presentation at the council and the methods housing professionals used to communicate information to them.**

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Every survivor cited their housing situation as a key aspect in relation to their experience of domestic violence. Many survivors had been made homeless as a direct result of DV and were forced to leave their homes and/or communities. Some of the survivors, such as Shareen, moved from another part of London into a refuge in H&F and were encouraged to present as homeless to the Council around 6 months after entering the refuge. Shareen stated she initially had to seek information on her own about her future housing possibilities and when she first approached the council, she thought her situation was not taken seriously, nor were her options explained to her thoroughly.

*For me I don't feel housing in this area is helpful. I have talked to other women in the refuge in the same situation. I think women and children suffering domestic violence are supposed to be a priority in housing. I have been in the refuge for five months and I feel one of the people I spoke to in the council about domestic violence was very helpful. She isn't from the council but she works inside the council but she's from a domestic violence agency. I think she's from ADVANCE. But for housing, from my first interview, I feel like the people there just don't take it seriously – because they said to me, 'Are you in the refuge? Well you are not homeless. You need to wait for six months. After six months maybe you can go for a private landlord or something like that.' I think in housing people need to give you more support. The first time when I came to the refuge, I had been there for 1-2 months before anyone gave me any advice about housing, where to go, where to apply for housing, what to do, what not to do. I had to find out everything by myself...My key-worker eventually contacted the person inside of the council who works for the domestic violence agency and I also did a lot of research on the internet by myself and found out about housing in this area. Shareen*

It is important to note that Shareen felt she received different and more helpful treatment from the ADVANCE Housing IDVA (Independent Domestic Violence Advisor) based at the Council than from the housing advice staff. Additionally, she felt she needed to seek out information for herself and only spoke to the Housing IDVA because her key-worker at the Refuge intervened and contacted the IDVA on Shareen's behalf. Shareen also stated that there was a mismatch in how she was treated and the fact that she was in 'priority' need. Because of how quickly she was dismissed by the Council the first time, she did not feel her case was given priority, nor did she take away the impression that DV was an issue generally treated with priority by H&F Housing.

Romana also did not have a positive experience when she approached the Council. She was told that despite her age (over 65) she was not a priority and was given all options available to her at the time: to rent privately, enter sheltered accommodations, or go into a bedsit. She felt that the housing officer lacked empathy for her situation and did not understand the dynamics of DV. She stated the way the options were explained to her made returning to her home and the abuse seem like her only option.



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*My experience was that, and it was not very good, was that I went to Hammersmith & Fulham Council and they told me, well you are over 60, you are not a priority, eventually we can give you a bedsit. I just want to have my life back and they tell me I'm not a priority, you don't have any chance, go and rent private. How can a woman 65 years old with a suitcase in hand just show up to a landlord and ask for a place to live? What if he puts up the rent? How can we pay? We need security. We need piece of mind for the first time in our lives, because we have been prisoners in our homes for many years. The Council also said possibly a sheltered home for me. I think sheltered home and I think asylum. It's a place where you go to die. I want to enjoy now the little bit of freedom I've gained because I've managed to break away from the domestic violence. So they should be a little bit more sensitive. I left shaking and crying and I said I might as well go back to my husband, to my home because I'm not going to go to what seems like a cell and stay there until I die. I didn't think I really could go anywhere else. Romana*

Lorena felt that her housing options were not explained in a way that demonstrated an understanding of DV and that her individual circumstances were not taken into consideration when she approached the Council. She was not given the opportunity to speak with the Housing IDVA and she especially felt singled out and conspicuous when filling out the 'DV' housing application form in the main public seating area, not having been offered a separate place to complete the forms. Like other survivors, Lorena left with the impression that professionals within the Council's Housing Advice department do not believe DV survivors or prioritise DV as an issue.

*Yeah, when I went to housing here to see what kind of help they could give, they told me it was standard procedure that they don't take individual's stories into account. They said to me, move to Margate, even though I've grown up here and have all my friends and support network here in this borough and if I moved to Margate, I would be totally isolated. And they said to me, "If we house you because of domestic violence then everyone's going to have that problem, aren't they?" And I was like, wow, that's really rude. This was in March 2012. I was not given the opportunity to speak to the housing worker [IDVA] that the other women have talked about. I waited for three hours to be seen and there's no queue there, they just pick whom they want to see and they told me that they were going to offer me the same things even though my circumstances had changed. Like I said you have to write everything down and bring it all back to them, so there are loads of people looking at you because there's this big, bright red form that says 'domestic violence' on it in big letters. So, there are people looking at you like 'oh...'. It's not right. Lorena*

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Similarly, Romana approached housing on her own armed with all the 'right' evidence, her case having been to the MARAC and having been advised of what to bring by her IDVA at ADVANCE. She was told that despite all of this, housing would make its own assessment. .

*Well, I took all my papers to the Council from the GP, from ADVANCE, from the MARAC they said, well it doesn't make a difference, we have to make our own assessment. This was in May 2012. Romana*

Romana left the Council confused and questioning the authority of other services who had advised her. This highlights how one service can undermine another and impact on a survivor's experience of the entire H&F partnership, which should be working together in a coordinated way to keep her (a high risk DV survivor) safe.

Certainly many survivors would have preferred if the local authority had offered them what they perceived to be 'better' and more 'suitable' housing options, but many felt that the way that the limited options were communicated to them was part of the problem.

Sylvia, a working mother of two, initially approached housing as homeless and was told that she was not homeless because she had a flat that her husband no longer lived in and her only option was to apply for housing benefits to help her remain there. She agreed to do this, but experienced a variety of problems in the process. At first she felt she was 'blown off' by the worker with whom she initially filed her benefits claim. Sylvia did not hear anything for a long time and had to have her worker at Minerva intervene when it was clear that her claim was lost and she would have to file again, due to no fault of her own. Throughout this process, Sylvia felt she was largely met with arrogance from housing benefit professionals and it was not until she had been to the Council a number of times that she met with someone who was helpful and considerate regarding her situation.



*Case Study – Sylvia: In Her Own Words*

*Where I had trouble was with the housing benefit. Obviously because my husband is not in the house anymore, I needed somewhere to live. I had no experience of filling out these papers before, and they are extremely complicated. On top of that I was seen by a woman who just wanted to go on holiday – who literally put my housing benefit claim underneath in a pile and no one could find it. I kept calling and calling and no one knew where it was – it was just in a pile and it was not until Minerva actually intervened, since I instructed my worker that she could deal with my case because I was in such a state that I couldn't even pay my rent.*

*No one wanted to give me any social housing because I had a place to stay. I could not go into any B&B or anything. I was told I had to physically be threatened by my ex-husband if I was going to get anywhere to live. I am still in a horrendously expensive flat, no one is going to help me, I can't get a cheaper one. And even if I find a cheaper one, I can't move because no one wants someone on housing benefits, with a part-time job, single mum with 2 children.*

*When eventually before Christmas they finally found my claim, the time limit on my housing benefit application had gone out. So, I couldn't produce my self-employment income, my profit and loss account in the time they wanted. No one said they wanted it, and now of course they want it, but then the time ran out, so they closed my claim. And now I have to do it again. Literally they told me, we are not going to back date your claim, because this is your fault. It wasn't my fault because if someone had told me within 7 days they needed this info, like they are supposed to, I could have produced it.*

*I'll tell you one thing, on the 8<sup>th</sup> of April I was in the Housing Benefit office with my self-employment account, that I did over Easter, because I wasn't going to go through those problems again. So I'm still waiting to see how that's going to go. But I have never been met by so much arrogance in any place, EVER. I was literally on the floor crying on a chair and it was one lady who found me when I came back with my claim and said if you come in with your things tomorrow, there is going to be someone nice sitting at the desk. And you know what? It was the same woman was sitting there. She knew that she was going to be there the next day. Sylvia*

Danielle is currently living in a refuge in H&F and is aware of the reality of the lack of social housing in this borough. She still finds it frustrating and confusing for her family's welfare that she and her three children, who have just settled locally, will need to uproot themselves again when they are housed outside the borough. However, having her key-worker at the refuge explain this to her beforehand prepared her for what she will face when she presents at the council near the end of her 6 month tenancy at the refuge.

