

The Domestic Abuse Pathways Project: A review of the support needs of victims and survivors of domestic abuse in Hertfordshire and how they are currently being met
2021-22

I told my supervisor at work, who was very supportive and allowed me time off work for some emotional recovery and to sort out some legal things related to divorce. She also helped to ensure my ex could not know my whereabouts while I was at work.

I received next to no support and have since been victimised by some of the agencies I turned to for help. I feel very let down by the system and feel more alone than ever.

I hoped to be believed as anyone meeting my husband socially would find it practically impossible to believe he would be capable of behaving towards me as he did in private

A gentleman called Steve (I believe) works in/did work on front desk in St Albans council office (biggish guy!), he changed my life but never got to thank him!!!

I would like to be aware of my rights, what action I can take to stop this from happening so that I can enjoy my life instead of feeling fearful every time I leave my home. [...] It was nice to just have someone to talk to about this, so I don't feel alone and crazy. It's hard to keep sane sometimes.

I think as I'm a professional [...] I got little help as it looked like I was chilling. No one saw me just sitting in the dark, crying, clutching my phone, not wanting to put the lights on as I was afraid he would know I was home and try to break in and kill me. I still struggle years on and have never been offered any therapy and I can't afford any privately as I had to stop my career due to the anxiety and PTSD

I was not offered ongoing support because I don't meet the threshold - I am at medium risk and not high risk. Therefore, I cannot get ongoing support.

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1. Executive Summary

Domestic abuse is a significant social issue, requiring specialist support for those victimised. Over the course of their lifetime, it is estimated that one in four women and one in six men will have experienced some form of domestic abuse since the age of 16. In the Domestic Abuse Bill, domestic abuse is defined in the following way:

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if—

- a) A and B are each aged 16 or over and are personally connected to each other, and*
- b) the behaviour is abusive.*

Behaviour is “abusive” if it consists of any of the following—

- a) physical or sexual abuse;*
- b) violent or threatening behaviour;*
- c) controlling or coercive behaviour;*
- d) economic abuse;*
- e) psychological, emotional or other abuse;*

and it does not matter whether the behaviour consists of a single incident or a course of conduct.
(The Home Office, 2021)

This report will provide an overview of the experiences of victims and survivors of domestic abuse in Hertfordshire with a view to understand the type of support services they may require, and any barriers that they may need to overcome to access them. This section of the report will provide a short summary of the research, considering:

- The need for research into victims and survivors of domestic abuse
- A top-level overview of the findings of this research

1.1 The need for research into domestic abuse in Hertfordshire

In Hertfordshire, we want to make sure all victims and survivors of domestic abuse are able to get the right help for them, at the right time. Whilst we are proud to have a network of passionate and skilled organisations who work tirelessly to support victims of domestic abuse to be safe and well, we know we can always do better.

Although there is a plethora of research into domestic abuse nationally, there is currently a gap in research into the experiences and needs of victims of domestic abuse in Hertfordshire specifically. Those with lived experience of abuse are the experts in what they need, and so their input is vital to the development and improvement of Hertfordshire’s response to domestic abuse. Without victims and survivors telling us what they want and need, we can but guess what is best for them.

Because we know anyone can experience domestic abuse, we also know they can seek help in many different ways. This is why we also need to understand more about domestic abuse from those working in people-facing professions, as they are often the people that spot the signs. By asking questions about people’s professional experience of domestic abuse, including what they see and how they respond to suspected or confirmed cases of domestic abuse, this will also help us to improve services and support for victims of domestic violence or abuse.

As well as thinking about what victims and survivors need, we also need to understand and critically review what we already have. As such, there is a clear need to conduct a mapping exercise to fully understand the pathways in to support for victims across the county. We can then compare this to what victims and survivors are telling us they need, to see what we are missing.

This research will seek to fill the gaps in local research by:

- Consulting with victims and survivors of domestic abuse in Hertfordshire about their experiences and support needs
- Assessing the actual or perceived barriers that prevent victims from accessing support services
- Using local and national data to estimate the extent and prevalence of domestic abuse in the county
- Talking to frontline professionals about their experiences of working with victims and perpetrators of domestic abuse
- Mapping and critically reviewing the current support offer for victims and survivors

1.2 Findings for the development of services, training and awareness raising campaigns

To conduct this research, we consulted with victims and survivors across Hertfordshire. Overall, we consulted with 642 people who had or were experiencing domestic abuse. We also conducted interviews with a further ten victims, to get a deeper understanding of their experiences and needs. The table below provides an overview of the top-level findings according to the research aims and objectives.

Table 1 - Top-level findings from the research

Victim consultation	
Research Aim	Key findings
To explore the experience of victims and survivors in Hertfordshire, including the tactics used by perpetrators to abuse them	<ul style="list-style-type: none"> • Based on the survey results, the most common types of abuse victims experienced were bullying and intimidation, isolation and physical abuse. • 83% of victims were abused by a current or former partner. 25% were abused by a family member (most commonly by a parent). • Common tactics used by perpetrators were: <ul style="list-style-type: none"> ○ Isolation tactics ○ Economic abuse ○ Misuse of child contact arrangements ○ Making counter allegations of domestic abuse ○ Using technology to stalk and harass ○ Finding creative ways to breach bail conditions and civil orders
To explore the support needs of victims and survivors	<ul style="list-style-type: none"> • The highest need identified was counselling and therapeutic support, which 48% of victims and survivors said they needed both at the time of and following the abuse • The next most identified need was legal support, which 31% of victims said they needed. Victims also wanted help with practical measures like keeping the perpetrator away through better perpetrator management and home security.

	<ul style="list-style-type: none"> • Financial support was needed by many, with numerous victims having to sell their houses and use their savings to live free from abuse. • It was identified that the timing of support was very important to victims, with only 29% of those consulted feeling like they got the right help at the right time • The most important factors participants felt a domestic abuse service should include were: <ul style="list-style-type: none"> ○ 24-hour service ○ Confidential ○ One-to-one support – face to face ○ Help to recognise the abuse ○ Drop-in • Best way to promote services were identified as: <ul style="list-style-type: none"> ○ Internet search engine ○ GP notice board ○ Through social media ○ Poster/advert in public amenities ○ Hospital notice board
<p>To assess the actual or perceived barriers that prevent victims from accessing support</p>	<ul style="list-style-type: none"> • Victims and survivors of domestic abuse in Hertfordshire think that the main barriers preventing victims from accessing services are: <ul style="list-style-type: none"> ○ They are scared about what the person abusing them would do if they found out (89%) ○ They feel ashamed or embarrassed (84%) ○ They feel they may be blamed for what happened (74%) ○ They worry it won't be taken seriously (71%) ○ They don't know it's abuse (70%) ○ They don't know who to get support from (69.5%) • A strong mistrust of authority or "the system" was also identified in the analysis of the qualitative data generated by the consultation
<p>Help seeking behaviour of victims and survivors in Hertfordshire</p>	<ul style="list-style-type: none"> • Those who reported domestic abuse to professionals did so most commonly to the police or their GP. • There has been an increase in the number of people reporting abuse to Children's Services, their employer, their child's school or nursery and confidential helplines in recent years. • 18% of those who experienced abuse in the last year did not tell anyone

	<ul style="list-style-type: none"> Many of those consulted spoke to a friend, family member or colleague about the abuse they were experiencing before, or instead of, reporting to professionals (average of 68%)
Where possible, to estimate the level of need and the demographic profile of victims in Hertfordshire	<ul style="list-style-type: none"> We can roughly estimate that 114,147 women and 78,003 men in the current Hertfordshire population will experience domestic abuse in their lifetime. In the last year, we estimate that 42,285 adults aged 16-74 in Hertfordshire will have experienced some form of domestic abuse
Process mapping and consultation with professionals	
Research Aim	Key findings
To map safeguarding criteria and processes and identify whether there are points at which victims of domestic abuse might get lost	<ul style="list-style-type: none"> In some safeguarding processes, the referral pathway into specialist domestic abuse services was not specified, meaning there is a reliance on safeguarding professionals to use their own knowledge of what help is available to victims In some cases, DASH risk assessments are not carried out when domestic abuse has been identified. Generally, this is because staff have not been trained in how to conduct a DASH. Guidance for Customer Service Centre staff at Hertfordshire Council, who triage most safeguarding concerns reported by the public, is limited in terms of which team within safeguarding they should send the safeguarding concern to. The guidance on what constitutes domestic abuse is also limited, mainly to physical abuse.
To understand from professionals: <ul style="list-style-type: none"> The common support needs their clients (who have experienced domestic abuse) have Their level of understanding of domestic abuse The awareness of specialist domestic abuse support available Challenges they experience in relation to the referral pathway when trying to support those 	<ul style="list-style-type: none"> 80% of professionals consulted come across domestic abuse in their role. 9% 'always' see it in their job role. There was some confusion about the causes of domestic abuse. Many incorrectly identified the following factors as causes of domestic abuse: <ul style="list-style-type: none"> Stress (84%) Unemployment (80%) Ill health, including poor mental health (77% and 88% respectively) Substance misuse (85%) Specialist services professionals were most aware of were Safer Places and the Independent Domestic Violence Advocacy Service Most professionals would most likely call a local domestic abuse helpline (25%), conduct an internet search (22%) or speak to a domestic abuse champion (19%) if they needed advice on supporting a victim of domestic abuse as a professional

experiencing domestic abuse	<ul style="list-style-type: none"> • 88% of professionals said they would feel comfortable discussing the domestic abuse with the person concerned
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1.3 Developing an Outcomes Framework

1.3.1 How an outcomes framework was developed

Following the completion of this project, a series of workshops were held to develop an outcomes framework. An outcomes framework was needed to ensure any future work to support victims and survivors remained focussed on their needs, and that all domestic abuse services are commissioned and monitored according to the same set of outcomes. This outcomes framework will be used to drive Hertfordshire’s response to domestic abuse in lots of ways, including:

- The development of a Hertfordshire Domestic Abuse Strategy
- Service delivery
- Training
- Awareness raising campaigns

This section outlines how the learning from this project was into a series of outcomes and what these outcomes mean.

1.3.1.1 ‘Problem’ definition

To frame the process of developing outcomes, we began by agreeing a short ‘problem statement’.

Hertfordshire’s ‘problem’ definition:

Too many people in Hertfordshire are experiencing domestic abuse for too long and not getting the right help (for them) at the right time

We then tried to suspend all thoughts about our own organisation and services, instead focusing on the problem itself. This was done by answering the questions in the table below.

Table 2 - Defining the problem of domestic abuse in Hertfordshire

Question	Situation in Hertfordshire
Who is affected? Who is particularly vulnerable? What type of person?	<p>Women are disproportionately affected.</p> <p>Older people, younger people and those in marginalised groups (including, but not limited to, ethnic minorities, people with physical and mental disabilities, and Lesbian Gay Bisexual Transgender Queer and Intersex people) are likely to be particularly vulnerable, as they may face additional barriers to getting help.</p> <p>Children are also significantly impacted by domestic abuse and are now recognised as victims under the Domestic Abuse Act.</p>
What are the consequences of the problem?	<ul style="list-style-type: none"> • Homicide • Suicide • Living in fear • Physical and emotional harm • Poor mental and physical health for victims, survivors and their children

	<ul style="list-style-type: none"> • Victims and survivors losing their money and their homes • Social isolation and feeling alone • Loss of employment/income • Loss of children • Long lasting effects of trauma • Coping mechanisms which may further damage physical and mental health (e.g. drinking and drug-taking)
<p>What are the causes of the problem? Think about:</p> <p>a. Individual capacities and relationships: Those affected by the problem, such as children and young people, parents, people with a health condition etc.</p> <p>b. Institutions: Organisations (schools, hospitals, local government) and professionals (doctors, teachers, health professionals, community organisations).</p> <p>c. Infrastructural systems: Policies, rules and regulations, public opinion etc.</p>	<p>a. Individual capacities and relationships</p> <ol style="list-style-type: none"> Victims feel to blame, ashamed and embarrassed Victims don't feel like people will believe them Some victims physically cannot access help, even if they wanted to (e.g. those with a disability, Deaf/blind) <p>b. Institutions</p> <ol style="list-style-type: none"> Lack of clear pathway Some support simply not available (e.g. legal, financial) Lack of routine enquiry about domestic abuse Lack of follow-up/urgency in domestic abuse cases Family courts often side with perpetrators <p>c. Infrastructural systems</p> <ol style="list-style-type: none"> Misogyny Culture of victim blaming and misconceptions around victimhood Viewing domestic abuse as 'a private issue' Legislation does not sufficiently safeguard victims from abusers

1.3.1.2 What we can bring/offer

We then considered what resources there may be in the county to help tackle the problem, as detailed in the table below.

Table 3 - An overview of the resources available in Hertfordshire to tackle the problem of domestic abuse

Question	Situation in Hertfordshire
Who is affected? Who is particularly vulnerable? What type of person?	<p>Women are disproportionately affected.</p> <p>Older people, younger people and those in marginalised groups (including, but not limited to, ethnic minorities, people with physical and mental disabilities, and Lesbian Gay Bisexual Transgender Queer and Intersex people) are likely to be particularly vulnerable, as they may face additional barriers to getting help.</p> <p>Children are also significantly impacted by domestic abuse and are now recognised as victims under the Domestic Abuse Act.</p>
What are the consequences of the problem?	<ul style="list-style-type: none"> • Homicide • Suicide

	<ul style="list-style-type: none"> • Living in fear • Physical and emotional harm • Poor mental and physical health for victims, survivors and their children • Victims and survivors losing their money and their homes • Social isolation and feeling alone • Loss of employment/income • Loss of children • Long lasting effects of trauma • Coping mechanisms which may further damage physical and mental health (e.g. drinking and drug-taking)
<p>What are the causes of the problem? Think about:</p> <p>a. Individual capacities and relationships: Those affected by the problem, such as children and young people, parents, people with a health condition etc.</p> <p>b. Institutions: Organisations (schools, hospitals, local government) and professionals (doctors, teachers, health professionals, community organisations).</p> <p>c. Infrastructural systems: Policies, rules and regulations, public opinion etc.</p>	<p>d. Individual capacities and relationships</p> <ol style="list-style-type: none"> i. Victims feel to blame, ashamed and embarrassed ii. Victims don't feel like people will believe them iii. Some victims physically cannot access help, even if they wanted to (e.g. those with a disability, Deaf/blind) <p>e. Institutions</p> <ol style="list-style-type: none"> i. Lack of clear pathway ii. Some support simply not available (e.g. legal, financial) iii. Lack of routine enquiry about domestic abuse iv. Lack of follow-up/urgency in domestic abuse cases v. Family courts often side with perpetrators <p>f. Infrastructural systems</p> <ol style="list-style-type: none"> i. Misogyny ii. Culture of victim blaming and misconceptions around victimhood iii. Viewing domestic abuse as 'a private issue' iv. Legislation does not sufficiently safeguard victims from abusers

Then, we considered how these resources might be used.

Table 4 – How resources available in Hertfordshire could be used to tackle the problem of domestic abuse

What broadly will we do?	<ul style="list-style-type: none"> • Commission services • Develop ways to upskill professionals to identify and respond to domestic abuse (e.g. through training) • Develop ways to raise awareness of domestic abuse amongst the professionals and public • Develop a way to share information which means agencies have a full picture of the victim, the risks they are facing and their possible needs
Where might we make the most difference?	<ul style="list-style-type: none"> • Filling clear gaps in service provision (e.g. financial support, legal support, mental health support) • Finding an effective way to work with perpetrators of domestic abuse to keep the victim safe (e.g.

<p><i>What does the data show us? Where are the largest gaps? What's the biggest difference we can make (even if though this might be the hardest thing to do)?</i></p>	<p>through criminal justice or through preventative programmes)</p> <ul style="list-style-type: none"> • Creating a simple pathway for the public and professionals, which means anyone experiencing abuse gets help from someone which is appropriate to their needs and risk level
<p>What should our role be?</p>	<p>The Strategic Partnerships Team helps the Hertfordshire Domestic Abuse Partnership to deliver against the county's Domestic Abuse Strategy. A key part of this involves commissioning services to meet the needs of victims and survivors of domestic abuse.</p> <p>The Pathways Project was key to understanding these needs, but a broad range of knowledge, expertise and experience is needed to work out how to meet these needs. This is why you are here today and why your participation today is so important.</p>

Finally, we considered all the agencies that would need to work together, which include:

- Survivors of domestic abuse and their families
- All Local Authorities in the County
- All departments within Hertfordshire County Council
- Existing providers, especially those in the voluntary and community sector
- National government and the Domestic Abuse Commissioner
- All agencies within the Hertfordshire Domestic Abuse Partnership

1.3.1.3 Impact

Once the problem had been analysed, it became possible to articulate 'the impact'; this is what the sustained effect on individuals, families, communities, and/or the environment should be.

Hertfordshire's impact statement:

More people in Hertfordshire live free and safe from domestic abuse

1.3.1.4 Outcomes

From the impact, it is then possible to define 'outcomes', which are shorter term changes that contribute towards the impact. Essentially, if impact is what we want to achieve over years, outcomes are more about weeks and months.

Through this lens, the outcomes framework shown in Figure 1 was developed, reflecting the shorter-term changes that would have to occur across multiple levels for Hertfordshire to achieve its impact.

In the centre of this model are the outcomes a good service would have for victims themselves – this ranges from improved health and wellbeing, to earlier access to the right help and improved physical safety.

In the next layer of the model are the outcomes that are key for families. We know that victims do not live in silos and that there are significant outcomes for families that need to be achieved. This includes, for example, improving stability for children where they have had to relocate after fleeing domestic abuse. This also includes mitigating some of the adverse effects of trauma on the family, which we know from research has a real impact on individuals lives and their access to services.

The next layer in the model represents the changes that need to occur at the community level. The community play a big role in enabling victims and families to access the right help at the right time, and we know that through commissioning targeted work within communities to decrease the tolerance and acceptability of domestic abuse and improving trust of agencies, we could see a real shift in help seeking.

Finally, the outer layer of the model shows the outcomes that need to be realised across systems and institutions in Hertfordshire to improve how victims experience services. These are the outcomes victims and frontline practitioners said are needed, which are more responsive and faster services, with clear pathways and improved identification of those requiring support.

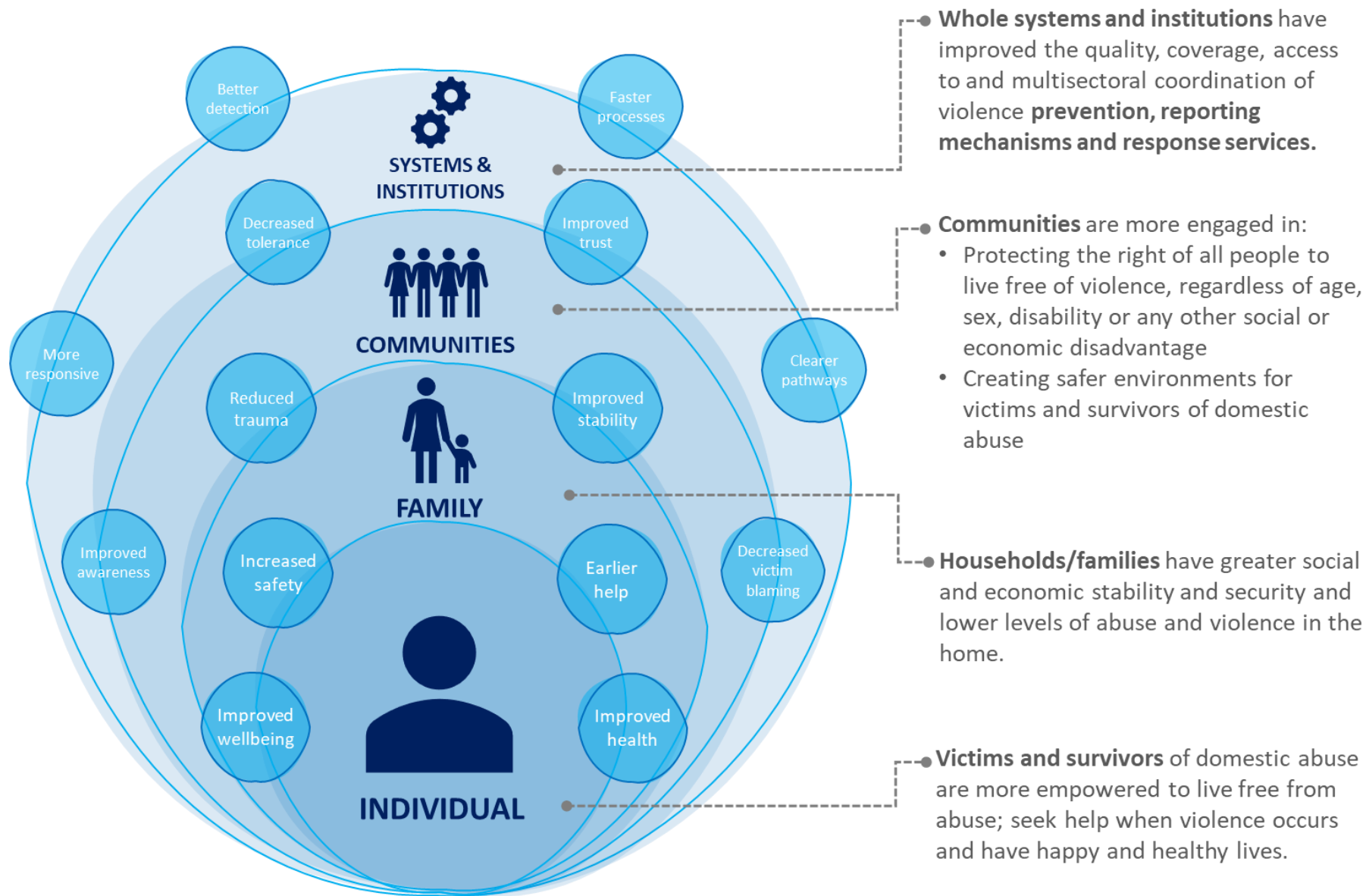


Figure 1 - Framework depicting the outcomes important to victims and survivors consulted as part of the Domestic Abuse Pathways Project.

2. Nature and prevalence of domestic abuse nationally and locally

Domestic abuse is very common, though is often difficult to accurately quantify. It is a largely hidden crime, occurring primarily in the home. Victims of domestic abuse often don't report or disclose domestic abuse to the police or to other agencies. This makes estimating the scale of the problem challenging. In this section, we explore what we know about the prevalence of domestic abuse and how this effects certain demographic groups. We consider:

- The nature and prevalence of domestic abuse in the UK as a whole
- The estimated prevalence of domestic abuse in Hertfordshire, where possible
- The profile of victims of domestic abuse in Hertfordshire

2.1 Nature and prevalence of domestic abuse nationally

Over the course of their lifetime, it is estimated that one in four women and one in six men will experience some form of domestic abuse from the age of 16 onwards. In the year ending March 2020, the Crime Survey for England and Wales estimated that 7.3% of women (1.6 million) and 3.6% of men (757,000) had experienced domestic abuse in the previous 12 months (Office for National Statistics, 2020).

There were 758,941 police recorded domestic abuse offences in the year ending March 2020, an increase of 9% compared to the previous year. On average, the police in England and Wales receive over 100 calls relating to domestic abuse every hour (Her Majesty's Inspectorate of Constabulary, 2015). However, according to data from the Crime Survey for England and Wales (CSEW) for the year ending March 2018, only 18% of women who had experienced partner abuse in the previous 12 months reported the abuse to the police.

Refuge, who run the national domestic abuse helpline, received 29,166 calls in the year ending March 2020. This is a decrease of 14% from the previous year (Office for National Statistics, 2020). In the same year, the ManKind Initiative (a charity that supports male victims of domestic abuse) responded to a total of 1,855 calls. This was a slight decrease from 1,951 in the year ending March 2019, but a 62% increase compared with the year ending March 2017.

Of the callers to the National Domestic Abuse helpline (where the abuse type was recorded), 85% experienced psychological or emotional abuse, 81% experienced controlling behaviour and 69% experienced threatening or intimidating behaviour (Office for National Statistics, 2020).

2.1.1 Gender profile of domestic abuse victims nationally

It is well known that domestic abuse disproportionately affects women. Data supplied from 28 police forces for the year ending March 2020 showed the victim was female in just under three-quarters (74%) of domestic abuse-related crimes recorded by the police. This proportion was similar for most offence categories, though for domestic abuse-related sexual offences, the proportion of victims that were female was even higher, at 94%. From data on callers to the national domestic abuse helpline in the year ending March 2020, 93% identified as female.

Between the year ending March 2017 and the year ending March 2019, 77% of victims of domestic homicide were female. This compares with 13% of victims in non-domestic homicides. Two women a week are killed by a current or former partner, and it is estimated that around three women a week commit suicide as a result of a domestic violence (Walby, 2004).

2.1.2 Age profile of domestic abuse victims nationally

In the year ending March 2020, the data from the Crime Survey for England and Wales (CSEW) shows that women aged 16 to 19 years were significantly more likely to be victims of any domestic abuse in the last year than women aged 25 years and over (Figure 4). For men, there were few significant differences by age.

The CSEW data shows those aged 55 to 74 years were less likely to be victims of domestic abuse in the year ending March 2020 than those in most other age groups. However, the CSEW does not capture data on victims of domestic abuse aged over 74, and older victims of domestic abuse are 'hugely underrepresented' in domestic abuse services. This is reflected in the results of the 2019 Women's Aid Annual Survey, which found that only around 3.4% of their service users were over the age of 60. However, 'older victims experience abuse for twice as long before seeking help than those aged under 61' and are much more likely to continue living with the perpetrator even after getting support (SafeLives, 2020).

Data from the Homicide Index for the year ending March 2017 shows that the highest proportion of domestic homicide victims fell within the 25- to 34-year age category (22%), whereas the highest proportion of non-domestic homicide victims fell within the 16- to 24-year age category (25%). A larger proportion of domestic homicide victims were aged 65 years and over (18%) compared with non-domestic homicide victims (7%). A smaller proportion of domestic homicide victims were aged 16 to 24 years (9%) compared with non-domestic homicide victims (25%). Overall, the average age of a domestic homicide victim is 46 years.

2.1.3 Ethnicity of domestic abuse victims nationally

For the year ending March 2020, the CSEW showed that those in the Mixed ethnic group were significantly more likely to experience domestic abuse within the last year than those in the Black or Asian ethnic groups. This is shown in Figure 2. In the White ethnic group, women were significantly more likely than men to have experienced domestic abuse in the year ending March 2020 (7.7% of women, compared with 3.6% of men).

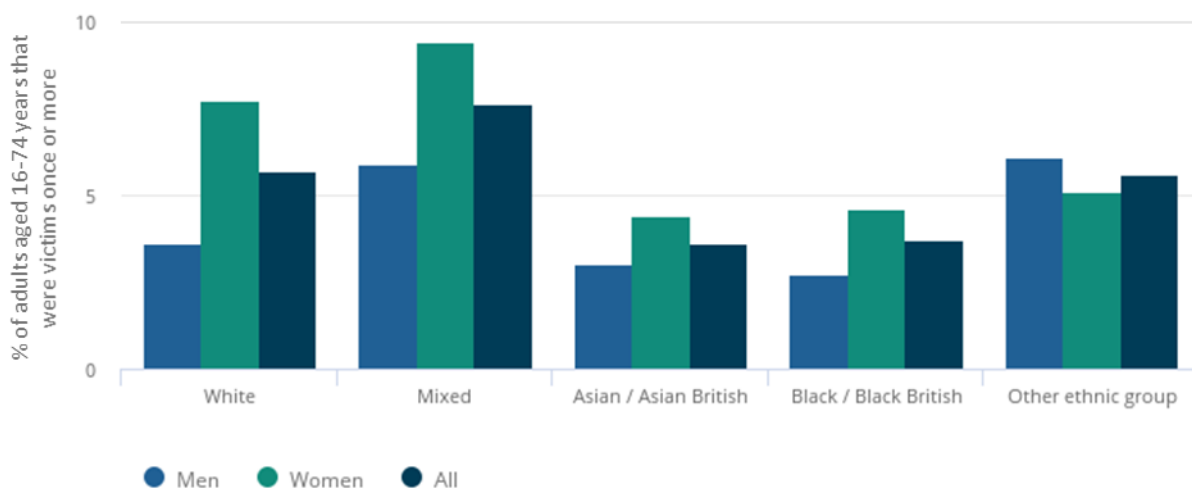


Figure 2 - Prevalence of domestic abuse in the year ending March 2020 for adults aged 16 to 74 years, by ethnicity and sex, according to the Crime Survey for England and Wales.

For partner abuse, those in the White and Mixed ethnic groups were significantly more likely to be victims than those in the Asian ethnic group. For family abuse, those in the White and Mixed ethnic groups were significantly more likely to be victims than those in the Black ethnic group. Of callers to

the national domestic abuse helpline in the same year, 66% of callers were white (Office for National Statistics, 2020).

However, Black, Asian and Minority Ethnic (BAME) women are overrepresented in refuge spaces, with BAME women occupying 6 in 10 spaces despite occupying only 13% of the general population (Lovatt, et al., 2020). Likewise, of 99,447 cases discussed at MARAC in the year ending 2020, 16% involved a BAME victim.

Data from SafeLives shows that BAME clients suffer abuse for 1.5 times longer before seeking help than those from a white British or Irish background (SafeLives, 2020). Research has also shown that some BAME individuals are apprehensive about disclosing abuse due to ‘specific issues related to racism including stereotypes about refugees and migrants’ (SafeLives, 2015). A further barrier to leaving domestic abuse faced by BAME communities is immigration status, with research showing that one in five BAME women have no recourse to public funds. In many cases, victims’ immigration status is used against them by their perpetrator (Imkaan, 2020).

2.1.4 Victims’ relationship to the perpetrator nationally

Crime data for the year ending March 2020 showed that adults who were separated or divorced were more likely to have experienced domestic abuse compared than those who were married or civil partnered, cohabiting, single or widowed. This is shown in Figure 3. However, it is important to note that those who have separated from an abusive partner are more likely to disclose abuse or report a related crime than those still in a relationship. Domestic abuse is also known to escalate at the point of separation, increasing the likelihood that someone will report it.

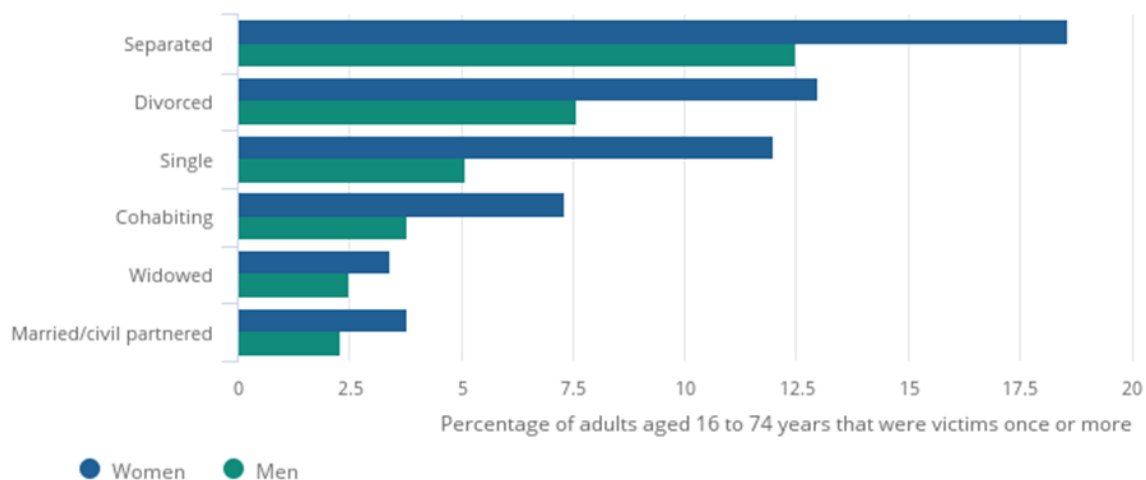


Figure 3 - Prevalence of domestic abuse in the year ending March 2020 for adults aged 16 to 74 years, by marital status and sex, according to the Crime Survey for England and Wales.

Of the male victims who called the national domestic abuse helpline, 95% reported that the perpetrator was a female partner or ex-partner (Office for National Statistics, 2020).

Data from the homicide index between the year ending March 2017 and the year ending March 2019 shows that, of the 274 female domestic homicide victims in that period, the suspect was a partner or ex-partner in 222 (or 81%) of cases. Of the 83 male domestic homicide victims, the suspect was a partner or ex-partner in 38 (or 46%) of cases. This data is provided in Table 5.

Research carried out by SafeLives shows that ‘victims aged over 61 years are much more likely to experience abuse from an adult family member or current intimate partner than those 60 and under’ (SafeLives, 2020). Young victims (aged 13-17), on the other hand, are more likely to experience abuse

from an intimate partner than an ex-intimate partner (SafeLives, 2020). Figure 4 shows SafeLives' findings on perpetrators of domestic abuse both for older and younger victims.

Table 5 - Number of domestic homicide victims by sex of victim and relationship to suspect. Combined data for year ending March 2017 to year ending March 2019¹, England and Wales

Victims of domestic homicides			
	Male	Female	All
All Suspects²	83	274	357
Partner/ex-partner	38	222	260
Adulterous relationship	1	2	3
Boyfriend, girlfriend	8	41	49
Common-law spouse or cohabiting partner	11	40	51
Ex- spouse, ex-common-law spouse or ex-cohabiting partner	3	32	35
Ex-boyfriend, girlfriend	2	17	19
Spouse (incl. civil partner)	13	90	103
Parent	16	30	46
Son/daughter	2	2	4
Other family³	27	20	47
Brother/sister	8	5	13
Other relative	19	15	34



Figure 4 - Safelives data on perpetrators of domestic abuse where the victim is either a young person (aged 13-17) or an older person (aged 61+)

2.1.5 Domestic abuse and the effect on children nationally

Research from the National Society for the Prevention of Cruelty to Children (NSPCC) has found that around one in five children have been exposed to domestic abuse, and that one third of children witnessing domestic abuse also experience another form of abuse. However, research has shown that as few as 3.4% of referrals to Independent Domestic Violence Advocacy (IDVA) services, and 3.2% of MARAC referrals, come from Children’s Social Care (SafeLives, 2020).