*I asked my key-worker at the refuge what will happen if I present as homeless in Hammersmith, because our tenancy at the refuge is 6 months. Once the 6 months has passed, we go to Hammersmith and Hammersmith can decide to plonk us anywhere. I've got three kids, my son is 13, I've got a 4 year old and I've got a 1 year old. You tell me my son has to move schools...My son has already started school in Hammersmith right, and they want to throw me for example in Kent. There's no connection there. They [the council] don't seem to correlate that the kids are settled now so, it's easier to be housed here... So I've been told that I need to go the council at Hammersmith & Fulham and they are going to house me after six months and they can plonk me anywhere when I go on the day. It's unsettling for a child. I just can't have that. I have three children. Danielle*

Danielle's experience with housing highlights the importance of agencies working together in a coordinated way, understanding one another's remits and resource realities to support survivors to understand and accept them as well, alongside finding suitable solutions to promote safety. Survivors stated that professionals need to work together to support them in better ways. Responses that were coordinated and consistent, which promoted safe and suitable solutions for DV survivors, especially around housing and accommodations were most beneficial for the survivors in this consultation.

**Summary of key points from survivors (3.2):**

- During the recent period of diminishing resources in both the statutory and voluntary sector, many survivors experienced the reality of limited options, especially in sectors like housing. Survivors stated the importance of being believed by professionals when they approach housing and also having their potential options explained to them in sensitive and realistic ways, understanding that their expectations or needs may not be met by every service.
- Survivors did not feel that the Council took their experience of DV seriously; despite in many cases being able to evidence what had happened to them. Moreover, survivors were under the impression, based on the responses they received from housing, that DV is not an issue that the social housing services in H&F take seriously. Even the survivors who were found to be in priority need of social housing (and for whom the borough had accepted the duty to re-house) felt that their individual needs were not taken on board and that there was a dissonance in them being a 'priority' but not feeling like one based on the council's (housing professional's) response.
- Additionally, very few survivors in this consultation were offered the chance to speak with the Housing IDVA within the council. Those who were supported by the IDVA felt the way she communicated information and options to them was beneficial and had a positive impact on their experience of the council. Those who were not referred to the Housing IDVA stated that they would have preferred this option if possible, to help them negotiate and understand what felt like a complex and at times unfair system.

**Recommendations for H&F Strategic Partnership (3.2):**

- Professionals may not be able to meet survivors' expectations in terms of services and resources, but it is within their power to control the *means and methods* through which information is communicated. Therefore, all professional training should highlight how to deliver empathetic and transparent responses to DV. Managers of frontline staff in housing should reiterate this message to the professionals in their teams.
- Housing should produce and distribute clear guidelines about what a DV should expect when approaching the council to inquire about her housing options. These guidelines should be available to both survivors and other professionals outside the borough so that survivors received a consistent message about what housing options are available. These guidelines should be reviewed regularly in line with any local or national developments regarding housing policy, strategy and legislation.
- Survivors who approach Housing Advice should be offered a safe and inconspicuous place apart from other customers to complete the DV form to guarantee their safety and anonymity.
- All women (single women, women with children, women with no recourse to public funds, etc.) who disclose DV at the council should be afforded the opportunity to speak with a DV specialist/Housing IDVA at the time they present. If this is not possible, Housing Advice could consider training and naming 3 first responders and 2 managers as the DV leads within the advice team, who could be called upon to advise on or deal with any case of DV, ensuring that each survivor is at least referred on to a specialist service and given an opportunity to explore all of her options. This is especially important in cases where the survivor will not be found in priority need, in order to ensure that she receives on-going support about safety and options from the most appropriate service.
- All professionals can work together across sectors to support survivors in coordinated and consistent ways that utilise limited resources to promote safe and suitable solutions for DV survivors, especially around housing and accommodations.

## Section 4: Survivor pathways through services and reaching ‘Turning Points’ in survivor safety

**Finding 4.1: When asked about their experiences accessing support, from the point of primary disclosure/identification through all subsequent interactions with services, almost all survivors were able to cite a ‘turning point’ moment when they began to believe their situation would improve.**

Participants in this consultation contacted between 2 and 12 agencies looking for support around their experience of domestic violence. On average, participants contacted 4 agencies before reaching a ‘turning point’ when they believed that their situation was going to improve. Turning points are linked to long-term safety for the survivor and their children, along with positive opinions of services and consistent engagement with professionals.

Chart 4.1 below outlines the disclosure and service pathway followed by 17 out of 20 survivors in this consultation. (A full pathway was unclear for the remaining three participants.) Also listed is the specific type of support or outcome that was particularly helpful for each survivor.

*My turning point would be Advance and Thien and Annette. They are very lovely. And going to court two weeks ago for the first hearing and them giving me a sample for how to write your statement for the injunction. And then Thien and I kept sending back and forth the document to see if it was okay. So she was great with that, and I really appreciate it. So then being in the court I think was actually the first time I found my strength and I’m going back [next month] and they are coming with me when he, well I don’t know if he is going to turn up and finally...my turning point was, and I don’t know if this is the case for everyone, but even if you have that one person, or someone who comes and says that it’s ok, they believe you and that can make the whole difference for you to get that hope. Irina*

It is important to note that almost all of the survivors, with 2 exceptions, specifically cited a DV specialist service as instrumental in their turning point. 41% listed some form of support from ADVANCE/Minerva as their turning point, 35% stated it was the support they received in the refuge, and 12% stated that it was Westside Floating Support that was the most helpful in believing their situation would get better. For almost a quarter of women (24%), it was a combination of services and the joint support they received that influenced their turning points.

*In my experience, you have to speak up for yourself, you have to want to be helped you need to be at a turning point in your life. I spent ages not knowing what to do, who to go to where to turn but once I opened up to someone at the Masbro Centre it was the best thing I could have done. Jaclyn*

The shortest paths to turning points and long-term safety often occurred when H&F services worked together in a coordinated way to support survivors. Notably, H&F Police working together with ADVANCE allowed 24% of survivors to reach their turning point having only to contact 2 organisations, which is below the average of contact with 4 organisations.

Another 18% contacted only 3 organisations before they found their turning point through support in an H&F refuge. The 24% of survivors that had to contact well over the average of 4 organisations to reach their turning point all had experiences with organisations outside of H&F.