In the new Domestic Abuse Bill (Home Office, 2021), children are recognised as victims of domestic abuse where they see, hear or experience the effects of the abuse (and are related to the victim and/or perpetrator). This acknowledges that domestic abuse has a substantial impact on children which includes ‘[harm] to emotional and psychological wellbeing as well as effects on education, relationships, risky and harmful behaviour and housing and accommodation’ (Wedlock & Molina, 2020). The Royal College of Psychiatrists (2004) described some of the common effects of domestic abuse on children as:

- They may become anxious or depressed
- They may have difficulty sleeping
- They have nightmares or flashbacks
- They can be easily startled
- They may complain of physical symptoms such as tummy aches and may start to wet their bed
- They may have temper tantrums and problems with school
- They may behave as though they are much younger than they are
- They may become aggressive or they may internalise their distress and withdraw from other people
- They may have a lowered sense of self-worth
- Older children may begin to play truant, start to use alcohol or drugs, begin to self-harm by taking overdoses or cutting themselves or have an eating disorder

Acknowledging children as victims of domestic abuse in their own right recognises the fact that children are not just witnesses or bystanders to abuse. However, a great deal of work will be needed to ensure that children are supported accordingly by all professionals and practitioners that deal with domestic abuse.

In terms of domestic abuse and pregnancy, research published by the Department of Health found that 40-60% of women experiencing domestic violence are abused whilst pregnant. Data from the charity Refuge, in 2018, reported that 20% of women in their safe accommodation provisions were either pregnant or had recently given birth (Refuge, 2018). It is known that domestic abuse can escalate in pregnancy, putting both the victim and their unborn child at significant risk.

2.1.6 Victims of domestic abuse with a disability nationally

For the year ending March 2020, the Crime Survey for England and Wales showed that men and women aged 16 to 74 years with a disability were more likely to have experienced domestic abuse in the last year than those without. Research has shown that:

Disabled women are twice as likely to experience domestic abuse and are also twice as likely to suffer assault and rape. Yet [...] MARAC data shows that nationally only 3.9% of referrals were for disabled victims, significantly lower than the SafeLives recommendation of 16% or higher (SafeLives, 2020).

Research shows that the number of disabled people referred into domestic abuse services is also low.

2.2 Nature and prevalence of domestic abuse in Hertfordshire

In this section, the nature and prevalence of domestic abuse in Hertfordshire will be discussed. Where possible, national data on domestic abuse prevalence will be used to estimate the pervasiveness of domestic abuse in Hertfordshire and how different demographic groups might be affected.

2.2.1 Gender profile of domestic abuse victims in Hertfordshire

The current Hertfordshire population is estimated at 1,189,519, of which 456,588 are women (>16 years) and 487,518 are men (>16 years). According to national data, one in four women and one in six men will experience domestic abuse in their lifetime. Based on these figures, we can roughly estimate that 114,147 women and 78,003 men in Hertfordshire have, or will, experience domestic abuse in their lifetime.

In the year ending March 2020, data shows that 2.3 million (5.5%) adults aged 16-74 reported experiencing domestic abuse in the past 12 months. This is a rate of five in 100 adults. Based on this, and on Hertfordshire population data, we can estimate that 42,285 adults aged 16-74 in Hertfordshire would have experienced domestic abuse in this year alone.

The same data shows that 1.6 million women and 757,000 men (aged 16-74) in the national population reported experiencing domestic abuse in the 12 months to March 2020. This translates to a rate of 7 in 100 women and 4 in 100 men. For Hertfordshire, this could mean that 34,126 women and 18,264 men in this age bracket experienced domestic abuse in this 12-month period.

Overall, Hertfordshire domestic abuse services are not witnessing any overall increases or notable changes in the number of male victims compared to last year. However, the IDVA service has reported a 49% increase in referrals for male victim compared to last year, though 70% of these referrals were assessed as perpetrators. Hertfordshire's safe accommodation provider has also noticed that a lot of their male victim referrals are now for older men, aged 50-80 years. The proportion of male victims presenting through MARAC locally is at 4.1%, which is lower than the current national rate (5.6%) and the expected rate (5-10%)

2.2.2 Age profile of domestic abuse victims in Hertfordshire

Crime data from Hertfordshire Constabulary for the 2016-17 calendar years shows that the most common age range for victims of domestic abuse in this time period was 27-36. The average age of victims in this time period was 36-37. This is shown in Table 6.

Table 6 - Age of victims of domestic abuse who reported to Hertfordshire Constabulary between 2016-17.

Age	2016	2017	% of total
Under 17	149	119	1.8%
17-26	1,867	2,114	26.2%
27-36	1,972	2,273	28.0%
37-46	1,515	1,726	21.4%
47-56	1,003	1,175	14.3%
57-66	327	408	4.8%
67+	236	295	3.5%

2.2.2.1 Older people

In 2019, The Women's Aid Annual Survey found that around 3.4% of service users/victims were over the age of 60. Population data from 2019 shows that 204,227 (17.2%) residents are aged 65 and over. Based on these numbers, it's possible that 6,943 people in Hertfordshire aged 65 and are currently experiencing domestic abuse.

The population of adults aged 60 and over in Hertfordshire is predicted to increase by approximately 60% over the next 25 years, which may increase the number of older adults experiencing abuse.

2.2.3 Ethnicity of domestic abuse victims in Hertfordshire

During the two-year period between 2016 to 2017, 12.9% (n=1,876) of police recorded domestic abuse victims in Hertfordshire were from minority ethnic groups. The ethnic group with the highest rate of domestic abuse was Black/Black British, which was significantly higher than any other ethnic group during this time period.

Table 7 – Ethnicity of victims of domestic abuse who reported to Hertfordshire Constabulary between 2016-17.

Self-defined ethnicity	2016	2017	Total	% of total	Rate per 1,000 of ethnic group
Black / Black British	310	370	680	4.7%	21.7
White / White British	5,906	6,734	12,640	87.1%	12.9
Mixed / Multiple	157	165	322	2.2%	11.7
Asian / Asian British	412	425	837	5.8%	11.5
Other Ethnic Group	18	19	37	0.3%	5.2
Total BAME victims*	897	979	1,876	12.9%	13.5
Self-defined ethnicity	2016	2017	Total	% of total	Rate per 1,000 of ethnic group

Of the total clients accessing IDVA services during the 2017 and 2018 calendar years with an ethnicity recorded, the majority (82.3%) were White/White British and 18% (n=297) were from a minority ethnic group. When looking at IDVA clients as a proportionate rate of the ethnic group population, there was a higher rate of clients from minority ethnic groups than White/White British clients.

In Hertfordshire, 19% of the population are from a BAME group. Using the adult prevalence rate, we can roughly estimate that there will be 8,969 BAME adult victims, or survivors, in the local population.

2.2.4 Domestic abuse and children in Hertfordshire

Nationally, 51% of Child in Need assessments identified domestic abuse. However, this number is slightly higher in Hertfordshire at a rate of 55.5%. In 2019, it was estimated 245,413 of the Hertfordshire population were aged under 16 (20.6%). It is estimated that one in five children will witness domestic abuse. Based on this, and the figures above, we can estimate that roughly 49,082 Hertfordshire children have or will witness domestic abuse.

2.2.5 Domestic abuse victims with a disability in Hertfordshire

159,848 (14.3%) of people in Hertfordshire say they have their day to day activities limited to some extent from a disability, including mental health. In Hertfordshire, 40% of victims receiving long-term support from the IDVA service (in the 2017 and 2018 calendar years) were recorded as having a disability or a health condition (including mental health). This is shown in Table 8.

Table 8 - Number of Hertfordshire IDVA service clients (2017-18) who reported having a disability or long term health condition

Type of disability	2017	2018	Total	% of total clients
No disability	339	277	616	61.1%
Mental health	173	69	242	24.0%
Long-term condition	48	35	83	8.2%
Mobility	11	7	18	1.8%
Progressive / chronic illness	16	0	16	1.6%
Learning disability	9	0	9	0.9%
Hearing	4	1	5	0.5%
Memory or cognition	1	4	5	0.5%
Vision	3	0	3	0.3%
Social or behavioural issues	2	0	2	0.2%
Other disability	21	9	30	3.0%
Total with disability	251	141	392	39.9%

Locally, the number of disabled people visible at MARAC is significantly lower than expected, but slightly higher than the national rate. The latest available data shows that 9.2% of local MARAC cases concern those with an identified disability, when the expected rate is 19%.

2.2.6 Domestic abuse and homelessness in Hertfordshire

We know from government statistics in England, Wales and Scotland that domestic abuse accounts for at least one in ten (10%) people who require local authority support for homelessness. Between April to December 2019, there were 3,900 homeless applications being made to the local housing authorities. 10% (n=390) of those 3,900 may have experienced domestic abuse, either before their application or during.

3. Consultation with victims and survivors of domestic abuse in Hertfordshire

To understand the service and support needs of victims and survivors, it was key to speak to those with lived experience of domestic abuse. Here, we will outline how domestic abuse victims were consulted as part of this project and provide a thematic analysis of the lessons learnt.

3.1. Overview and methodology

This section will provide an overview of the methods used to conduct a consultation with victims and survivors of domestic abuse, which included a countywide survey and interviews with a selection of survey participants.

3.1.1 Sample

Over a period of six weeks, a Hertfordshire wide survey was launched to seek the views of victims and survivors of domestic abuse. Overall, a total of 1,191 responses were received from the survey, of which 549 were excluded due to incomplete or missing data. This provided 642 responses for analysis, including 42 responses from people currently experiencing domestic abuse and 475 from those who had experienced domestic abuse in the past (as shown in Table 9).

Table 9 - Breakdown of survey participants based on if, and when, they experienced domestic abuse

<i>Participants currently experiencing abuse (at the time of completing the survey)</i>	42
<i>Participants who had experienced domestic abuse in the past</i>	475
<i>Participants who had not been a victim of domestic abuse, but know or have known someone who has experienced domestic abuse</i>	97
<i>Participants who had not been a victim of domestic abuse, but that would like to express their views on domestic abuse and related support services</i>	28
Total	642

To achieve a greater depth of understanding of victims' experiences, one-to-one telephone interviews were conducted with ten survey respondents who had consented to take part in the survey.

3.1.2 Survey demographics

Victims of domestic abuse are not a homogenous group. In fact, particular social groups are likely to face additional barriers to accessing support. It was therefore important to understand whether the cohort of survey respondents were representative of the Hertfordshire population and the groups that might be less likely to receive support.

Demographic data, collected as part of the survey, showed that the sample was not representative of the population, though was somewhat representative of the parts of the population we know are statistically more likely to experience domestic abuse. Figure 5 provides a high-level overview of the profile of survey respondents.

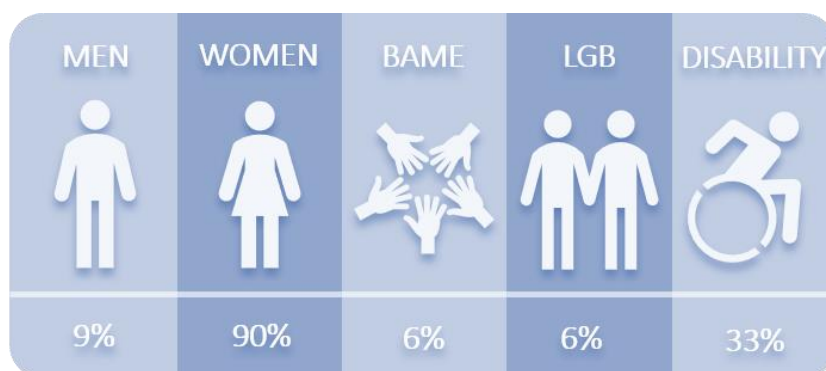


Figure 5 - High-level overview of the demographic profile of survey respondents

This section will provide an overview of respondents' demographics, including:

- Gender
- Ethnicity
- Sexual orientation
- Age
- Additional needs, such as a disability or long-term illness
- Location

Participants did not have to provide this information and could select 'prefer not to say' as a response to demographic questions.

3.1.2.1 Gender

Respondents consisted of 579 females (91%) and 57 males (9%), 2 (0.3%) self-identified as gender fluid. This is not representative of the relatively even gender split in the Hertfordshire population. Whilst women are disproportionately affected by domestic abuse, the likely number of male victims in Hertfordshire are underrepresented in this sample.

3.1.2.2 Ethnicity

The majority of respondents self-identified as White British 556 (87%), 30 (5%) White other, 13 (2.4%) Asian/British Asian, 12 (2%) were Mixed ethnicities, 8 (1.3%) self-identified as other ethnic groups and 6 (1%) were Black/Black British. In terms of ethnicity, the sample are mostly representative of the Hertfordshire population. However, those of Black and Asian ethnicities are slightly underrepresented.

3.1.2.3 Sexual Orientation

In terms of sexual orientation, 560 (88%) self-identified as heterosexual, 29 (5%) as bisexual, seven (1%) as gay and less than 1% (5) self-identified as lesbian. Other sexual orientations self-identified by respondents included pansexual, omnisexual and A-sexual which were less than 1%. Compared to data on the sexual identity of people in Hertfordshire, the sample is representative of the number of people who are gay and bisexual in the county (Office for National Statistics, 2017).

3.1.2.4 Age

Respondents varied in age, with 207 (32%) between 45-54 years, 158 (25%) between 35-44 years, 116 (18%) between 55-64 years, 78 (12%) between 25-34 years and 55 (9%) between 65-74 years.

3.1.2.5 Additional needs

Most participants (614) answered a question about whether they had a disability or long-term health condition. 33% (n=208) indicated that they considered themselves to have a disability, long-term illness or health condition.

Table 10 - Survey participants with a disability, long term illness or health condition

Do you have a disability, long term illness or health condition?	Number of respondents	Percentage
Yes	208	33%
No	406	64%
Prefer not to say	28	3%

3.1.2.6 Location

Survey respondents were evenly spread in terms of where they lived in Hertfordshire. Figure 6 shows that the areas with the most responses were Dacorum, North Hertfordshire and East Hertfordshire. The lowest response rates were in Broxbourne, Hertsmere and Watford.

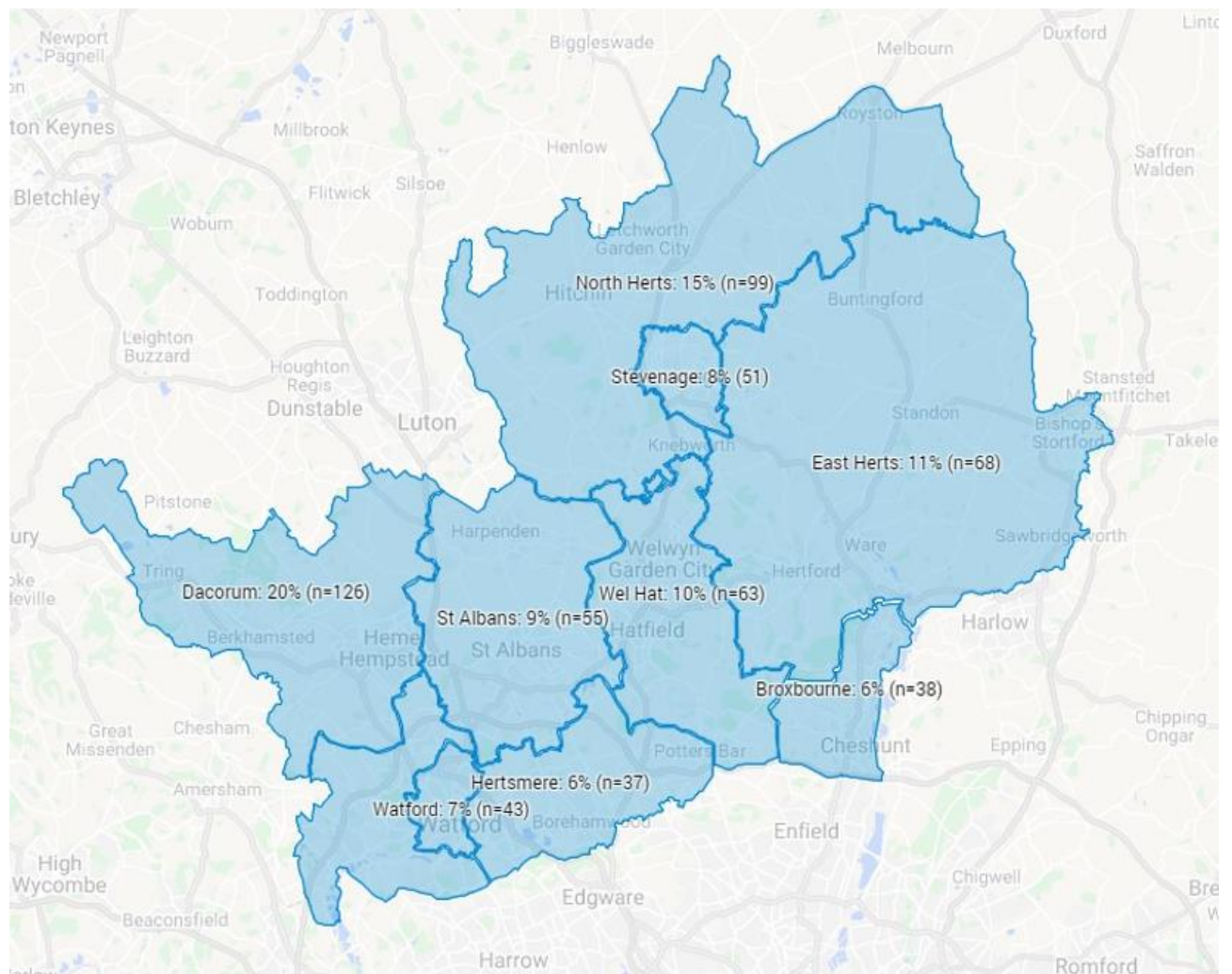


Figure 6 - Survey participants by location

3.1.3 Interview demographics

Potential interviewees were identified from survey respondents who had consented to be contacted for this purpose. We wanted to ensure that we spoke to people from groups of victims that are more likely to be 'hidden' from services, or who may face additional barriers in accessing support. To do this, we devised the following selection criteria for interviewees:

- Case in which the victim received support from an Independent Domestic Violence Advocate (IDVA)
- Case in which the victim did not receive any support from a specialist domestic abuse service
- Case in which the victim identifies as **LGBT**
- Case in which the victim is a **young person** (aged 16-18)
- Case in which the victim is an **older person** (65+)
- Case in which the victim is an **adult with a disability**
- Case in which the victim and perpetrator are **family members** (rather than intimate partners)
- Case which involves an element of **sexual violence**
- Case in which the victim had **no recourse to public funds**
- Case in which the victim identifies as **male**
- Case in which the victim identifies as a **gypsy/traveller**
- Case which involves **harmful traditional practices** (e.g. Honour Based Abuse, Forced Marriage and Female Genital Mutilation)
- Case which involves an element of **stalking**

Respondents who had experienced abuse in the last five years and who met one of the selection criteria outlined above were selected at random and asked if they would still consent to taking part in an interview. In total, ten individuals were interviewed. Those who met the following criteria either did not consent to taking part in an interview or were not possible to identify from the survey data.

- Case in which the victim had **no recourse to public funds**
- Case in which the victim identifies as **male**
- Case in which the victim identifies as a **gypsy/traveller**
- Case which involves **harmful traditional practices** (e.g. Honour Based Abuse, Forced Marriage and Female Genital Mutilation)
- Case which involves an element of **stalking**

3.2 Experiences of domestic abuse in Hertfordshire

We have gained significant insight into the experiences and impacts of domestic abuse on victims in Hertfordshire through the online survey and interviews. As part of the survey, participants were asked:

- How recently they had been a victim of domestic abuse;
- The types of abuse perpetrated against them and;
- Who had perpetrated this abuse against them;
- How they found accessing support

Asking these questions helped to identify differences and similarities in victims' experiences of abuse based on when, how and by who they were abused. These similarities and differences will be explored in this section of the report.

3.2.1 Perpetrators of domestic abuse

When survey participants were asked who had abused them, 83% (n=535) indicated that they had been, or were currently being, abused by a current or former intimate partner. 25% (n=163) survey respondents reported having been abused by a family member as an adult. Abuse by a parent was most common, with 60% (n=98) being abused by their mother or father. This was followed by 23% (n=37) of participants reporting being abused by a brother or sister and 13% (n=21) by a son or daughter.

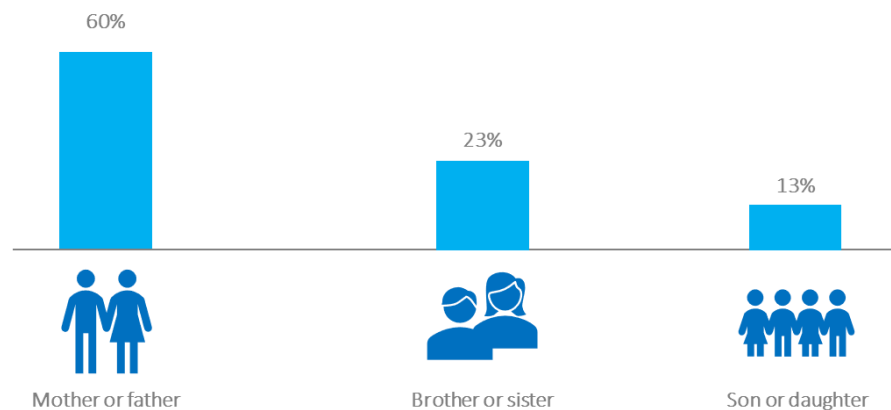


Figure 7 - Perpetrators of domestic abuse for survey respondents who were abused by a family member

3.2.2 Types of abuse experienced

There are many types of domestic abuse. The latest draft of the Domestic Abuse Bill (dated 10 February 2021 at time of writing) classes behaviour as abusive if it consists of any of the following:

- Physical or sexual abuse;
- Violent or threatening behaviour;
- Controlling or coercive behaviour;
- Economic abuse;
- Psychological, emotional or other abuse

More information about these different types of abuse, including how they impact victims and their ability to get help, is provided in Table 11. However, what these different types of abuse all have in common is that they are used by perpetrators of domestic abuse to gain and maintain power and control over a victim, and 'it does not matter whether the [abusive] behaviour consists of a single incident or a course of conduct' (The Home Office, 2021).

We wanted to gain insight into the nature of the abuse perpetrated against victims of domestic abuse in Hertfordshire. In the survey, respondents were presented with multiple options, from which they could select all that were relevant to their experience.

For those abused by a current or former intimate partner, the most common types of abuse reported were bullying and intimidation, isolation from family and friends and physical abuse. Similarly, the most common forms of abuse perpetrated by a family member were reported as bullying and intimidation and physical assault.

Table 11 - Types of abuse and their impact

Abuse type	Description	Examples (not exhaustive)	Impact on victims	Challenges for professionals
Physical abuse		<ul style="list-style-type: none"> • Being kicked, punched, pinched, slapped, dragged, scratched, choked, bitten, pushed, stabbed • Use or threats of use of 'weapons' including knives and irons • Being scalded, burnt or poisoned • Objects being thrown including food, drinks, cutlery • Violence against family members or pets • Causing you physical harm by denying access to medical aids or equipment • Harming you whilst performing 'care' duties (especially relevant for disabled victims) including force feeding, withdrawal of medicine or over-medication 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
Sexual abuse	Sexual abuse is any form of sexual activity (involving physical contact, words, or photographs) that takes place without the other person's full and informed consent. It makes no difference whether the victim has consented in the past. Also includes an abuser withholding his partner's access to contraception.	<ul style="list-style-type: none"> • Rape, attempted rape or sexual assault • Inappropriate touch anywhere • Non- consensual masturbation of either or both persons • Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth • Any sexual activity that the person lacks the capacity to consent to • Inappropriate looking, sexual teasing or innuendo or sexual harassment • Sexual photography or forced use of pornography or witnessing of sexual acts • Indecent exposure 	<ul style="list-style-type: none"> • Lack of faith in the criminal justice system because conviction rates for rape and sexual assault known to be low • Myths around sexual abuse may mean victims feel if was their fault (e.g. they were drunk or dressed a certain way), when it is not. • Male victims may feel they won't be believed 	<ul style="list-style-type: none"> • Professionals may be unclear about the nature of consent • Professionals may be unsure what support is available, or be aware that sexual abuse can be a form of domestic abuse • Professionals may be unsure what support to offer if sexual abuse is one of many forms of domestic abuse being perpetrated. • Victim may feel less able to discuss sexual abuse, due to the 'taboo' nature of the subject.
Coercive control	Coercive control is akin to brainwashing , and 'the art of brainwashing is sophisticated. The abuser replaces the victim's inner narrative and thoughts with their own. Gradually, the victim's voice is eroded	<ul style="list-style-type: none"> • Isolating someone from friends and family • Depriving someone of basic needs, such as food • Monitoring someone's time • Monitoring someone via online communication tools or spyware • Taking control over aspects of someone's everyday life, such as where they can go, who they can see, what they can wear and when they can sleep 	<ul style="list-style-type: none"> • Victim prevented from recognising behaviour as abuse • Victim has limited space for action (e.g. because their time is monitored) • Victim has limited means to seek support (e.g. no way to communicate with outside world, no money) • Victim scared to seek support, due to fear of perpetrator 	<ul style="list-style-type: none"> • Less 'obvious' (e.g. no bruises) • May not be aware that coercive or controlling behaviour is an offence • May be difficult to speak to victims along (e.g. if perpetrator attends appointments with them) • Victim may be reluctant to talk, flee abuse or support criminal prosecutions due to fear

	and replaced with the abuser’s narrative – their views, needs, desires, wants which is placed above all else’ (Richards, 2021).	<ul style="list-style-type: none"> • Depriving someone access to support services, such as medical services • Repeatedly putting someone down, such as saying they’re worthless • Humiliating, degrading or dehumanising someone • Controlling someone’s finances • Making threats or intimidating someone (Women's Aid, 2021) 	<ul style="list-style-type: none"> • Victim feels they cannot seek help if they have no evidence of physical violence • Significant risk of serious harm and homicide 	
Economic abuse	Any behaviour that has a substantial adverse effect on someone’s ability to acquire, use or maintain money or other property, or obtain goods or services. A form of coercive control.	<ul style="list-style-type: none"> • Controlling how someone acquires money and economic resources (e.g. by preventing or restricting someone working, refusing access to a bank account) • Restricting how someone uses money and economic resources (e.g. controlling when/how money is spent, dictating what can be bought, making someone justify everything they buy, insisting all economic assets are in perpetrator’s name) • Sabotaging someone’s ability to maintain economic resources (e.g. stealing someone’s money or property, refusing to contribute to household costs, building up debt in the victim’s name) 	<ul style="list-style-type: none"> • It’s a barrier to leaving • It’s a barrier to an independent life. Victims are often in debt or lack financial security, which makes it difficult to rebuild their lives if they do leave. 	<ul style="list-style-type: none"> • Can be difficult to identify • May not be recognised as a form of domestic abuse, meaning referral to specialist support not made • Perpetrator can present as being ‘caring’ or ‘protective’ (e.g. offering to take care of finances for someone) • May be unsure how to respond to disclosure or how to support • Professionals may even inadvertently place survivors at risk if they expect them to go against the perpetrator’s wishes in order to pay debts and bills
Emotional abuse		<ul style="list-style-type: none"> • Enforced social isolation • Withholding affection or giving someone the silent treatment • Insulting someone, including in front of others • Sleep deprivation • Failure to respect privacy • Preventing stimulation, meaningful occupation or activities • Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse • Addressing a person in a patronising or infantilising way • Threats of harm or abandonment 		

Figure 8 provides an overview of the types of abuse experienced by victims based on their relationship with the person abusing them. This shows there are similarities in the types of abuse experienced, though those abused by a family member experienced a broader range of abuse types, whilst those abused by a current or former partner experienced particular types of abuse (such as physical abuse) more acutely.

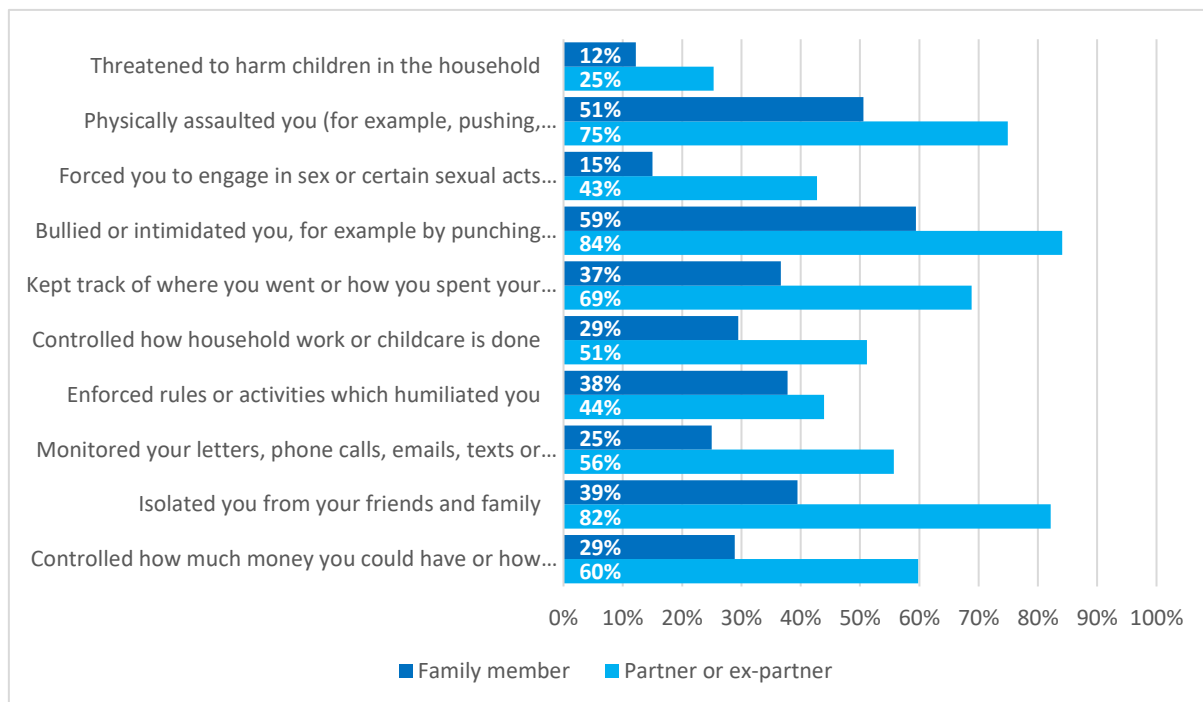


Figure 8 - the types of abuse experienced by victims based on their relationship with the person abusing them.

3.2.3 When victims and survivors experienced abuse

We asked respondents when they had most recently experienced domestic abuse to gain insight into differences in experiences based on time of abuse. 47% (n=251) of those who had experienced abuse from a current/former partner indicated that this happened in the last five years. 51% (n=275) indicated that the abuse they experienced was more historic (over five years ago). 36% (n=61) of participants who had experienced domestic abuse by a member of their family experienced this recently (<5years), whilst 56% (n=96) had experienced domestic abuse over five years ago. It is interesting that those who were abused by a current or former partner were more likely to have reported being abused recently than those abused by a member of their family.

3.2.4 Tactics used by perpetrators

Throughout the survey and interviews, victims and survivors spoke of the variety of tactics employed by their abusers to exert power and control. Building on the last section, which provided an overview of the types of abuse victims said they experienced, this section of the report will go into greater detail about the tactics used by perpetrators.

3.2.4.1 Isolation tactics

Perpetrators of domestic abuse commonly isolate their victims from their family, friends and the wider world. This makes it incredibly difficult for victims of domestic abuse to seek help and prevents them from recognising the perpetrator's behaviour as abusive. Through isolation, perpetrators of domestic abuse also increase their victim's dependency on them, affording them greater control. Isolation is one of the major forms of coercive control.

Many of the victims and survivors consulted spoke of how their perpetrators isolated them from friends and family, particularly when the person abusing them was a current partner, as one survivor states:

He had cut me off from all my friends and family. He would try to cause arguments with them, and then message to say I saw so and so, and they hate you... so really made me feel as though I had no support around me.

Through this account, we can see that the perpetrator has not physically stopped the victim from seeing their family in friends. Instead, they have forged a rift by creating ill-feeling and distrust both in the victim and their wider network. This left the victim feeling like there was no one she could go to for help. Another survivor spoke of how her friends questioned why they never saw her without her partner:

She wouldn't let me go to my friends by myself, and it got to the point where my friends questioned 'why are you not coming by yourself?'

This highlights the fact that victims' family and friends are often the first ones to spot the signs of abuse. However, they may not immediately recognise the perpetrator's behaviour as abusive or know if and how to provide support.

3.2.4.2 Economic abuse

Through the consultation, survivors told us how their abusers found ways to curtail their economic freedoms. For many, this involved their ability to use their own economic resources being limited, as in the following example:

Yeah, she'd never let me buy stuff. She'd go mad at me if I ever did. Umm, even just like going shopping; I absolutely hated going food shopping with her she'd have to, you know, pick everything and it was the little things you know, that were taken out of my control

This example shows how the perpetrator controlled how money was spent. Another survivor shared a similar experience, where their abuser had prevented them from shopping online.

There were points when she wouldn't let me do on-line shopping or anything like that.

Economic abuse can further isolate victims, as it is another 'form of coercive and controlling behaviour, designed to limit someone's choices and economic freedom' (Women's Aid, 2019). It can act as a barrier to leaving an abuser, but can also continue beyond the victim leaving the relationship by creating financial hardship, as in the following examples.

He married me under false pretences, he lied about his finances, I discovered he was deeply in debt, and I paid it all off

I was told that because I had money (on paper), I would have to pay to stay at a hotel or pay even more for a place in a women's refuge centre. They did not take into account that my payslip did not reflect my personal situation - that my ex-husband took most of my salary and had run me into debt applying for payday loans in my name

3.2.4.3 Misuse of child contact arrangements

Many of those consulted spoke of how their abuser used child contact to continue subjecting them to domestic abuse once they had left, as in the following example.

I continue to face that abuse 10 years down the line, actually... just picking up my daughter, or changing plans – I'd say like 90% of the time that comes with me being abused, through name calling and that sort of thing really [...] I have to have this relationship with him because he's the father of my child. In an ideal world, we'd have some support to set up an agreement – you know, this is when you have contact and if anything changes here is the person to contact, rather than coming to me.

This example mirrors research findings published by Cafcass in 2017, which found that two thirds of a sample of 216 child contact cases closed to them involved allegations of domestic abuse (Cafcass & Women's Aid, 2017). Many have deemed child contact unsafe when there has been domestic abuse, posing a risk both to the victim and to the children involved. It has been found that agencies often '[mistake] parental separation as equating to an end of the abuse and a reduction in risk', when it is known that separation actually increases a victim's risk of serious harm or homicide (Women's Aid, 2017).