**Chart 4.1: Survivor Pathways and Turning Points**

	<b>Service/Disclosure Pathway</b>	<b>No of agencies contacted</b>	<b>Turning Point Highlight</b>
1	Search on Computer → Women's Aid → Hestia Refuge → H&F Housing → Watford Housing*	4	Being accepted by Watford Council and not having to move again
2	H&F Police → ADVANCE*	2	Support from ADVANCE to get injunction
3	H&F Police → ADVANCE/Minerva*	2	Support from Minerva with practical needs – housing benefits/CVs
4	College → support org (not H&F) → 4 Refuges (not H&F) → GP → ADVANCE*	8	Emotional support from ADVANCE and help with housing
5	Computer → CAB → Mediation → Masbro Centre* → Westside*	5	Masbro for identifying domestic violence and Westside for helping understand dynamics of dv
6	Yellow Pages → Women's Aid → Hestia Refuge* → Westside	4	Refuge for immediate safety and Westside for long-term emotional support
7	Phone Operator → Women's Aid → Hestia Refuge* → Westside	3	Refuge for safety and for communal support from other residents
8	Police (not H&F) → support org (not H&F) → H&F Police → ADVANCE*	4	ADVANCE first agency in 4 years to be helpful; support getting injunction
9	Police (not H&F) → Social Services (not H&F) → support org (not H&F) → Social Services (not H&F)* → Women's Aid → Hestia Refuge* → Housing IDVA	6	Social worker for encouraging her to enter refuge and refuge for finally providing safety and respite from violence
10	H&F Police → H&F Social Services → ADVANCE → West London Action for Children*	4	WLAFC for providing long-term support and counselling
11	H&F Police → ADVANCE*	2	ADVANCE providing support through criminal court

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12	Friends → Police (not H&F) → Social Services (not H&F) → Solicitors → Other friends → CAB → Latin American Women's Rights Service* → Refuge* → GP (H&F) → Health Visitor (H&F) → H&F Social Services → Westside	8	LAWRS for emergency shelter and Refuge for sorting out no recourse status, benefits, immigration
13	H&F Police → Westside*	2	Westside's monthly support group
14	H&F Police* → ADVANCE*	2	Both services offered consistent support; clearly explained criminal process to her and received restraining order against ex-partner
15	Friend → Social Services (not H&F) → Hestia Refuge*	3	Support and community within refuge
16	Antenatal staff → H&F Social Services → H&F Police → ADVANCE*	4	ADVANCE's support through court and getting restraining order
17	Local Authority Housing Services (not H&F) → Social Services (not H&F) → Hestia Refuge*	3	Support and safety in H&F refuge

## **Summary of key points from survivors (4.1):**

- From the perspective of self-identified 'turning points', it is clear that:
  - Support from the DV specialist sector is vital in improving survivors' confidence in their situations and ability to live safely outside of an abusive relationship and
  - Effective coordination between the voluntary specialist sector and the statutory sector in H&F, for example between Police and ADVANCE, leads to survivors accessing a variety of safety planning and support in timely ways.
- Effective coordination of this kind:
  - Prevents survivors from having to repeat their experience to a variety of professionals;
  - Prevents survivors from dealing with individuals who do not support them effectively nor understand the dynamics of DV (and potentially discouraging them from accessing future support);
  - Protects survivors as it is focused on early intervention:
    - Offering positive support that is taken up at the earliest possible opportunity increases the safety of survivors and could prevent further abuse down the line.
- For 100% of these survivors, H&F specialist services worked to provide them with the means to improve their safety, leave their abusive relationships and believe that their lives were going to be better and safer as a result of the support they received.

## **Recommendations for H&F Strategic Partnership (4.1):**

- The Partnership should look at ways to streamline the turning point pathways for survivors of DV in H&F by recognising and promoting:
  - a) The essential importance to survivor support and safety of the DV specialist sector but also
  - b) The responsibility of statutory agencies who will come into contact with DV survivors, perpetrators and children (like housing, social services, the police) to proactively identify DV and respond effectively to this issue – which is *ALL statutory agencies in the borough*. Their responses to DV should be both internal (what each agency can do specifically in each case of DV) and external



# **STANDING TOGETHER**

against domestic abuse

(which organisations they can refer to, work and share information with in a consistent, responsible and coordinated way).

- All agencies can actively contribute to ensuring survivors' turning points happen for them at the earliest possible opportunity. Statutory professionals can do this through early, proactive identification, offering empathetic and belief-focussed support, responding effectively and appropriate within each organisation to the survivors needs and ensuring that survivors are connected with DV specialist support.
- The Partnership can also support the development of improved referral pathways between specialist DV sector organisations and the statutory sector in H&F to reduce the number of organisations that a survivor needs to contact to reach a turning point of confidence and safety, and to improve professionals' ability to intervene and support survivors at earlier stages.



## Section 5: On-going and future survivor consultation

**Finding 5.1: Survivors cited the importance of peer support and the collective power of groups of survivors meeting and encouraging one another as part of their continued recovery and development. All 20 participants in this consultation agreed to participate in future consultation and on-going feedback regarding operational and strategic development in H&F.**

*Can I just ask a quick question? Is there a place that we can network?  
To give each other advice? Like a website? Susanne*

As part of this consultation, each participant was asked if they would be willing to participate in on-going survivor feedback. Every woman agreed to be part of future consultation, citing the importance of these exercises in highlighting the voices and experiences of survivors and the potentially positive impact they could have on other women who are experiencing DV in H&F. Survivors noted that various forms of feedback collection would be helpful:

- Additional/more regularly scheduled facilitated focus groups;
- Internet feedback surveys;
- 'Customer-satisfaction' telephone calls regarding DV support;
- An anonymous online forum for survivors in H&F;
- Regular survivor attendance at strategic partnership meetings;
- Developing regular meetings for survivors to talk about their experiences and offer each other support and advice and feedback to organisations about their positive and negative experiences.

*It's really important women stick together and don't suffer alone.  
There should be more support groups for women who are trying to  
sort themselves out and give them a chance to extend their social  
groups as Domestic Abuse is so isolating. Jaclyn*

### **Summary of key points from survivors (5.1):**

- Survivors would like to see this type of consultation occur more regularly.
- Survivors also would like more flexible, creative methods of consultations implemented more regularly.
- Survivors are interested in having an on-going voice and presence in the strategic partnership in H&F.
- Survivors who have participated in this consultation would like to participate in others in the future, if it will positively benefit other women who have experienced domestic violence.



- Survivors in H&F would like the opportunity to network together and support and learn from each other, either through a safe online forum or face to face meetings.

#### **Recommendations for H&F Strategic Partnership (5.1):**

- The Partnership should consider commissioning annual consultations in H&F of this kind and also collecting survivor feedback on an on-going basis using additional methods such as :
  - Internet feedback surveys;
  - 'Customer-satisfaction' telephone calls regarding DV support;
- The Partnership could consider forming a survivors group, starting with the women involved in this consultation that would have a presence within the Partnership in H&F. This could potentially be developed in partnership with Kensington & Chelsea and Westminster as they both have pre-existing survivors groups.
- The Partnership could consider developing a survivors' forum, with an online component, for local survivors to network and offer support safely and anonymously.
- The Partnership could consider commissioning additional survivor consultations specifically focussing on:
  - The experience of male and Lesbian, Gay, Bisexual and Transgendered (LGBT) survivors as those groups were not covered in this consultation;
  - Survivor feedback on the health sector's response to DV as this was not sufficiently addressed by this consultation, which focused on the entire coordinated community response in H&F.

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## Part Three: Summary of Recommendations

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### Section 6: Summary of key points and recommendations based on survivor feedback within this consultation

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The following section summarises recommendations made throughout this document. The recommendations are divided into sub-sections, which are either directed at various professionals within the H&F Domestic Violence Strategic Partnership or the Strategic Group of the Partnership itself. The recommendations highlight actions that could be incorporated into H&F's current coordinated community response to domestic violence, with the primary objective of making a significant and positive difference in the lives of DV survivor, thereby helping them reach their "turning points" at ever earlier stages.