For some victims, the fear of losing contact with their child if they fled the abuse stopped them from leaving their abuser. When asked what stops people from getting support for domestic abuse, one male victim told us.

[Male victims] are scared the other person will not let them see their children if they leave an abusive relationship

For others, they feared what would happen to their children if the perpetrator got custody. In the following example, the survivor speaks of how they felt it was easier to manage the risk to their child by remaining in the relationship with their partner.

They don't want to leave the children alone with their abusive partner. By not leaving they can balance the negative impact of the other in the children. They don't need to share the children with the abusive partner a Saturday a month (or whatever is the right of the other partner)

The survivors we consulted also told us that in many cases, their abuser threatened to contact authorities asking them to remove the victim's children if they tried to leave. They also did so post-separation to maintain control over the victim. One interviewee told us:

With social services, he was telling them I was anti my children, I was leaving them all night and things like that when it reality I left my kids when I went to work and they were 15 and 17 at the time, so it wasn't like they was tiny.

Research strongly suggests that the sort of response a family experiencing domestic abuse gets from professionals depends on the sector those professionals are working in. Marianne Hester (2011) describes the areas of domestic abuse, child protection work and child contact work as 'three planets', each 'with their own separate histories, culture, laws, and populations (sets of professionals)'. What this means is that each "planet" looks at the problem in a different way, and in turn their responses differ from one another's. Hester describes 'how, bouncing between these planets, are women and children who find inconsistency and contradictions; just the type of environment in which

perpetrators can hide and abuse' (Eaton-Harris, 2019). According to Hester, stopping families falling into this 'black hole' between planets:

*Requires much closer and coherent practices across the three areas of work, with understanding of professional assumptions and practices and those of other professional groups. For children's services, it means taking into account not just that work on domestic violence requires intervention with victims, children and perpetrators, but that the most effective way of doing this is to **team up with practitioners on the 'domestic violence planet'**, who have extensive experience of work with both domestic victims and perpetrators, **and with practitioners on the 'child contact planet'** to integrate further a common response to women and children's safety.*

Existing multi-agency processes, such as MARACs and local safeguarding children's boards, tend to be situated 'within' planets rather than 'across' planets, meaning further work is needed to work out the best way to join up the approaches of the three planets when it comes to keeping victims of domestic abuse safe.

3.2.4.4 Making counter accusations of abuse

Those who encounter domestic abuse professionally are likely to bear witness to counter-allegations of abuse, where both parties allege that the other is abusive. As perpetrators are adept at manipulating those around them, they may present as victims, either because 'they see themselves as the aggrieved party, or because they are seeking to control their (ex-)partner by using the response of agencies [...] to further abuse' (SafeLives, 2020).

This is something that many of the victims and survivors we spoke to told us had happened to them, as demonstrated in the examples below.

[The police] took my statement but because my partner got wind of my complaint, she put in a false counter allegation and the police believed her over me as she is female

[They] would pick fights, shout and scream, often attack me and then phone the police to say I was abusing [them] in order to demonstrate that I was an unfit parent in order to get custody of my daughter. I was frequently arrested, usually during school holidays, Christmas, Easter and on my daughter's birthday, and locked up.

In these examples, perpetrators made counter-allegations to the police, which sometimes resulted in the victim being arrested – something that would seriously undermine their confidence in the police to protect them from the person abusing them. Victims and survivors also told us that their abusers frequently reported them to children's social services.

Whilst counter-allegations of abuse can make it difficult for professionals to identify the primary victim and primary perpetrator, bidirectional violence is 'rare to non-existent', meaning it is highly unlikely both parties are "as bad as each other" (SafeLives, 2020).

3.2.4.5 Technology, domestic abuse and stalking

Technology is increasingly being used to perpetrate domestic abuse. Last year, Refuge reported that three quarters of the people they supported had faced abuse from their ex-partner via technology. Below is an outline of the ways perpetrators of domestic abuse can use online platforms to gain and maintain control of their victims.

Online domestic abuse can include behaviours such as monitoring of social media profiles or emails, abuse over social media such as Facebook or Twitter, sharing intimate photos or videos without your consent, using GPS or spyware (Women's Aid, 2020)

Through the consultation, we learnt that victims of domestic abuse in Hertfordshire are being stalked and harassed through social media. One individual told us how their former partner created fake social media profiles to harass her, either directly under a false identity or by encouraging others to contact her.

[He was] setting up [...] social media profiles to contact me, he put my number and called me a sex worker, so I had to change all my phone numbers.

In this example, the perpetrator has shared the victim's personal details and made claims about that victim with the aim of embarrassing them. Another individual told us she experienced something similar, whereby her abuser spread malicious information online about her business.

He's now stalking me and writing fraudulent posts about my business. Therefore having ruined me personally he's now trying to ruin my business reputation too.

Many of those who reported experiencing abuse online, or through technology, said they experienced this abuse from their ex-partner, after they'd left the relationship.

Just because you are physically removed from your abuser does not make you safe. Social Media is not going away and an understanding of how to live in an interconnected world having been abused would have been useful.

Such experiences are likely to create a lasting fear of technology, which could leave victims of domestic abuse socially isolated and unable to search for and contact support. Ultimately, victims' ability to escape abuse and then recover can be severely damaged through digital abuse.

Alongside online abuse, victims and survivors told us they received persistent calls and texts from the people abusing them, as in the examples below.

He was ringing my work phone, he was following me in the car, I don't drive, I was walking and he was following me in his car, erm he was ringing my phone, putting letters through my door at all hours of the day and night, erm, making threats

She's ringing my phone, and she's texting my phone. And I remember counting, and there was over 200 message and over 100 missed calls

Through the consultation, there were some examples of where employers or co-workers had spotted the signs of abuse at work, due to the perpetrators use of technology or online platforms to perpetrate abuse.

It was only because he was ringing my work and they record all their calls and they heard the threats. He was parking outside my work, driving up and down... caught him on CCTV driving up and down, ringing at the same time... Watching up at the window. I felt afraid to leave my office where I was working

My colleague asked me if I was okay, because she could see how many messages were coming through.

It is important to note that ‘most victims experience tech abuse alongside other types of abuse, such as physical violence and sexual abuse’ (Christie & Wright, 2020). Also, the responses here are from those who were aware that technology was being used to abuse them; recent studies have shown that many victims are not aware of the fact they are being monitored through technology (Snook & SafeLives, 2017).

3.2.4.6 Breach of bail and civil orders

Throughout the consultation, victims and survivors told us of the ways their abusers breached bail conditions. One individual told us:

Stevenage Magistrates gobsmacked me in their leniency. His bail conditions were that he should not contact me and if he did, he would go to prison, however, when he did breach them he just got a slap on the wrists and sent home - so that just teaches him that is bail conditions were meaningless and he could do what he liked and not suffer any consequences for his actions.

Another survivor told us that no bail conditions were imposed on their abuser, something frontline domestic abuse workers have reported to be particularly common in standard and medium risk cases of domestic abuse (Centre for Women's Justice, 2019).

Suspect had no bail conditions [...] due to the lack of safeguarding from Herts Police I had to obtain a non-molestation order which put me in significant debt in order to feel safe [...] My entire life was exposed to my colleagues and I felt humiliated. I had been a victim for 9 years and it required resilience to come forward. I ultimately left my job as a police constable in 2017 due to my experience and lack of trust in the police

Others told us how their abuser was repeatedly arrested and bailed:

He was arrested and bailed, and it continued this happened repeatedly

Evidence shows that since 2017, there has been a drop in the use of police bail in domestic abuse cases, with many alleged perpetrators being released without any conditions. Where pre-charge bail conditions are imposed, they are limited to 28 days. In 2017, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) reported a 65% drop in the application of bail conditions in domestic abuse cases following the introduction of the 28-day limit (Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services, 2017). As a result, The Centre for Women's Justice has submitted evidence to the Domestic Abuse Bill Committee to request that the 28-day initial bail period be increased to three months.

In addition to reports of breached bail conditions, survey respondents also spoke of how their abusers breached civil orders.

They told me he had been detained under mental health act as he had threatened suicide. They told me it was okay to maintain child contact. When I took out a non-molestation order and he breached it by coming to the house they wouldn't arrest him but warned him to stay away.

However, many victims found that when they reported breaches to orders, there was no follow-up.

A couple of times they weren't helpful for instance when my ex breached a non molestation order they said it wasn't there problem and i should go back to court

The police didn't take seriously at first, and when they did, restraining order was breached twice. He then served 4 weeks prison time, I was not informed when he was released, and only found out when I saw him.

A lack of follow-up from the police and other agencies when a civil order is breached is likely to damage victims' faith in the criminal justice system and could mean that they don't report abuse again. In turn, this could result in victims living with abuse, that might be escalating, for longer.

Survivors also told us that in some cases, perpetrators found ways to continue harassing them that were not in breach of the orders put in place.

He lived very close to my house and he knew of ways to flout the restraining order, I lived on a main road but he knew that if he came round the back of the house, it was classed as a different road so he wasn't breaching the restraining order

3.2.5 Formal help-seeking

For many survey respondents, the Police and/or their GP were the first point of contact when they were seeking support for the domestic abuse they were experiencing. This is the case both for victims who have experienced domestic abuse recently (i.e. in the last five years) and those who have experienced abuse historically (i.e. 10-25 years ago). Contact was usually made with professionals either at the time the abuse was happening or within a week of an incident.

Respondents who had experienced domestic abuse in the last five years said they also reported to Children's Services, their employer, their child's school (or nursery), health visitors or a confidential helpline. When compared to the responses given by those who had experienced more historically, these options were markedly more popular.

Many respondents who had experienced domestic abuse in recent years did not speak to a professional, with 23% (n= 118) saying they did not disclose the abuse to professionals. The profile of participants who did not disclose to professionals was looked at closely, to see whether there were any similarities between them. In terms of demographic profile, participants were mostly female (96%), White British (85%), heterosexual (88%), spoke English as a first language and did not consider themselves to have a disability or long-term health condition (70%).

This is largely in line with the demographic profile of survey respondents as a whole. However, the percentage of BAME respondents in the sub-sample that did not report to professionals is slightly higher than the percentage of BAME survey participants overall. This may suggest that BAME victims in Hertfordshire face additional barriers to accessing support, although it should be noted that the county's BAME population is underrepresented in responses to the survey and that the sample is relatively small.

When looking at who this group of participants had been abused by, the results showed that 96% (n=113) had been abused by a current or former partner, which is higher than the percentage of all survey respondents who reported being abuse by a (ex)partner (83%). This could suggest that those who are being abused by a partner are less able to tell professionals about the abuse they are experiencing, perhaps because the person abusing them is more likely to be in the same household as them and therefore more able to monitor and control their activities.

An examination of when participants experienced abuse showed that those who experienced abuse more historically were less likely to tell professionals than those who experienced abuse more recently

(i.e. in the last five years), suggesting that more victims are now reporting and disclosing to professionals than historically. This could be because fewer specialist domestic abuse services were available historically. The fact that many of the respondents who experienced abuse more historically said they did not recognise the domestic abuse services mentioned in the survey would support this.

Overall, a mix of positive and negative experiences when seeking professional help were reported and these will be outlined here. There will be a focus on responses from participants who experienced abuse in the last five years, as these responses will provide the greatest insight into current professional practice and how this meets the needs of victims.

3.2.5.1 Positive experiences

Many respondents reported that they got the support they were looking for, particularly when the action they were seeking was arrest of the perpetrator.

The person was arrested and was put into the court system.

Some survivors also had a positive experience when they disclosed the abuse to their employer. In some cases, employers provided emotional support, and in others they also facilitated practical measures such as time off work to allow the victim to make arrangements for their safety.

My manager was very supportive and the domestic abuse lines helped me answered all my questions and gave me the courage to take the next steps

Police acted fast and my boss was very supportive giving me time off for court

For many, just being listened to and believed meant victims got what they were hoping for from professionals.

The Police were excellent, very helpful and sympathetic and ensured that the GP's took action.

They listened. They believed me. They helped me.

In many cases, victims' disclosures led to onward referrals to other agencies, so that the victim could get support for their needs. Clear examples of multi-agency working were cited by survivors.

[A] family support worker at the children's centre put me in touch with Safer Places and I started to receive help which in turn led to myself and my children going into refuge.

Police have protected me, arrested partner, IDVA had a MASH meeting, my family worker, child school and family have been very supportive

Victims found comfort and reassurance from professionals after disclosing which led to support being given.

They listened to me and asked me questions and gave me suggestions on how to cope

Respondents also gave examples of practical support they received as a result of disclosing to professionals.

My divorce was settled after a FDR, at 2nd court hearing. Solicitor, barrister that helped me. I borrow money from a friend, went back to education and the system also supported me and helped me running the household.

3.2.5.1 Negative experiences

In some cases, victims reported that disclosure led to negative outcomes for them instead of the perpetrator. This was mainly due to little support being offered, not being taken seriously or feeling that professionals could have offered more support than they actually provided.

In many cases, negative experiences led to victims feeling let down and decreased the likelihood that they would seek help from professionals again. In some cases, disclosure has led to the situation getting worse rather than bringing any positive outcomes. Where victims were not believed by the professionals they disclosed to, the domestic abuse escalated, negatively impacting them mentally, physically and financially.

It got a lot worse. The abuser was believed for 8 years. I lost my career, nearly lost my children, will lose my home in 2 years and my health hasn't recovered.

Sadly, some of those who took part in the survey continue to experience barriers to getting support, particularly when the abuse is not physical.

I am at the point of giving up. I no longer report incidents to the police as it is a waste of time unless I have bruises and even then I feel it is highly doubtful they would do anything unless I dragged a stranger off the witness the abuse. No one wants to listen to my voice or my children's. The police have never spoken with my children either. In my opinion services simply cover up what is happening allowing the abuse to continue. Me not have been beaten black and blue but it's no excuse to allow domestic abuse to continue.

Male victims consulted were often not taken seriously by professionals and did not receive the support they were seeking. In some cases, action was taken against them instead of the perpetrator, especially when the perpetrator made counter-allegations. In some cases, this led to arrests.

My wife would pick fights, shout and scream, often attack me and then phone the police to say I was abusing her in order to demonstrate that I was an unfit parent in order to get custody of my daughter. I was frequently arrested, usually during school holidays, Christmas, Easter and on my daughters birthday, and locked up

3.3 Support needs and requirements of victims and survivors of domestic abuse in Hertfordshire

To design and commission support services for victims and survivors of domestic abuse, it is key to understand their needs and requirements. This section of the report considers the research findings in relation to this, focussing on entry to support, ongoing support, preferred support channels and requirements from both formal and informal support systems.

3.3.1 An overview of support needs and requirements

Many survey respondents (58%) reported trying to get help for the abuse they were experiencing. Some did this through specialist domestic abuse services, such as the county’s Independent Domestic Violence Advocacy (IDVA) service. By comparing the results of those who experienced abuse in the last five years with those who experienced abuse more historically, we can see the number of people accessing specialist services has increased.

However, of those that responded to the survey, 42% had not accessed any form of specialist support for the domestic abuse they were experiencing. This number is higher in the cohort of male victims who responded to the survey, of which 65% reported not receiving any help from specialist services.

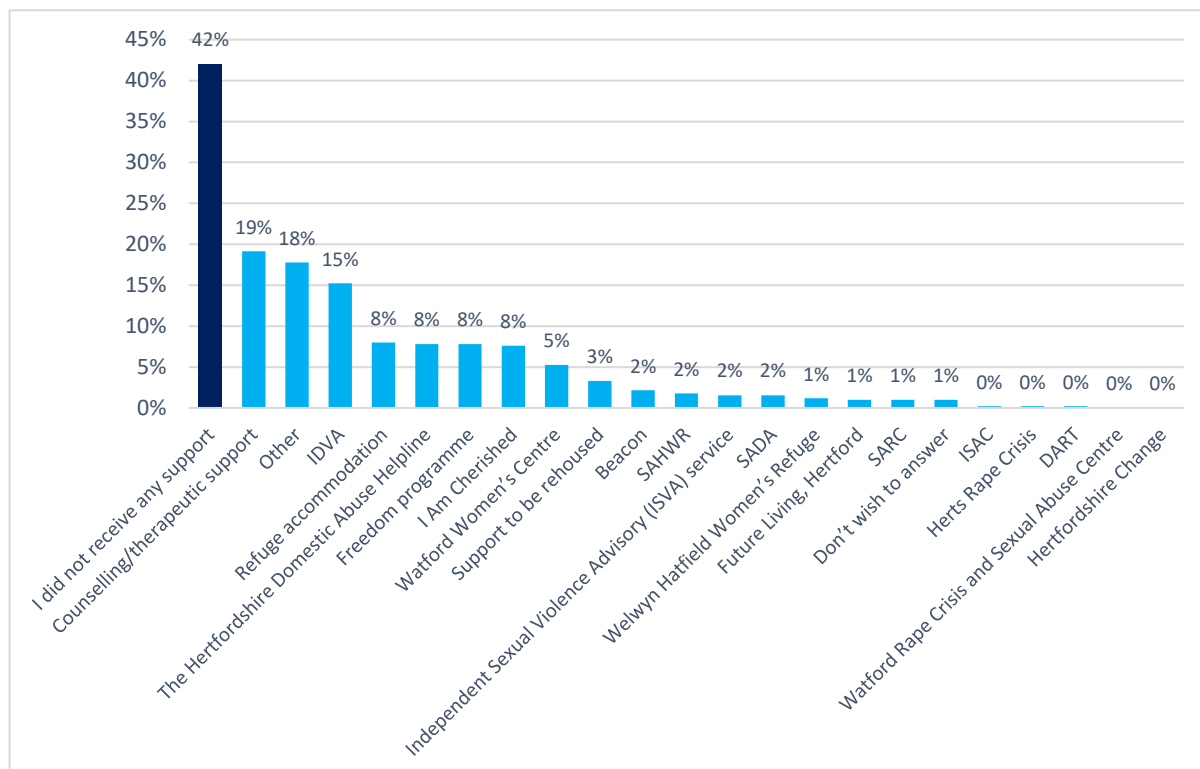
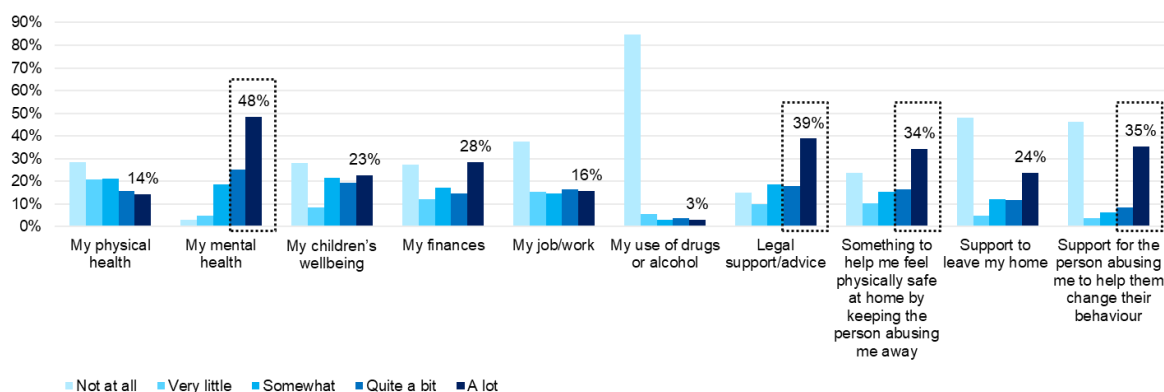


Figure 9 - Types of specialist domestic abuse support accessed by survey respondents

All respondents were asked what they wanted help with, regardless of whether they got support, where this came from or who they approached. An overview of the responses are shown in the graph below. Most commonly, victims and survivors identified needing counselling and other forms of therapeutic support. This was followed by needing legal support and help with feeling safe by keeping the perpetrator away. Interestingly, a number of respondents identified wanting support for the person abusing them to help them change their behaviour.



In this section, we will explore the above findings in more depth, combining comments from survey respondents with those from interviewees to provide a thematic analysis of the results.

3.3.2 Counselling and therapeutic support

Through the county-wide survey, the highest need identified from the options listed was counselling and therapeutic support, which 48% of respondents stated they needed. This was somewhat expected, as it is well known that one of the most common health consequences of domestic abuse is poor mental health, with a three-fold risk of depressive disorders, four-fold risk of anxiety disorders and a seven-fold risk of post-traumatic stress disorder (Trevillion, et al., 2012). It is therefore unsurprising that high numbers of survey participants wanted help them with this, as in the example below.

I was severely struggling with depression and insomnia so only told GP in regards to my health to get support in recovering

In this example, it seems the individual only told the GP about their mental health concerns, and not the domestic abuse that had caused them. This is something we heard from many of the victims and survivors we consulted, who said they did not disclose to the GP either because they did not want to or because disclosure was not facilitated. Unfortunately, the latter is common in clinical practice for reasons such as time pressure, low levels of understanding about the links between domestic abuse and poor mental health and uncertainty about how to facilitate and deal with disclosures. However, studies, including this one, show that victims of domestic abuse with mental health needs are more likely to have visited their GP before accessing support for the abuse, demonstrating the important role for health professionals in exploring not just 'what's wrong' but also the causes (SafeLives, 2019).

Many were aware of exactly how domestic abuse was affecting their mental health, reporting depression, anxiety, insomnia and Post Traumatic Stress Disorder (PTSD). Others, however, cited a more general feeling of being 'unable to cope' and needing help with this, as in the examples below.

I needed support from someone else in order to try to cope with the abuse.

I only told them as I had been kicked out and was having a major mental breakdown. I think I told them more because I couldn't cope with classes at the time and needed a safe space to cry away from people.

The language used here, particularly in the first example, could suggest that these individuals see domestic abuse as something they have to 'cope' or 'put up with'. Such presentations could be difficult

for professionals if they only look at the presenting mental health issue, such as the stress caused by not keeping up with classes, as mentioned in the example above.

As counselling and therapeutic support are currently under-resourced, many of those consulted reported difficulties in trying to access this type of support. Some spoke of how they faced long waits for therapeutic support and how this resulted in their mental health deteriorating:

I am mentally damaged and although I have been offered counselling, I am still on the waiting list for this 11 months later. Bottling it up still makes me feel isolated, depressed and very suicidal

In other cases, survivors spoke of how they struggled to get the right type of mental health support.

GP - offered me anti-depressants and basic CBT - this wasn't helpful. GP - They made a referral for my daughter to mental health team which was extremely helpful, and they finally put the support in and protected us from him through their recommendations

In this example, the type of mental health support offered was not what the victim needed at the time. The survivor's account of the support provided by children's mental health services, which meant she and her daughter could be safe from abuse, provides insight into the type of support she would have liked to receive when she approached her GP about her own mental wellbeing.

As part of the survey, we asked people the extent to which services helped them with what they needed, and an overview of their responses in relation to mental health can be found in Figure 10. Positively, of the 267 respondents who reported needing mental health support, many felt the services they accessed helped them with this:

It was things like... everyday things, I would go out the house and because I was constantly on high alert and feeling like I was constantly looking over my shoulder. I couldn't relax. I then struggled leaving the house and it was things like that

I tried several times to get help but in the end was told that the counselling I needed was very far away, was expensive and I'd have to join a very long waiting list. I have felt abandoned for over 10 years and that no one cares.

I had six hours NHS counselling. I felt I needed more. I was still very distressed and had/have PTSD because of what happened.

3.3.3 Practical support

In addition to therapeutic support, many of the victims and survivors who took part in the consultation identified that more practical forms of support would have been beneficial. These will be discussed here.

3.3.3.1 Legal support

A high proportion of those who had or were currently experiencing abuse who responded to the survey (n=517) identified needing legal support. 21% (n=107) said they needed 'a lot' of help with this, with a further 10% (n=49) needing 'quite a bit' of legal support. However, of those that needed legal help (n=208), 64% (n=133) either got very little or no legal support. This is shown in Figure 11.

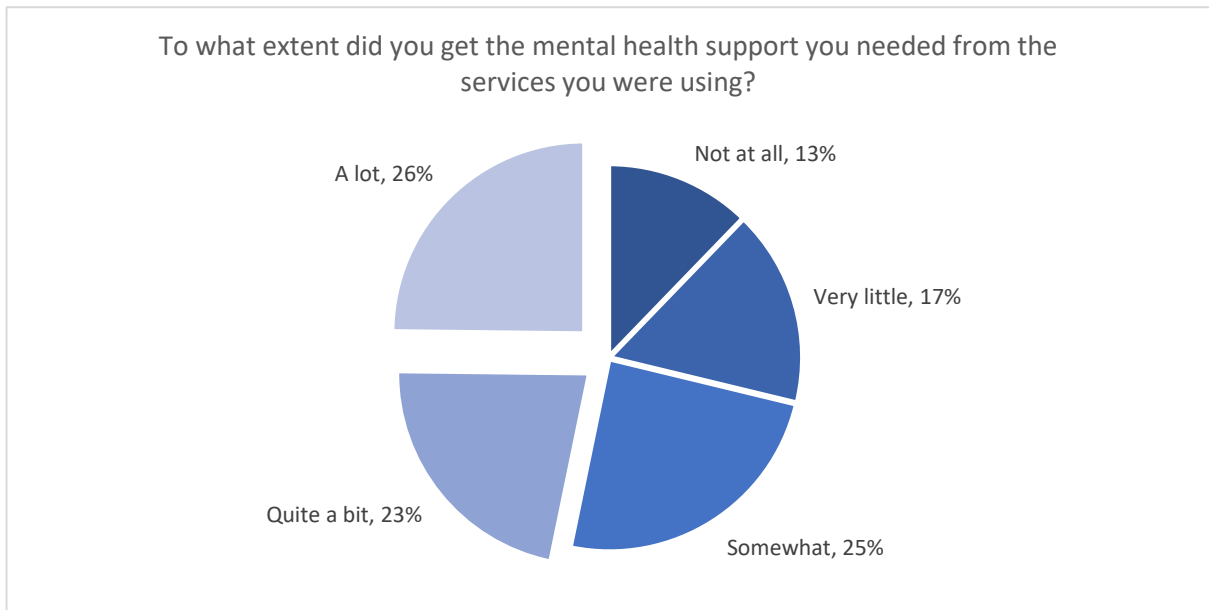


Figure 11 - Proportion of survey participants who got the mental health support they needed.

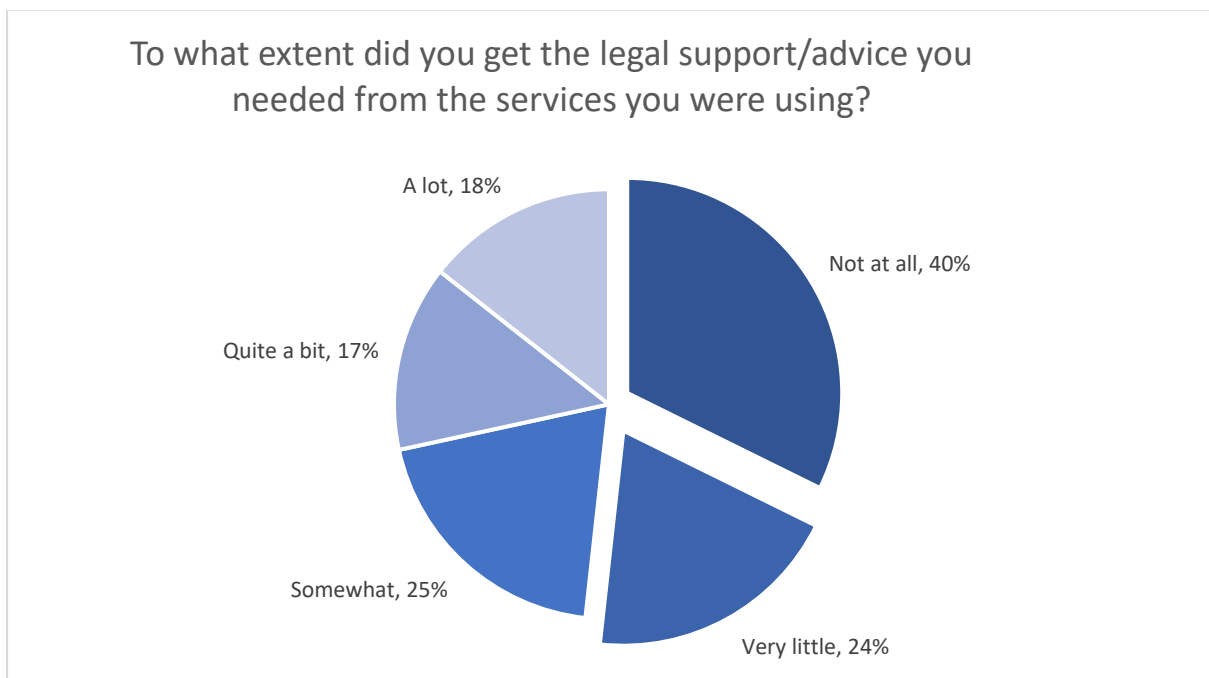


Figure 12 - Proportion of survey participants who got the legal support/advice they needed.

Survivors told us that they experienced difficulties in getting legal support for many reasons, such as having a joint bank account with their abusive partner and not having the financial resources to pay solicitors.

I needed legal advice on how to leave him. Solicitors were very expensive. Not just leaflets and web pages... proper talking advice.

In this example, the individual states wanting to have someone to talk to. However, access to free legal support is limited in the UK. Legal aid can be difficult to obtain, as it is subject to a means test of both income and capital, which the victim may not have access to (especially if they are subject to

economic abuse). Added to this, few solicitors undertake legal aid work. In Hertfordshire, the IDVA service has reported having to use solicitors in London where their clients have needed legal aid.

The impact of funding legal support for some survivors is great. One individual told us:

I relied on my friends & family to help with legal fees for years. All to protect my children. Over £80,000 in 9 years as he abused me through the court system for years.

3.3.3.2 Safety in the home

Many wanted something to help them feel physically safe in their home by keeping the person abusing them away, either through action that would lead to an investigation, arrest, prosecution or physical removal from the house. For example, when asked what they hoped would happen when they spoke to professionals about the abuse they were experiencing, one survivor told us:

[I hoped] that my mother's partner would stay away, be arrested and imprisoned, or at least have a restraining order against him so I would never have to see him again

Another told us:

I needed information how to get him and his son removed, I needed them to stay away from the home, I wanted support on how to do this.

If perpetrators are not effectively managed, this can leave victims feeling as if they must leave their own home to be safe (Women's Aid, 2020). The victims and survivors we consulted expressed huge frustration at this, as in the examples below:

What I found frustrating was I was born and bred in this town, my family lived here, and I grew up here. He wasn't from this town I was the one that was forced to move but he was living in private rent accommodation in a shared house but I had to up route

I did actually have to leave my own eventually, my children insisted I had locks put on the bedroom door but my son said it wasn't enough and he could break his way in.

3.3.3.3 Financial support

Through the interview process, many of the survivors consulted expressed a need for financial support. This was also clear in the survey results; 61% (n=164) of respondents who accessed specialist domestic abuse services told us they hoped these services would be able to help them with their finances. For some, a lack of financial support prevented them from fleeing the abuse they were being subjected to, as in the following example:

No help to protect me from my abusive ex. Was compelled to live with him for 2 years whilst we separated as have 5 kids. No finances to move out, plus advised not to move out

A lack of financial independence can be a huge barrier for victims of domestic abuse, forcing them to be more dependent on the person abusing them.

Other survivors we spoke to told us that the freedom they had gained came with huge economic losses:

I also desperately needed financial support. I contacted various agencies and charities, and even wrote a letter to my MP to see what could be done, but I slipped through the net in terms of benefits/financial support because I was a homeowner. Unfortunately I was forced to sell the house in order to feed my daughter and I. Since, I have spent almost all the proceeds from the house on rent and living costs, despite absolutely every effort to work/study/train to improve our future. I desperately tried to do everything I could to protect the house, but there was no support available.

Unfortunately, homeownership often means that victims of domestic abuse cannot get support, as their home is counted as capital. Until recently, homeowners with low incomes often did not qualify for legal aid due to a £100,000 mortgage cap which falsely inflated their wealth. As a result, there are many stories of victims of domestic abuse having to sell their homes so that they can pay for the legal support they need. The example above shows that homeownership continues to act as a barrier even after victims of domestic abuse have separated from their abuser, resulting in a poorer quality of life.

Another survivor told us a similar story, whereby her income prevented her from being able to get help even though the person abusing her had gotten her into debt.

I was surprised at the time how little help was available for a victim, who earned a good salary, without children. I was told that because I had money (on paper), I would have to pay to stay at a hotel or pay even more for a place in a women's refuge centre. [...] Also, as I did not have children, they said it would be easier for me to find somewhere to stay (with a friend, for example).

I wanted assistance for additional finances if possible. I wanted to know about the home and support for my daughter and whether any benefits were available to us given the situation could we go to another house and be supported by the government as I now had little money coming in from work due to COVID

In a study conducted by Surviving Economic Abuse, 95% of the 278 domestic abuse survivors they screened had experienced at least one form of economic abuse and 60% had experienced at least one form of coerced debt. Common tactics found to be used by perpetrators included:

- making victims take out a credit card or loan against their wishes
- making victims buy something on credit against their wishes
- taking out a loan, mortgage or credit card in the victim's name
- using victims' credit card
- using other sources of credit in the victim's name, such as an internet account or phone
- putting bills in the victim's name, including rent or mortgage payments, utility bills, car finance agreements, mobile phone contracts or catalogue payments
- forcing the victim into a position where they must take out credit to afford to live

What's more, '44% of debts were priority debts, meaning that victims were at the risk of the harshest punishments, including utilities being cut off, facing bailiffs, a court summons or homelessness. Meanwhile, perpetrators who coerce and profit off the debt, maintain comfortable lifestyles and are not held accountable by creditors' (Surviving Economic Abuse, 2020).

Many of those consulted did not recognise that they had been victims of economic abuse, as in the cases above where their abuser had gotten them into debt. One survivor realised post-separation that she had been abused financially and reflected on the support she needed at the time.

I would have liked to know that somebody stealing money from me and getting me into debt was abuse. Also going days without speaking to me and sulking when I didn't give him money. I really wish I had known there was help out there. I just felt embarrassed and foolish. I was scared that I would be left to cope with the debt and that I wouldn't be able to manage so a financial abuse helpline would have been useful just to talk it through. If I had received help I would have left the relationship sooner. I ended the relationship and paid off the debts myself. It took me 12 years to clear.