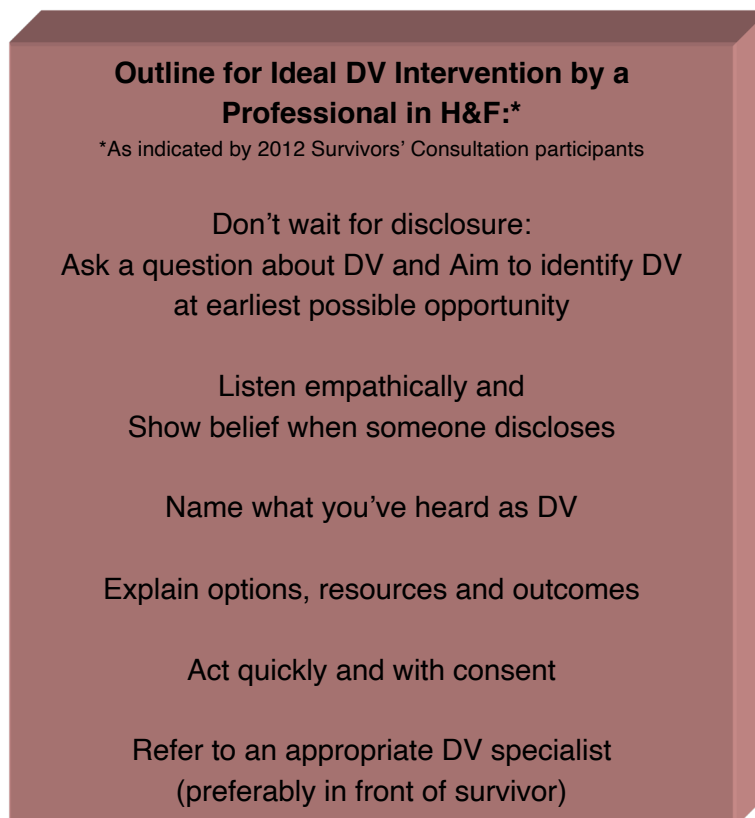
Implementing just some of these recommendations could have a positive impact in H&F by increasing the safety of survivors and their children while reducing potential risk, holding perpetrators to account, and improving organisational responses to DV across the voluntary and statutory sectors. All recommendations are focused on expanding the borough's coordinated community response to DV in realistic and achievable ways.

#### **6.1 H&F Strategic Partnership (All agencies, particularly Statutory):**

##### **6.1.1. Policies and Protocols:**

1. Contributing Partnership agencies should continue their funding commitments in order to maintain at least the current levels of specialist support service provision, including crisis, floating support services, and practical support, as this is fundamental to maintaining survivors' short-term and long-term safety.
2. The Partnership should ensure that a consistent and positive support response around DV is being delivered across member organisations, as this sends a strong message to survivors that professionals are working together to help them rebuild their lives and are committed to tackling DV.
3. The joint work of the Police and ADVANCE should be highlighted by the H&F Partnership as one of the most successful forms of supportive partnership work currently practiced in the borough, according to survivors.

4. The H&F Partnership should explore awareness raising activities around domestic violence targeted at the general public; especially around what is domestic violence, how to recognise if an individual or someone they know are experiencing DV, and what they can do once DV is identified.
5. H&F Partnership organisations could develop awareness raising activities for professionals about domestic violence, in order to be able to proactively identify and name this when it is happening through routine enquiry. Additionally, the Partnership could implement awareness-raising activities amongst professionals to highlight the range of abuse that constitutes domestic violence.
6. Members of the Partnership could review the following chart (which outlines an ideal intervention pathway as highlighted by the experiences of survivors in this consultation) and use it as a professional tool in the borough, similar to an aide memoire: to be distributed widely and kept on the desks of professionals for example.



7. Organisations in H&F should work towards providing consistent support from *any professional* a survivor approaches. Organisations in the Partnership should look at ways of implementing cultural changes across the board within their agencies such as those listed below:
  - a) Make sure that there are posters and leaflets about domestic violence in all public spaces and in the women's toilets (like at the Masbro Centre) – spaces where *'women won't feel threatened to look at them'*;

- b) Provide an information pack for survivors on what DV is and what help is available, specifically within the organisation as well as at other local services;
- c) Highlight DV on websites and ensure that survivors can access DV information easily on websites or via phone lines;
- d) Take the opportunity to ask service-users about DV when possible within the context of regular appointments (i.e. at the GP or with your social worker);
- e) Ensure that there is access to a safe and protected area away from the general public when asking questions about DV or when survivors need to fill out forms regarding their experience with DV (especially at Housing Advice, 145 King Street);
- f) Speak to survivors about the availability of specialist DV services and refer survivors to them in a timely and transparent way.
- g) Mandate and provide a rolling programme of consistent training for frontline staff and managers covering DV awareness, identification and effective responses.

The objective of these changes being that:

- Survivors feel comfortable reporting DV and are confident they will be met with a basic understanding of DV; and
  - Survivors will be offered support either through the organisation that first identifies DV (or that she first discloses to) and/or be signposted on to an organisation that specialises in DV.
8. The Strategic Group could hold a facilitated discussion of ways in which organisations could move from individual professional responses to a *whole organisation* response to domestic violence, in line with the borough's commitment to providing a coordinated community response to this issue.
  9. All professionals should adopt clear and consistent methods of communication with DV survivors. By default, professionals should seek to explain to survivors their options and potential actions/outcomes within their professional remit in a way that encourages survivors to feel part of the process.
  10. The Partnership should look at ways to streamline the turning point pathways for survivors of DV in H&F by recognising and promoting:
    - a) The essential importance to survivor support and safety of the DV specialist sector but also
    - b) The responsibility of statutory agencies who will come into contact with DV survivors, perpetrators and children (like housing, social services, the police) to proactively identify DV and respond effectively to this issue – which is *ALL statutory agencies in the borough*. Their responses to DV should be both internal (what each agency can do specifically in each case of DV) and external (which organisations they can refer to, work and share information with in a consistent, responsible and coordinated way).
  11. All agencies can actively contribute to ensuring survivors' turning points happen for them at the earliest possible opportunity. Statutory professionals can do this through early, proactive identification, offering empathetic and belief-focussed support, responding effectively and appropriate within each organisation to the survivors needs and ensuring that survivors are connected with DV specialist support.

12. The Partnership can also support the development of improved referral pathways between specialist DV sector organisations and the statutory sector in H&F to reduce the number of organisations that a survivor needs to contact to reach a turning point of confidence and safety, and to improve professionals' ability to intervene and support survivors at earlier stages.