3.3.4 Support for the perpetrator to change their behaviour

35% of survey participants (n=90) indicated wanting high levels of 'support for the person abusing [them] to change their behaviour'. In the literature on domestic abuse, such interventions are often referred to as "perpetrator programmes":

This term refers usually to a series of structured interventions, most commonly occurring in group settings in which domestic abuse perpetrators, who may either be court-mandated or attending on a non-mandated or 'voluntary' capacity, are engaged with by programme practitioners or facilitators in relation to their violent and abusive behaviour towards partners (and, increasingly in the context of programme development), children. The aim of this activity is to contribute to the safety of women and children by enabling or supporting men to become accountable for their behaviour, and in the process cease or reduce their violence and abuse (Morran, 2019)

Research on the best way to work with perpetrators of domestic abuse to change their behaviour is highly contested, and numerous reviews and evaluations state that 'the evidence on "what works" in reducing or stopping domestic violence remains inconsistent and inconclusive' (Lilley-Walker et al., 2018. See also: Akoensi, Koehler, Losel, & Humphreys, 2013; Arias, Arce, & Vilarino, 2013; Babcock, Green, & Robie, 2004; Feder, Hester, Williamson, & Dunn, 2008; MacMillan & Wathen, 2001; Smedslund, Dalsbo, Steiro, Winsvold, & Clench-Aas, 2011). Poorly designed or facilitated programmes are also likely to have a negative, rather than a positive, impact on victims, increasing the likelihood or severity of abuse being perpetrated against them.

Most academics and professionals acknowledge these inconsistencies in the design and subsequent evaluation of perpetrator programmes. Nonetheless, there are many that feel such interventions are or could be effective, and that it is just a case of finding the right evaluative methods to demonstrate this. As the arguments for and against perpetrator programmes are many and vast, they will not be discussed in full here. Instead, an overview of the responses given by the victims and survivors who said they wanted behaviour change support for their abuser will be provided here. Before a programme for perpetrators is rolled out across Hertfordshire, it is vital that the literature on perpetrator programmes be reviewed in full and that robust evaluative measures be put in place to ensure victims of domestic abuse remain safe.

3.3.4.1 Removal of the perpetrator

A closer examination of the responses given by this group of respondents revealed a number of 'high risk factors' in their answers. These are factors that research has identified as being associated with a greater likelihood of serious violence and murder, such as recent separation, stalking, strangulation

and substance misuse (Richards, 2009). Here are some examples of the high risk factors mentioned by survey participants who said they wanted support for their abuser to change their behaviour.

He would be taken away and I'd never see him again. I could unburden myself from carrying the secret around.

That I would be supported to find a way to stop him from behaving abusively. He is my ex husband and, as we have children together, I cant avoid contact altogether. He gained entry to my new property and refused to leave.

That my Mother's partner would stay away, be arrested and imprisoned, or at least have a restraining order against him so I would never have to see him again

Help support Advice to tell him not to behave in verbally threatening controlling or violent way and to have made sure he stopped doing this

Someone to come and talk to my abuser. Someone to give me a hug and make it right

It is clear from the responses given by the victims and survivors in this group that the people abusing them were especially persistent and dangerous. As such, is unsurprising that they wanted the person abusing them to stop and, in most cases, to leave them alone.

Might want some more quotes here

The responses given by this group suggest that those abusing them were often high-harm, high-risk and potentially serial perpetrators of domestic abuse. This highlights the importance of getting interventions targeted at perpetrators right, and right first time, as otherwise there is a real danger that the abuse will escalate, and that the victim will be at greater risk than before. It is also vital that every victim has a domestic abuse professional working to support them.

Some reported that the programme attended by the perpetrator had a negative effect. Some felt the programme attended provided the abuser with ways to excuse their behaviour.

3.2.4.2 Aggravating factors

Respondents commonly cited the perpetrator's mental ill health or substance misuse as the cause of the abuse, and therefore the support they sought for their abuser was targeted at these issues.

I wanted to understand his alcohol problem more as that seemed to be the trigger of his physical and mental abuse

The professional to assess my husband's mental state seriously.

I hoped that my partner would be taken and put into Prison to receive the support he needed for his mental health and cannabis addiction, and I hoped that I could get the medical help I needed (I almost died from my injuries)

Statistics do show a connection between substance misuse and domestic abuse, with perpetrator substance use featuring in half of domestic homicide cases between 2011 and 2019 (Gadd et al., 2019; Gilchrist et al., 2019; Rongqin Yu et al., 2019). Whilst alcohol and drug use can increase the frequency and severity of abuse by a perpetrator, they do not cause the abuse. Research shows that:

'Many perpetrators who commit domestic violence while drunk will also be violent and controlling while sober. And many perpetrators of domestic violence and coercive control do not have a drink or drug problem, and therefore it would be a mistake to divert resources from domestic violence perpetrator programmes to tackling drink and drugs misuse' (Shaw, 2019).

Similarly, mental health problems can increase the frequency or severity of abuse perpetrated, but they do not cause domestic abuse (Oriol & Fleming, 1998; Askeland & Heir, 2014; Okuda, et al., 2015). SafeLives state that:

Although most people with mental health needs will never be violent, evidence suggests having mental health problems is a risk factor for perpetrating domestic abuse. Mental ill health is never an excuse for perpetration of abuse, but building an understanding of the mental health needs of perpetrators can help services develop more effective interventions (SafeLives, 2019).

Despite the strong associations, domestic abuse often goes undetected both within mental health and substance misuse services. Studies have also shown that the police commonly see alcohol as a cause of domestic abuse, meaning that the perpetrator is usually only removed for a short period of time (Hester & Westmarland, 2006).

Unfortunately, the concept of drugs, alcohol and poor mental health as causes of domestic abuse has been normalised in society. It is therefore unsurprising that the victims and survivors consulted as part of this project attributed their abusers' behaviour to these issues, and that in turn they felt the abuse would have ceased if treated.

While mental health issues may complicate the work we do, or in some cases mean that we cannot work with a particular client, they never remove our focus on how the men we work with can more effectively take responsibility for their behaviour. If there appear to be mental health issues, I am interested in how they impact on a client's ability to take responsibility (SafeLives, 2019).

Something here about how perp programmes need to take into account perpetrators' additional needs, and how awareness may need to be raised both amongst professionals and in the community around the causes of domestic abuse (i.e. it's the perpetrator and their desire for power and control).

3.3.4.3 Referrals to relationship counselling

Some of the victims and survivors consulted spoke of how they had been referred to couples' counselling.

Two GPs from different practices thought it was a personality conflict and suggested marriage guidance. My husband refused to attend, getting very angry and saying I was telling people he was mad

I think couples' counsellors should be trained to pick up hidden abuse more readily. I think my husband presented himself as a caring, put upon man.

Domestic abuse specialists generally agree that relationship counselling for victims and perpetrators of domestic abuse is not only inappropriate, but dangerous. This is due to the dynamics of domestic abuse, whereby the perpetrator abuses the victim for the purpose of gaining, or maintaining, power and control over them. Furthermore:

- Perpetrators are adept at manipulating those around them and creating a positive persona, giving the appearance that all is well and minimising the level of threat they in fact pose to the victim;
- Victims will often be fearful of retribution should they disclose the true nature of the abuse they are experiencing during a counselling session;
- A referral to relationship counselling gives ‘the message that one can improve a relationship without exposing and stopping [the perpetrator’s] abusiveness’, and;
- It also implies that the victim is in some way responsible for the abuse, reinforcing the idea that they are the one that needs to moderate their behaviour, when in fact domestic abuse is the sole responsibility of the perpetrator

In summary, relationship counselling of any kind should not be used as a component of behaviour change programmes, which should work with perpetrators on an individual level whilst the victim is supported by a separate domestic abuse specialist, so as to minimise the risk of further abuse.

3.3.4.4 Referrals to anger management

Anger is a common excuse used by perpetrators to explain their abusive behaviour. However, it is a desire for control, not anger, that causes domestic abuse. In fact, perpetrators are often skilled at controlling their emotions, especially when presenting to professionals. Unfortunately, referrals to anger management programmes have been a common response to domestic abuse historically, and some of those consulted spoke of how their abuser had been referred to such a programme.

Partner was advised to seek anger management

They didn’t charge him. They did send him on an anger management course, and I was referred onto a domestic victim support course.

In all likelihood, attendance to an anger management course is more likely to prolong or intensify the abuse by giving the perpetrator a way to justify their behaviour.

3.3.4.5 Concerns about the efficacy of perpetrator programmes

Many questioned whether perpetrators of domestic abuse can change their behaviour, owing to attitudes towards women in society.

The roots of the abuse are cultural. I would like if somehow he was contacted to make him understand the things, he does which are not acceptable. I don’t think it’s possible though. Men and women seem to have different rights and duties from his point of view.

He has been brought being praised for doing nothing except a Man. He is also a victim from his own family, but he will not accept it and she would attack blindly whoever may suggest it. Behaviour change for perpetrator

Comments like this highlight how ‘violence against women and girls does not occur in a vacuum; hostility towards women and girls generates a culture in which violence and abuse is tolerated, excused and repeated’ (The Jo Cox Foundation, 2021). Sadly, violence against women is common in society, and includes:

‘domestic violence, femicide, rape and sexual violence, corrective rape of lesbians, child sexual abuse and exploitation of girls, prostitution, trafficking, forced marriage, female genital

mutilation, street harassment, online misogyny, forced abortions, ritual abuse, juju, acid attacks, public flogging of women, surrogacy and slavery’ (Taylor, 2020)

Others felt that such a change could be possible, but only with long-term, intensive support for the perpetrator.

I think it is very unlikely that someone who has a habit of abuse behaviour is unlikely to change this without a desire to and will only do so if they receive intensive support

3.3.5 Support from informal networks

Victims’ informal networks, such as their family and friends, are more likely to spot the signs of domestic abuse early on and can play a positive role in providing support. However, they can also (unwittingly) sustain abuse, and may not necessarily be equipped to offer help (Parker, 2015). Many victims and survivors told us they wanted support from their friends and family, or from someone at work. Table 12 provides overview of how survey participants responded to a question about who in their informal networks they told about the domestic abuse they were experiencing. The responses are broken down according to the following groups of respondents: those who had been abused by a current or former partner in the last five years, those who were abused by a member of their family in the last five years, respondents who had experienced abuse more historically and male respondents.

Table 12 - Survey participants’ response to a question on who in their informal network they told about the abuse they were experiencing.

Which of the following people did you tell?	(Ex)partner (>5yrs)	Family (>5yrs)	Historical (<5yrs)	Male victims
My dentist	1%	5%	2%	3%
Staff member at a local bank branch	2%	3%	1%	3%
Someone from a local service (e.g. hairdresser, barber, estate agent)	7%	11%	5%	3%
Religious establishment (e.g. church, mosque)	6%	11%	5%	7%
A colleague at work	27%	21%	21%	24%
A friend	77%	77%	61%	55%
A family member	57%	51%	45%	52%
I wouldn’t/didn’t tell anyone	9%	7%	21%	14%
Don’t know/can’t remember	1%	2%	2%	0%
Don’t wish to answer	0%	0%	0%	0%
Other (please specify):	6%	7%	5%	10%

From these responses, we can see that large numbers of victims and survivors consulted told their friends, or a family member. This agrees with national research and data which have shown that victims of domestic abuse are two times more likely to tell someone personally close to them about the abuse than the police or a specialist domestic abuse service (Parker, 2015).

In terms of the type of help and support victims hoped to get from their family and friends, the themes identified and examples of these are set out in Table 13, below.

Table 13 - Overview of the types of support victims and survivors said they wanted from their friends, family and colleagues.

Theme	Example from consultation
Help to understand what was happening to them (confirmation of abuse)	<i>Not to sure, reassurance that it wasn't somehow my own fault and to give me encouragement That I didn't need him and to stick to the no contact as I was starting to feel sorry for him, weird but I was trauma bonded to him without even realizing it</i>
Emotional support	<i>That they would listen, be there for me, help me get through it</i>
Advice on what to do	<i>To have their support and suggestions on how to deal with the abuse.</i>
Practical support (leaving the abuse)	<i>I wanted help to leave him as I had nowhere to go They would listen and help me find a way to leave I was hoping they'd protect me or help stop it, or understand what I was going through</i>

In many cases, victims felt the need to share with friends and family before involving professionals. For some victims, being uncertain about leaving their abuser prevented them from seeking formal help, particularly if children were involved. As many victims of domestic abuse do not access support from professionals, particularly if they have done so previously and the experience was a negative one, they can be more reliant on their loved ones for help.

Overall, respondents reported being satisfied with the support they received from their informal networks. Most feedback indicated that the support they received met their expectations, and in some cases went beyond what they had expected. However, in some cases, victims felt that they were not believed or that friends and family were not able to support them. Where this was the case, those consulted said that support for family and friends of domestic abuse victims would be really useful.

3.3.6 Early intervention

29% of respondents felt that they received the right help at the right time and 37% felt that they got some help. However, 33% of respondents felt that they did not receive the right help at the right time. This was especially the case for those abused by a family member and for male victims (41.7%).

Table 14 - Breakdown of survey respondents' response when asked 'Overall, did you get the right help at the right time?' by group.

	By partner/ ex-partner (>5yrs)	By Family (>5yrs)	Historical (<5yrs)	Male
The right help at the right time				
Yes, I got the right help at the right time	29.6%	20.5%	24.5%	0.0%
Somewhat, I did get some help	37.1%	35.9%	38.0%	50.0%
No, I did not get the right help at the right time	31.4%	41.0%	35.1%	41.7%

In both the survey and interviews, the experiences victims and survivors shared suggested a clear need for services to be more proactive in identifying victims of domestic abuse and ensuring they receive support. One survivor told us:

The woman is never going to testify, but surely [the police] can use their instinct and work out what's going on? He's drunk, but she's quiet and not saying anything...

This individual, who was interviewed as part of the consultation, had called the police on many occasions about her abusive partner. However, when the police arrived, she was never spoken to alone and was fearful about making accusations of domestic abuse in front of her abuser for fear of the repercussions. She wanted the police to pick up on the fact that something was not right and to act to support her.

It is common for victims of domestic abuse not to support police action, as they are often at greater risk from their perpetrator once the police are involved. This often means that domestic abuse cases fail to proceed. There is a call to increase the number of evidence-led prosecutions in domestic abuse cases, which do not require the victim to support the action. However, a recent report found that 'neither the police nor the Crown Prosecution Service can distinguish those cases where an evidence led approach may be more effective' (HM Crown Prosecution Service Inspectorate, 2020).

Many spoke of the consequences of not intervening early and the enormous impact it had on them, as in the following example.

I was simply not offered help when I needed it. I begged the police for help and was laughed at. My mum did the same. We had this awful 6 months to go through that has affected me forever. I needed legal support, I needed to be offered a solicitor when I was interviewed which I wasn't. I needed somebody monitoring the actions of the police investigating the case as I believe things were being manipulated. I needed somebody to listen, and this did not happen until after the worst had happened. I was nearly tipped over the edge and didn't know what to do. I was suicidal. Please, please make sure the police do not make these mistakes again and make anyone feel like this again. I needed help from the start and I was treated as if I had no human rights, by Hertfordshire police officers. This needs to never happen again

3.3.7 Trust in the system

Through the consultation, a theme emerged in relation to a lack of trust in authorities and the criminal justice system. One survivor told us about their negative experience with the court process:

At the first court hearing the Judge ignored the domestic abuse allegations and importance given to the wishes and feelings of the children - the court did not protect the children and ordered them to see their father (the perpetrator of the abuse) leaving the abuse to be determined by the court at a future date

As in the above example, victims' mistrust of authorities is often linked to previous negative experiences, highlighting the importance of 'getting it right first time'. One victim told us what their negative experiences with the police and other services meant:

I am at the point of giving up. I no longer report incidents to the police as it is a waste of time unless I have bruises and even then I feel it is highly doubtful they

*would do anything unless I dragged a stranger off the witness the abuse. No one wants to listen to my voice or my children's. The police have never spoken with my children either. **In my opinion services simply cover up what is happening allowing the abuse to continue.** Me not have been beaten black and blue but it's no excuse to allow domestic abuse to continue.*

Male victims who responded to the survey stated they felt that allegations of domestic abuse were taken more seriously by authorities if the victim were female, contributing to their mistrust of services.

They took my statement but because my partner got wind of my complaint she put in a force counter allegations and the police believed her over me as she is a female

"She was invited in for questioning.. No consequences. No witness statements were taken at "

Survivors often reported a mix of positive and negative experiences at different points in the system, highlighting the need for consistent support throughout.

3.3.8 Entry to services

We explored the way in which victims and survivors of domestic abuse entered and accessed services, asking those who participated in the consultation where they would most likely find out about support services. Respondents highlighted that the best way to communicate with victims about help and support available was through internet search engines, GP notice boards and social media.

Table 15 - Survey respondents' response to question about best way to communicate with victims to promote support options.

Ranking	Communication	%
1	Internet search engine	69.4%
2	GP notice board	57.0%
3	Through social media	56.9%
4	Poster/advert in public amenities	44.2%
5	Hospital notice board	38.8%
6	Changing rooms (e.g. at gyms, in shops)	35.3%
7	Poster/advert at my place of work	30.3%
8	Council or police notice boards	30.0%

Some respondents also spoke about having a 'safe space' to go to, where they could access professional support. One individual told us exactly what they would like such a space to be like.