#### **6.1.2. Training:**

13. Management of frontline staff in all key statutory agencies in H&F should ensure through specific trainings/briefings that their employees know which local services are available, can make a referral to the most appropriate service with the consent of and in the presence of the survivor, and being able to do a basic level of safety planning with the survivor.
14. The H&F Partnership should review its training strategy to explore ways in which all frontline professionals can receive training to proactively identify domestic violence through routine enquiry. This could have a direct impact on earlier identification and interventions and fewer missed opportunities for DV detection and support in H&F.
  - a) In particular, senior management of statutory, non-specialist Partnership organisations should take responsibility for providing in-house DV training (or release staff to attend external training) which covers signs of DV, how to proactively identify DV, how to discuss DV with service-users, accurate knowledge about local resources and specialist services to which they signpost survivors and/or refer to for professional advice and support, and basic safety planning techniques.
  - b) Training should focus not just on building or maintaining a professional culture of signposting on to DV specialist services but should look to expand its focus; Training should emphasize how the statutory sector can respond proactively to domestic violence, cultivating confidence in professionals that (especially in a time of diminishing resources) allows them to take fuller responsibility around this issue and help close the critical gap of missed interventions.
  - c) Professional training could include how to ask the survivor if she has disclosed previously to another organisation/professional or if this is her first disclosure. Professionals could be made aware that especially if this is first disclosure they have an opportunity to support the survivor in a meaningful way that could prevent further violence from occurring or escalating.
  - d) DV awareness raising training for non-specialist professionals could cover how to deliver empathetic, believing responses when DV is identified or disclosed and the link between this kind of response and continuity of service-usage by survivors.
  - e) Additionally, training for frontline professionals in the statutory sector should increase their skill base in communicating empathetically with victims, demonstrating belief when listening to their experiences of DV, responding in a way that names the abuse and working with the survivor to understand their experience as DV. Part of training could include explaining to professionals the link between this process and service-user retention and increased safety for survivors and children.
15. Specific training should be targeted at addressing offending behaviour and working with perpetrators (as opposed to referring clients to couples counselling or mediation). This type of training should be offered in H&F on a regular basis and senior management of organisations could consider making this mandatory for certain frontline professionals, especially within Social Services. This training could focus on



how to incorporate responses to perpetrators into professionals work along with safe interventions and working practices. The goal of this training is to integrate safe working with perpetrators into the work of statutory services in particular.

### **6.1.3. Working with Perpetrators:**

16. The MARAC could consider actions focused on interventions with the perpetrator(s) in every MARAC case and develop local protocols for more integrated working with MAPPA, the Multi Agency Public Protection Arrangements framework which joins up the agencies who manage offenders. This could help professionals share ideas and interventions across agencies and help develop a more holistic response to perpetrators in H&F.
17. To meet the strategic objective of holding perpetrators accountable, the Partnership could investigate the range of specific interventions currently available to perpetrators in H&F to see if they are meeting local needs. The Partnership could also explore developing additional, or innovative/voluntary perpetrator programmes locally.

### **6.2. Local Specialist DV Services:**

18. Support services, especially ADVANCE, should provide intensive support in the first four weeks after first referral to the service with at least current levels of contact, but preferably with increased support and contacts made to each survivor.
19. Support services should continue with case allocation to a single advocate or support worker when possible who can advocate on behalf of a survivor when/if necessary.

### **6.3 H&F Police and ADVANCE:**

20. Police should continue to refer ALL high risk survivors to ADVANCE *immediately* after an incident; further investigation by Senior Management of H&F Police is needed to explore missed opportunities for referral to ADVANCE by both first responders and CSU officers. This should be fed back to the Partnership's Strategic Group.
21. Special measures should be explained and offered by police officers as soon as possible after the survivor first reports DV to the Police. This conversation and the decision of the survivor should be noted in the case file and should be re-visited with the survivor well before the trial, if the case proceeds to that level.
22. Police officers and ADVANCE should continue to work together to ensure that a holistic package of support is offered to *every* survivor who reports DV to the police. This should involve intensive support in the first four weeks after reporting and should continue throughout and beyond the criminal justice process when necessary.
23. Police, especially in the CSU, and ADVANCE should continue to employ frequent, timely, consistent, and varied means of communication with survivors (i.e. by email, text and phone).
24. Frontline and CSU police officers should continue to explain the criminal justice process to survivors in consistent ways, and throughout the course of their involvement



with a case in order for survivors to gain a thorough understanding of the process they are involved in.

25. Police and ADVANCE should continue to give immediate feedback to survivors when possible. In particular, ADVANCE should continue to contact survivors from court with immediate feedback about their cases.
26. Police and the Crown Prosecution Service should do everything possible to secure a plea at the earliest opportunity from perpetrators whose case has arrived in court.
27. Police and ADVANCE should continue to take victim impact statements at the earliest opportunity from survivors in all cases where appropriate.

#### **6.4. H&F Housing Advice and Options:**

28. Professionals may not be able to meet survivors' expectations in terms of services and resources, but it is within their power to control the *means and methods* through which information is communicated. Therefore, all professional training should highlight how to deliver empathetic and transparent responses to DV. Managers of frontline staff in housing should reiterate this message to the professionals in their teams.
29. Housing should produce and distribute clear guidelines about what a DV should expect when approaching the council to inquire about her housing options. These guidelines should be available to both survivors and other professionals outside the borough so that survivors received a consistent message about what housing options are available. These guidelines should be reviewed regularly in line with any local or national developments regarding housing policy, strategy and legislation.
30. Survivors who approach Housing Advice should be offered a safe and inconspicuous place apart from other customers to complete the DV form to guarantee their safety and anonymity.
31. All women (single women, women with children, women with no recourse to public funds, etc.) who disclose DV at the council should be afforded the opportunity to speak with a DV specialist/Housing IDVA at the time they present. If this is not possible, Housing Advice could consider training and naming 3 first responders and 2 managers as the DV leads within the advice team, who could be called upon to advise on or deal with any case of DV, ensuring that each survivor is at least referred on to a specialist service and given an opportunity to explore all of her options. This is especially important in cases where the survivor will not be found in priority need, in order to ensure that she receives on-going support about safety and options from the most appropriate service.
32. All professionals can work together across sectors to support survivors in coordinated and consistent ways that utilise limited resources to promote safe and suitable solutions for DV survivors, especially around housing and accommodations.

#### **6.5. Health-Related Organisations in H&F:**

33. Senior membership from the health sector of the H&F Partnership should review their activities around early intervention and identification of domestic violence and report



back to the Partnership with gaps and examples of best practice (as this was not captured in the consultation).

#### **6.6. H&F Social Services/Child Protection:**

34. After identifying or hearing about DV for the first time, especially in cases where the survivor has children, professionals should clearly explain their organisation's statutory child protection responsibilities to the survivor. They should refer to Social Services with the awareness of the survivor. Social Services should communicate their processes to the survivor in a way that is empowering and does not place all the responsibility of safety on the survivor but also focuses on the accountability of the perpetrator.

#### **6.7. Future/On-going Survivor Consultation:**

35. The Partnership should consider commissioning annual consultations in H&F of this kind and also collecting survivor feedback on an on-going basis using additional methods such as :
  - a) Internet feedback surveys;
  - b) 'Customer-satisfaction' telephone calls regarding DV support;
36. The Partnership could consider forming a survivors group, starting with the women involved in this consultation that would have a presence within the Partnership in H&F. This could potentially be developed in partnership with Kensington & Chelsea and Westminster as they both have pre-existing survivors groups.
37. The Partnership could consider developing a survivors' forum, with an online component, for local survivors to network and offer support safely and anonymously.
38. The Partnership could consider commissioning additional survivor consultations specifically focussing on:
  - a) The experience of male and Lesbian, Gay, Bisexual and Transgendered (LGBT) survivors as those groups were not covered in this consultation;
  - b) Survivor feedback on the health sector's response to DV as this was not sufficiently addressed by this consultation, which focused on the entire coordinated community response in H&F.

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## Appendix 1: Focus Group Consent Form

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**Participant Consent Form**  
**Domestic Violence Survivors' Consultation in the  
London Borough of Hammersmith & Fulham**  
**Completed on behalf of Standing Together Against Domestic Violence by  
Meghan E. Field, Independent Consultant**

### **Introduction**

Standing Together Against Domestic Violence (STADV) coordinates the strategic partnership to tackle domestic violence in Hammersmith & Fulham. STADV supports integrated working amongst professionals and a coordinated community response to anyone affected by this issue in the borough. A key aspect of this work is a commitment to placing survivors at the centre of the partnership's efforts.

In practice, survivors' and practitioners' perspectives are captured by operational groups within the partnership and, as such, influence the strategic priorities and actions undertaken by its members. This consultation attempts to expand this process by gathering feedback from those who have experienced the services of agencies in H&F first-hand. The overall objective of this consultation is to improve women's safety by hearing directly the experiences of individuals and using them (anonymously) to improve agency practice.

### **Process**

This consultation focuses on understanding the primary reporting experience of domestic violence survivors in H&F and how services supported them subsequently in order to see how the 'Coordinated Community Response' is working in the borough.

There will be one consultation session ('focus group') at the Masbro Centre, Shepherd's Bush W14 0LR from 10-11.30am on 11 May with up to 10 participants, lasting 90 minutes. This session will be co-facilitated by two independent consultants, Meghan Field and Sara Acton. For attending the session, you will receive a high street voucher.

During the session, you will be asked about your experiences on first reporting domestic violence to professionals and any subsequent agency interventions. You will be asked what was helpful and if you had specific experiences with the voluntary sector, criminal justice system, family and/or health services you want to talk about. There are no right or wrong answers to the questions that will be raised in the group; the important thing is for you to share your experience and opinions.

There will be time after the session to speak with the facilitators in more depth if needed or requested.

The findings from the consultation will be used to write a written report aimed at and presented to key stakeholders at the H&F Strategic Partnership Group in September 2012 with the



objective to help improve the Partnership’s responses to survivors of domestic violence. All participants in the consultation will be able to read and retain a copy of the final report.

**Confidentiality**

**Your participation in this consultation is completely voluntary. You may withdraw from this consultation at any time without penalty.**

All information obtained in this study will be kept strictly **confidential**. All participants will be asked not to disclose anything said within the context of the discussion. The session will be audio-recorded and notes will be taken to make an accurate record of what is said for use in report writing. Tapes, notes and materials will be returned to STADV to be kept in a secure, locked location and then destroyed. Your identity will be anonymous in the consultation, and any publications that arise from the research. No information provided by participants that would enable others to identify particular individuals will be permitted to enter the public domain. All data collected will be stored on a password protected office computer, which is stored securely. Once the project is complete, the data will be removed from the hard drive, and securely stored by STADV in line with the 1997 Data Protection Act.

**Consent**

**By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this consultation. Your signature also indicates that you have given permission to be audiotape recorded during the focus group. You will be provided with a copy of this form.**

**Participant's signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Consultant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you have any further questions about this consultation, please contact Meghan Field, 07950 963 730, meghanfield@yahoo.com.

**About the Consultant**

Meghan E. Field has over 12 years of experience working to tackle violence against women and girls (VAWG), both in the Americas and in the UK. She is a CAADA-trained Independent Domestic Violence Advisor and managed a West London IDVA Service for three years at Woman’s Trust. She was the Domestic and Sexual Violence Services Coordinator and a Senior Community Safety Officer for the Royal Borough of Kensington & Chelsea, where she directed the Borough’s Strategic Partnership. Currently, she is a trustee on the board of three international development charities and has recently started her own business specialising in freelance consultancy and training on VAWG policy and interventions.

**About the Co-facilitator:**

Sara Acton has worked in the domestic abuse sector for the past nine years. She qualified as



a CAADA accredited independent domestic violence advisor with the pioneering charity ADVANCE. Sara has used her specialist expertise to improve multi agency practice in addressing the issue of domestic abuse and worked to improve the response needed by survivors and children. Sara has been involved in the development and delivery of MARAC's and specialist domestic violence courts. Through her roles of IDVA Service Manager at ADVANCE, and Domestic Violence Coordinator at Brent Council she has progressed the strategic domestic violence agenda and coordinated community response by improving service delivery across partnerships and best practice amongst professionals. She has worked with, and trained a wide range of professionals within both the statutory and voluntary sector, these have included; the police, housing providers, social care, education, the local safeguarding children board, substance misuse providers, and health sector. Sara now works as a freelance specialist domestic abuse consultant and trainer.

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## Appendix 2: Telephone Consent Form

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**Participant Consent Form**  
**Domestic Violence Survivors' Consultation in the**  
**London Borough of Hammersmith & Fulham**  
**Completed on behalf of Standing Together Against Domestic Violence by**  
**Meghan E. Field, Independent Consultant**

### **Introduction**

Standing Together Against Domestic Violence (STADV) coordinates the strategic partnership to tackle domestic violence in Hammersmith & Fulham. STADV supports integrated working amongst professionals and a coordinated community response to anyone affected by this issue in the borough. A key aspect of this work is a commitment to placing survivors at the centre of the partnership's efforts.

In practice, survivors' and practitioners' perspectives are captured by operational groups within the partnership and, as such, influence the strategic priorities and actions undertaken by its members. This consultation attempts to expand this process by gathering feedback from those who have experienced the services of agencies in H&F first-hand. The overall objective of this consultation is to improve women's safety by hearing directly the experiences of individuals and using them (anonymously) to improve agency practice.

### **Process**

This consultation focuses on understanding the primary reporting experience of domestic violence survivors in H&F and how services supported them subsequently in order to see how the 'Coordinated Community Response' is working in the borough.

There will be one consultation session ('focus group') at the Masbro Centre, Shepherd's Bush W14 0LR from 10-11.30am on 11 May with up to 10 participants, lasting 90 minutes. There will also be telephone interviews for survivors' who wish to participate in the consultation but cannot attend the focus group. This consent form is in relation to telephone interviews.

During the telephone interview, you will be asked about your experiences on first reporting domestic violence to professionals and any subsequent agency interventions. You will be asked what was helpful and if you had specific experiences with the voluntary sector, criminal justice system, family and/or health services you want to talk about. There are no right or wrong answers to the questions that will be raised in the interview; the important thing is for you to share your experience and opinions.

There will be time at the end of the interview to speak with the facilitators in more depth if needed or requested.

The findings from the consultation will be used to write a written report aimed at and presented to key stakeholders at the H&F Strategic Partnership Group in September 2012 with the objective to help improve the Partnership's responses to survivors of domestic violence. All



participants in the consultation will be able to read and retain a copy of the final report.

**Confidentiality**

**Your participation in this consultation is completely voluntary. You may withdraw from this consultation at any time without penalty.**

All information obtained in this study will be kept strictly **confidential**. The telephone interview will be audio-recorded and notes will be taken to make an accurate record of what is said for use in report writing. Tapes, notes and materials will be returned to STADV to be kept in a secure, locked location and then destroyed. Your identity will be anonymous in the consultation, and any publications that arise from the research. No information provided by participants that would enable others to identify particular individuals will be permitted to enter the public domain. All data collected will be stored on a password protected office computer, which is stored securely. Once the project is complete, the data will be removed from the hard drive, and securely stored by STADV in line with the 1997 Data Protection Act.

**Consent**

**By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this consultation. Your signature also indicates that you have given permission to be audiotape recorded during the telephone session. You will be provided with a copy of this form.**

**Participant's signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Consultant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you have any further questions about this consultation, please contact Meghan Field, 07950 963 730, meghanfield@yahoo.com

**About the Consultant**

Meghan E. Field has over 12 years of experience working to tackle violence against women and girls (VAWG), both in the Americas and in the UK. She is a CAADA-trained Independent Domestic Violence Advisor and managed a West London IDVA Service for three years at Woman's Trust. She was the Domestic and Sexual Violence Services Coordinator and a Senior Community Safety Officer for the Royal Borough of Kensington & Chelsea, where she directed the Borough's Strategic Partnership. Currently, she is a trustee on the board of three international development charities and has recently started her own business specialising in freelance consultancy and training on VAWG policy and interventions.



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## Appendix 3: Questions asked in focus group and telephone interviews

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Question 1: Can you describe the first contact that you had with an agency or individual about domestic violence? What was particularly helpful or not? (Why did you choose to approach that agency/individual first?)

Question 2: Did you have any particular experiences with the Police/Court relating to domestic violence? Can you describe your experience and how you found it helpful or not?

Question 3: Did you have particular experiences with local authority housing or a housing association relating to domestic violence? Can you describe your experience and how you found it helpful or not?

Question 4: Did you have particular experiences with Family and Children's Services relating to domestic violence? Can you describe your experience and how you found it helpful or not?

Question 5: Did you have particular experiences with an agency or individual in the health care sector relating to domestic violence? Can you describe your experience and how you found it helpful or not?

Question 6: If you were to think about experiencing some of these interventions all over again, what would you want to be different and the same?

Question 7: Could you describe a particular experience that you would describe as a turning point in terms of feeling that your situation was going to change?

Question 8: Is there anything that someone said or did for you that sticks out in your mind as particularly helpful?

Question 9: How confident are you that people experiencing domestic violence in H&F today are getting the support and service they need from agencies such as the Police/IDVA service/FCS/Housing/Health?

Question 10: Would it be possible to contact you in future for additional/on-going feedback? Would you like a copy of the final report?

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## Appendix 4: Sample of additional follow-up questions

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### General

- What might have made you approach a professional sooner to talk about DV/ask for support?
- What was the attitude of professionals you approached? How did they make you feel after disclosing DV?

### MARAC

- Have you been referred to the MARAC?
- Did you note a change of response from agencies before and after referral to MARAC?
- Were there any advantages/disadvantages of being referred to MARAC?

### Housing

- If you approached any housing providers for help/to disclose DV (either local authority or Housing association) did you approach more than once? Did you approach on your own or with a support worker? What was the response at the screening point at local authority?
- Were you determined to be 'in priority need'? Was this explained to you? What support was offered from the local authority? Were you referred to an IDVA within the housing team?
- What was the response if you weren't 'in priority need' (i.e. NRPF, single woman)? Were you referred to a support service?
- Were your housing options clearly explained to you?

### Health/children

- If you were referred to FCS by another professional, what did you expect would happen? Was it explained to you what would happen?

### Police/CJS

- Did the police come to your house after an incident? Did they offer a referral to a support service? If not, would this have been helpful – to speak to an IDVA soon after an incident?
- If you reported to the police, did the case progress to court?
- Did you have this process/system explained to you?
- Did anyone speak to you about special measures at court? When did this happen?
- What was the outcome of the court case? Did you attend court? How was that experience?
- What worked well for you throughout the court process? How did you feel about the end result?
- When and how were you told about changes to bail conditions and outcomes of hearings? Who informed you and was the information passed on to you quickly?
- Did you have a restraining order granted? Were you given a copy of this? Was it helpful to have a copy of this? Are you aware of the difference between a restraining order and bail



conditions and the ramifications if either is breached? Who explained this to you and did you have to report a breach?

- Did you feel like you had a voice in the process?

### **Support agencies**

- How many support/helping agencies contacted you after disclosure?
- Was it clear what each agency offered/how they could support you? Did you know who you were speaking to any why?
- How did you feel speaking to each agency? Was it helpful or difficult to repeat experiences to each agency?
- How do you feel about the persistence of agencies trying to contact you – How many calls from a support service would you expect?
- Would you rather have one person to support you and negotiate all services on your behalf or speak to a range of experts to speak with and coordinate your support?
- How easy was it for you to find out about support services in the borough? How much did you know about helping/support agencies before you talked to someone about DV? Did you see information about helping services? Where and in what form? Did you find it hard or easy to find help? Did anyone help you find help?
- Where would be good places to advertise/post information about these organizations? What would be the easiest way to find out about services?

## Appendix 5: Domestic violence support services in Hammersmith & Fulham

Name of org	Referral criteria	Services Provided	Contact details
<b>ADVANCE Advocacy Project</b>	<ul style="list-style-type: none"> <li>Adult women living in London Borough of Hammersmith &amp; Fulham</li> <li>Experiencing intimate partner violence or forced marriage/honour-based violence</li> <li>High risk</li> <li>Referring services: Police, Housing Advice, Charing Cross A&amp;E, Parsons Green walk-in centre, health visitors and midwives. Also accept self-referrals.</li> </ul>	<ul style="list-style-type: none"> <li>Crisis intervention</li> <li>Risk Assessment</li> <li>Safety planning</li> <li>Support through criminal and civil justice processes</li> <li>Support and advice on different options (Housing, home security, referral to solicitors, referral to counselling etc.)</li> </ul>	Tel: 0208 741 7008 Fax: 0208 563 8460  <a href="http://www.advanceadvocacyproject.org.uk">www.advanceadvocacyproject.org.uk</a>
<b>Westside Support Services</b>	<ul style="list-style-type: none"> <li>Women living in Hammersmith &amp; Fulham</li> <li>Experiencing intimate partner violence or familial violence</li> </ul>	<ul style="list-style-type: none"> <li>Practical and emotional support</li> <li>Support to access benefits</li> <li>Advice on housing options</li> <li>Support to access training, education and work</li> </ul>	Tel: 07771 905 306 0208 996 8810  <a href="http://www.sbhg.co.uk">www.sbhg.co.uk</a>
<b>Victim Support</b>	<ul style="list-style-type: none"> <li>All victims of crime, including male victims of domestic violence</li> </ul>	<ul style="list-style-type: none"> <li>Practical and emotional support</li> <li>Information on police and court procedures</li> <li>Advice and support around criminal injuries compensation</li> <li>Information on other sources of help</li> </ul>	Tel: 0207 259 2424  <a href="http://www.victimsupport.org.uk">www.victimsupport.org.uk</a>
<b>DVIP</b>	<ul style="list-style-type: none"> <li>Any man who wants to end his abusive behaviour towards his partner or ex-partner.</li> <li>Any women who has experienced or is experiencing domestic abuse</li> <li>Families or parents affected by domestic abuse</li> <li>London- wide</li> <li><b>May offer support to women who want to end their abusive behaviour</b></li> </ul>	<u>Women's Group</u> <ul style="list-style-type: none"> <li>Linked support if partner or ex-partner is accessing a Violence Prevention Programme</li> <li>If your ex-partner has applied for contact with your children</li> <li>If your children are in care proceedings</li> </ul> <u>Men's Group</u> <ul style="list-style-type: none"> <li>The Violence Prevention Programme (For men only)</li> </ul>	<b>Women's Services:</b> Tel: 0207 928 4813  <b>Violence Prevention Programme:</b> Tel: 0207 633 9181

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		<p><b>Families &amp; Parents</b></p> <ul style="list-style-type: none"> <li>A range of support services for parents/families affected by domestic abuse</li> </ul>	<p><a href="http://www.dvip.org">www.dvip.org</a></p>
<b>Al-Aman (DVIP)</b>	<ul style="list-style-type: none"> <li>Violence Prevention Programme for abusive men and Women's Support Service for members of Arabic speaking communities across West London</li> </ul>	<p>Provides Women's Group and Men's Group as above but for Arabic speaking men and women living in West London.</p>	<p>Tel: 0208 563 2250</p> <p><a href="http://www.dvip.org">www.dvip.org</a></p>
<b>Yuva</b>	<ul style="list-style-type: none"> <li>Young people (aged 11-25) who are displaying violence in intimate partner and familial relationships</li> <li>Family members or (ex-)partners who have experienced this behaviour</li> </ul>	<ul style="list-style-type: none"> <li><u>Yuva Programme</u>, which offers structured 1-2-1 interventions to young people who have used or are using violence in close relationship</li> <li><u>Survivor Support Service</u> to family members and (ex-)partners who have experienced young people's abuse</li> </ul>	<p><b>Yuva Young Peoples Service</b></p> <p>Tel: 0207 928 2322</p> <p>Email: <a href="mailto:shem@dvip.org">shem@dvip.org</a></p>
<b>Minerva Project</b>	<ul style="list-style-type: none"> <li>Women living in London Borough of Hammersmith &amp; Fulham</li> <li>Women at risk of offending or who have offended</li> <li>Women with complex needs (mental health, substance misuse, domestic violence etc.)</li> </ul>	<ul style="list-style-type: none"> <li>1-2-1 key work sessions</li> <li>Access to benefits advisor</li> <li>Access to debts advisor</li> <li>Counselling</li> <li>Support through criminal and civil court processes</li> <li>Women's support group</li> <li>Social groups, e.g. film club, coffee mornings</li> </ul>	<p>Tel: 0208 563 2225</p> <p><a href="http://www.advanceadvocacyproject.org.uk">www.advanceadvocacyproject.org.uk</a></p>
<b>Galop</b>	<ul style="list-style-type: none"> <li>Men and women who have experienced biphobia, homophobia, transphobia, sexual violence or domestic abuse</li> </ul>	<ul style="list-style-type: none"> <li>Helpline - provides advice and support to lesbians, gay men, bisexual and transgender people who have experienced homophobic or transphobic hate crime or violence in the greater London area.</li> <li>Part of the London LGBT Domestic Abuse Partnership, linking LGBT victims of domestic abuse to other LGBT services</li> </ul>	<p>Tel: 0207 704 2040</p> <p><a href="http://www.galop.org.uk">www.galop.org.uk</a></p>
<b>Men's Advice Line</b>	<ul style="list-style-type: none"> <li>Helpline for male victims of domestic violence and abuse, both in heterosexual or same-sex relationships.</li> </ul>	<ul style="list-style-type: none"> <li>Emotional support, practical advice and information on a wide range of services for further help and support.</li> <li>Focus is to increase the safety of men experiencing domestic violence (and the safety of</li> </ul>	<p>Tel: <b>0808 801 0327</b> (Freephone number)</p> <p>Open: Monday - Friday 10am-1pm and 2pm-5pm</p>

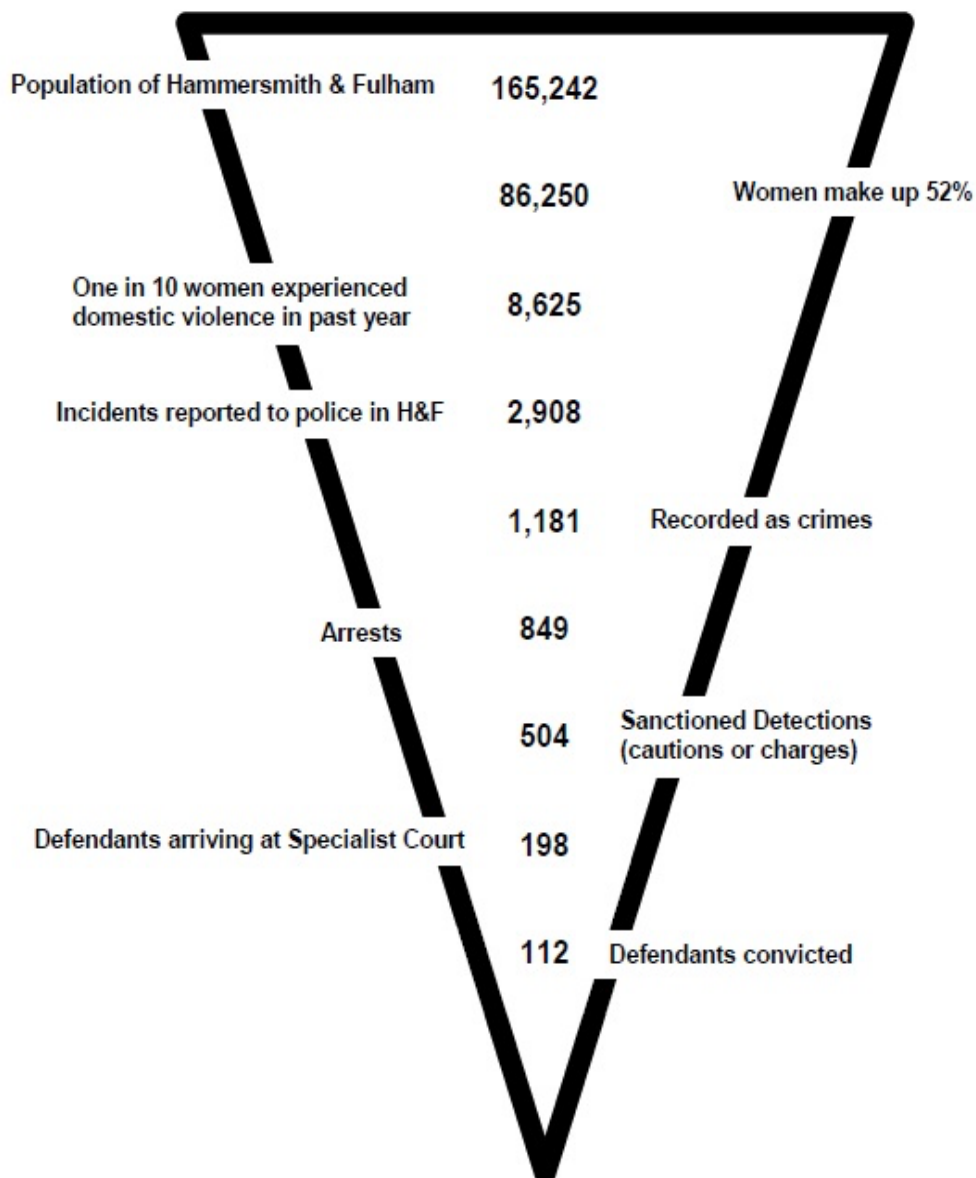
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		their children) and reduce the risk.	<p>Email: <a href="mailto:info@mensadviceline.org.uk">info@mensadviceline.org.uk</a></p> <p>Response within two working days.</p>
<b>West London Rape Crisis Centre</b>	<ul style="list-style-type: none"> <li>• Women from age 14 years, living in West London who has experienced violence or abuse, whether this has taken place recently or in the past.</li> <li>• London-wide counselling and therapy service</li> </ul>	<ul style="list-style-type: none"> <li>• Individual counselling of varying contract lengths from 15 sessions – 1 year</li> <li>• Group work including themed groups and an ending group for women completing their individual counselling</li> <li>• Access to body therapies and WGN's Telephone Helpline</li> <li>• Specialist women-only team of practitioners providing the latest innovations in trauma therapy</li> </ul>	<p>Tel: 0208 567 7347 Helpline: 0207 610 4345</p> <p>Email: <a href="mailto:rcc@wgn.org.uk">rcc@wgn.org.uk</a></p>

## Appendix 6: Attrition Table H&F

The triangle below provides an example of the way in which quantitative data provides a picture of the attrition of domestic violence in the borough in relation to the Criminal Justice response. It is this attrition that the work of the Standing Together partnership aims to address.



Source: *Standing Together 2010*