I would have loved a 'safe space' to go to when experiencing abuse. Not a refuge, not a doctor looking surgery. A nice house/living room space with a big garden - something peaceful. This space would be a non-clinical looking – relaxing, peaceful place to go, like a refuge but drop in with professionals there to support and guide and make aware of support options available. By calling it safe space this is also for woman who are unsure of if its abuse , or suffering a mental down day not necessarily specifically from abuse. I wouldn't have gone to woman's aid because of how clinical it sounds we don't want to see the words domestic abuse

or be admitting to ' help' . This place will offer holistic space too for meditation and zen activities (i suppose more liek a retreat centre than anything) this space the counsellors or physciatrists wont be pushy they will just ' be there' and offer guidance.

Survey participants who had accessed specialist domestic abuse support were asked how they found out about these services. The results show the most common route to domestic abuse services seems to be through the Police. Across all categories, victims were signposted or referred most commonly by the police, followed by their GP and then by Children’s Services or through a friend. For men, the police and their GP were the most common routes for accessing services.

When we looked at the differences between those who had experienced domestic abuse recently (<5 years) and those who had experienced abuse more historically (>5 years), we noticed an increase in victims accessing services through Children’s Services (15.4% and 8.4% respectively), particularly for those abused by partner or ex-partner. We also found that more people are now accessing services through health visitors, confidential helplines and internet search engines than historically. Friends and family have also become an important link into domestic abuse services.

Many of the people we spoke to told us they did not know how to seek help, as in the examples below.

Yeh it was very stressful and not knowing where to turn or when it would end, there was no clear direction of what avenue I should take to seek support or seek help and I think that’s what I found very very difficult.

This highlights the need for a clear pathway into support that victims can find easily, especially as the time victims have to seek help can be limited, sometimes to minutes.

3.3.10 Recognising abuse

In some cases, victims felt confused and uncertain of whether they were being abused, particularly when the abuse being experienced was emotional abuse, which victims were not always aware was a form of domestic abuse. These findings are consistent with recent research that highlighted a tendency for female victims of domestic abuse to downplay the violence they experienced unless the abuse was physical. Research also reports that emotional abuse is the most pervasive form of relational maltreatment and is as harmful as physical abuse, though it often goes unrecognized.

3.3.11 The ‘Top Five’

Respondents were asked to choose, in priority order, what things a domestic abuse service should offer. The number one priority identified by respondents was a 24-hour service, closely followed by confidentiality. Having face-to-face one-to-one support was identified as the third most important factor, and fourth was help to recognise domestic abuse. Needing to be able to recognise domestic abuse came up in all parts of the consultation as a challenge faced by victims, as they were often unsure of what was happening to them and whether it constituted abuse. Therefore, providing support on how to recognise domestic abuse would help victims both to seek support and to disclose. The fifth most important factor was having a drop-in service to give victims the flexibility to come whenever they choose, rather than having fixed appointments which may be difficult for victims to attend if their activities are being monitored and controlled.

Table 16 - 'top five' things survey respondents think a domestic abuse service should offer.

Ranking	Top five things a domestic abuse service should offer	%
1	24-hour service	72%

2	Confidential	71%
3	One-to-one support – face to face	56%
4	Help to recognise the abuse	53%
5	Drop-in	48%

3.4 The actual or perceived barriers preventing victims of domestic abuse from accessing support

Throughout the discussion on the support needs of victims and survivors of domestic abuse, we have identified numerous barriers which are preventing victims from disclosing or seeking help. In this section, we will provide a summary of these. We also asked survey respondents why victims of domestic abuse may not seek help. Based on 641 responses, the most common reasons why victims of domestic abuse do not seek support or share their experience included: concerns about what the abuser would do if they found out, feeling ashamed or embarrassed, worry that they would be blamed and not knowing or understanding that the person is being abused.



Figure 13 - Barriers to support identified by victims and survivors of domestic abuse who responded to the survey

Altogether, the barriers to getting help identified through this consultation build a 'wall' that victims face when trying to get help. This is illustrated in Figure 13.

3.4.1 Addressing the barriers

Victims considered themselves most likely to seek help from informal sources (e.g. family and friends) than from formal sources. Informal networks can provide valuable support and serve as gatekeepers who can facilitate referrals to mental health and specialist domestic abuse services. Therefore, informal support networks can be targeted for educational and awareness raising interventions. In addition, making support resources readily available to victims in their everyday environment (e.g. self-help resources, supermarkets, and changing rooms) would help make people aware of the help available to them.

Although family and other informal sources of help are immensely valuable, they may not be sufficient to meet all of the challenges faced by victims experiencing abuse by a current or former partner. Thus,

outreach programs should provide appropriate relevant information about legal rights and protection for victims of domestic abuse, as the findings indicates a lack of knowledge of available support.



Figure 14 - The 'wall of barriers' victims and survivors face when it comes to getting help and support

The results of this study also indicate that victims are more willing to consult therapeutic or domestic abuse services than those provided through the criminal justice system (e.g. police assistance, courts process). This reluctance to use the criminal justice system for some victims is not surprising, given the prevalence of fear and mistrust of the police and other legal systems based on past negative experiences (e.g. breach of court orders, victims incurring financial strains due to having to get their own non-molestation orders).

Another systemic barrier to getting help was that some victims felt the system protected the rights of the abuser far more than the rights of the victim, particularly in cases where the abuse was emotional, and victims were unable to provide “proof” of the abuse, and in cases where the abuser made counter allegations against the victim. In such cases, victims felt they were not believed and were let down by the system, and as a result the abuse to continue.

Although family and other informal sources of help are immensely valuable, they may not be sufficient to meet all of the challenges faced by victims experiencing abuse by a current or former partner. Thus, outreach programs should provide appropriate relevant information about legal rights and protection for victims of domestic abuse, as the findings indicates a lack of knowledge of available support.

Additionally, a lack of legal support for women was found to be a major barrier for many women. Similarly, being financially dependent to the abuser leads many victims unable to see a way out of the situation. Finally, outreach efforts by mental health practitioners could be strengthened by exploring ways to reduce waiting periods for accessing therapy, as the consultation found long waiting for support were having an extremely negative impact on their mental health.

Overall, findings stress the need to increase efforts to provide awareness and outreach programmes for women and men at the community level. Measures such as: education to promote awareness of the different types of abuse (and who abuse can be perpetrated by), an increase in legal protections for victims, integration of formal services into the natural environment and outreach to male victims are essential.

4. Specialist domestic abuse services in Hertfordshire

Domestic abuse is a complex issue and the experiences and needs of victims and survivors varies considerably. The availability and accessibility of a range of specialist and non-specialist services to best meet victims' needs is therefore vital to ensure all those experiencing domestic abuse get the right support for them, at the right time.

The specialist domestic abuse services that are available in Hertfordshire may change from area to area, which can mean that the sort of help and support on offer will be different depending on where a victim or survivor is situated. This section of the report will give an overview of the specialist domestic abuse services operating in the county and where there might be gaps in provision.

4.1 Overview of specialist services

There are almost 30 service providers across Hertfordshire delivering support to victims, survivors and in some cases, perpetrators. A large percentage of these are specialist providers, delivering support services to victims and survivors of domestic abuse. Some operate an equitable response across the county whilst others operate in specific locations or local authority areas.

Table 18 below provides an overview of the provision across Hertfordshire, based on local service providers who responded to a call for information. In this table, 37 services and 18 service providers are listed. Of these, 14 services are women only services, 28 are for those aged 16 and over, two are for those aged 18 and over and four of the services listed provide support for the whole family. There are two services for alleged perpetrators.

4.2 Services by risk level

The Domestic Abuse, Stalking and Honour-Based Abuse (DASH) Risk Identification Checklist is a common tool used to assess the level of risk posed to victims of domestic abuse. The DASH contains a series of questions for professionals to ask victims, and the number of 'ticks' scored by the end of the assessment provides an indication of risk. The different risk levels and the associated number of ticks are outlined in Table 17. It is important to note that professional judgement should always be used in conjunction with a DASH risk assessment.

Table 17 - Overview of levels of risk and the scores for these within the DASH risk indicator checklist.

Risk level	Score (number of 'ticks' on DASH form)	Meaning
High	14+ (or professional judgement)	There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious
Medium	10-13	There are identifiable indicators of risk of serious harm. The perpetrator has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances e.g. relationship breakdown, failure to take medication, drug/alcohol misuse
Standard	1-9	Current evidence does not indicate likelihood of serious harm

Table 18 - Detail on services providing support to victims of domestic abuse, including referral criteria and delivery area

Organisation	Service name(s)	Referral Criteria	Referral pathway	Risk Level	Delivery Area	Service Outcomes
Refuge	Independent Domestic Violence Advocacy Service (IDVA)	<ul style="list-style-type: none"> Male and female victims catered for Must be aged 16 + Support for any type of domestic abuse Perpetrator must be current or ex-partner or a family member. 	<p>Referrals can be received from:</p> <ul style="list-style-type: none"> Both statutory and non-statutory agencies MARAC A self-Referral 	High	Hertfordshire-wide	<ul style="list-style-type: none"> Survivors of domestic abuse (including 'so-called' honour-based abuse and forced marriage) live a life free from fear, violence and abuse. Reduced risk and increased safety Increased understanding of dynamics of domestic abuse Improved/secure housing Improved finances and benefit entitlements Secure immigration Civil remedies in place Improved criminal justice outcomes Improved health
Safer Places	<ul style="list-style-type: none"> Safe accommodation (i.e. refuge accommodation) Community outreach service Programmes, such as 'Triple R' 	<p>Which Safer Places services people can access depends on their level of risk:</p> <ul style="list-style-type: none"> High-risk = access to all three service options Medium-High risk = all three service options Medium Risk = community outreach and programmes Standard risk = programmes only with risk assessing and safety planning throughout programme on a 6-weekly basis. 	<p>Referrals can come in by:</p> <ul style="list-style-type: none"> A 24/7 gateway and helpline Emails to Safer Places An online form <p>Any agency can make a referral and people can also self-refer</p>	All risk levels	Hertfordshire-wide	<ul style="list-style-type: none"> Physical risk reduction and actual feelings of safety improved Wellbeing improvement/mental health need reduction Increased self-esteem and empowerment (<i>Empowerment Outcome star: distance travelled and journey of change outcomes -</i> <ol style="list-style-type: none"> 1. Ready for help 2. Accepting help 3. Believing 4. Learning and rebuilding 5. Independence and choice) Safe accommodation Improved support networks

Organisation	Service name(s)	Referral Criteria	Referral pathway	Risk Level	Delivery Area	Service Outcomes
Welwyn Hatfield Women's Refuge	<ul style="list-style-type: none"> • Safe Accommodation • Outreach • 'Ourspace', for children 	Victim/survivor must be: <ul style="list-style-type: none"> • Female • Aged 16 + • Currently experiencing or has previously experienced domestic abuse 	Any agency can make a referral. People can also self-refer by phone or email.	Medium and high	Welwyn Hatfield	<ul style="list-style-type: none"> • Improved safety • Risk reduction • Improved health, well-being and resilience • Ability to live independently • Manage finances • Develop positive relationships • Access education • Access employment • Improved resilience and self-care
St Albans and Hertsmere Women's Refuge	<ul style="list-style-type: none"> • Outreach Programmes • Safe Accommodation – Refuge • Move on from refuge 	Victim/survivor must be: <ul style="list-style-type: none"> • Female • Aged 16+ years • Currently experiencing or has previously experienced domestic abuse 	Any agency can make a referral. People can also self-refer by phone or email.	Medium and high	St Albans, Hertsmere, Watford, Dacorum, Three Rivers	<ul style="list-style-type: none"> • Reduced risk • Reduced mental health issues • Feeling safer • Increased self-esteem • Reduced PTSD • Finance • Housing • Children
Herts Domestic Abuse Helpline	Helpline	Open to all	Confidential and anonymous email and listening and signposting helpline	All risk levels	Hertfordshire-wide	<ul style="list-style-type: none"> • Confidential and anonymous safe space • Identify type of support caller is looking for • Signpost to appropriate local services
SignHealth – services for Deaf people	<ul style="list-style-type: none"> • Deaf IDVA (Independent Domestic Violence Advisor) • Deaf YPVA (Young Person Violence Advisor) 	Victim/survivor must be: <ul style="list-style-type: none"> • Female or male • Aged 16+ years • Currently experiencing or has previously experienced domestic abuse • Deaf 	Any agency can make a referral. People can also self-refer by phone, email or text	All risk levels	Hertfordshire-wide	<ul style="list-style-type: none"> • Reduced feelings of fear • Reduced risk • Improved self-esteem • Improved emotional and physical wellbeing • Support with tenancies • Access to legal support • Increased knowledge of their rights

Organisation	Service name(s)	Referral Criteria	Referral pathway	Risk Level	Delivery Area	Service Outcomes
Future Living – Hertford	<ul style="list-style-type: none"> • Monica Programme • Wise Guys Programme • Counselling/therapeutic support • Legal advice 	<p>Victim/survivor must be:</p> <ul style="list-style-type: none"> • Currently experiencing or has previously experienced domestic abuse • No longer be living with perpetrator • Aged 18+ years or over for adult domestic abuse service • Aged under 18 to access children's domestic abuse services • Abstinent from any addictive substances 	Any agency can make a referral. People can also self-refer	All risk levels	Hertfordshire-wide	<ul style="list-style-type: none"> • Attendance: group programme, case working appointment, ad hoc therapeutic group, personal counselling (face to face or internet/telephone based) • Reduction in mental health issues: suicidal ideation, PTSD, anxiety and depression • Recognition of ACE's and Domestic abuse • Improved empowerment and self-esteem: including safety, health and wellbeing, finances • Improved familial relationships, in particular children • Understanding of Family Law and their rights • Secured tenancy • Engaged with a range of coping strategies related to domestic abuse
Watford Women's Centre	<ul style="list-style-type: none"> • Domestic abuse coordinator • Domestic abuse caseworker • My Ally Project - volunteer befriending / support • My Life Programme Counselling • Courses - educational and therapeutic • 	<p>Victim/survivor must be:</p> <ul style="list-style-type: none"> • Female • Aged 18+ years • Currently experiencing or has previously experienced domestic abuse 	Any agency can make a referral. People can also self-refer	All risk levels	Hertfordshire-wide	<p>Initial needs assessment:</p> <ul style="list-style-type: none"> • Feels heard • Feels needs addressed appropriately • Feels involved in making choices about future support • Feels more able to cope with current situation <p>Any risk is identified, assessed and appropriate procedures followed.</p> <p>My Life programme:</p> <ul style="list-style-type: none"> • Raised awareness of domestic abuse and its effects. • Improved ability to assess risk and make safe choices.

Organisation	Service name(s)	Referral Criteria	Referral pathway	Risk Level	Delivery Area	Service Outcomes
Survivors Against Domestic Abuse (SADA)	<ul style="list-style-type: none"> • Safe Spaces • Drop ins • Safety and Legal Support 	<p>Victim/survivor must be:</p> <ul style="list-style-type: none"> • Female or male • Aged 16+ years • Currently experiencing or has previously experienced domestic abuse 	<ul style="list-style-type: none"> • Housing teams • External and internal agencies • Self-referrals, inc. walk ins to the customer service centre (Stevenage Borough Council) 	All risk levels	Stevenage, North Herts, Welwyn Hatfield, East Herts	<ul style="list-style-type: none"> • Access to safe accommodation • Home security • Protection in place – Civil orders. • Improvement in social, emotional and mental health wellbeing. • Risk Reduction/improved safety
Herts Mind Network	<ul style="list-style-type: none"> • Three Rivers Domestic Abuse Caseworker Service • Three Rivers Domestic Abuse Prevention Service 	<p>Victim/survivor must be:</p> <ul style="list-style-type: none"> • Female or male • Aged 18+ • Living in the Three Rivers area or Watford Community • Currently experiencing domestic abuse 	Any agency can make a referral. People can also self-refer	Standard and Medium	Three Rivers, Watford	<ul style="list-style-type: none"> • Greater awareness of domestic abuse, personal safety and routes to support. • Emotional support – helping survivors regain a sense of agency, and understand that they have choices, building self-esteem and self-care. • Greater awareness of rights - access to civil orders such as non-molestation orders. • Providing general information and support around child contact, including legal processes, CAFCASS services and resources, mediation services etc. • Support and assistance with housing issues
I am Cherished	<ul style="list-style-type: none"> • Chat group • Recovery Toolkit • Freedom Programme 	<p>Victim/survivor must be:</p> <ul style="list-style-type: none"> • Female • Aged 16+ years • Currently experiencing or has previously experienced domestic abuse 	Any agency can make a referral. People can also self-refer (email preferred)	All risk levels	Dacorum, Three Rivers	<ul style="list-style-type: none"> • Greater understanding of an unhealthy/healthy relationship, and the warning signs. • Increase in confidence and self-esteem, to know it is not their fault. • To feel less isolated and to feel supported. • To gain the skills to talk with their children about the abuse and to give the children protective skills to keep safe. • To understand the impact on their parenting if they had adversity in their childhoods ACEs.

Organisation	Service name(s)	Referral Criteria	Referral pathway	Risk Level	Delivery Area	Service Outcomes
						<ul style="list-style-type: none"> Support women to make moves towards working or getting back into education, solution focused.
For Baby's Sake Trust	For Baby's Sake Programme	<p>Victim and perpetrator must be:</p> <ul style="list-style-type: none"> Are expecting a baby and ideally haven't reached 28 weeks of pregnancy Are experiencing domestic abuse within their relationship Wish to share the parenting of the baby, whether they are/stay together as a couple or not Will both be aged over 17 years when the baby is born Might have experienced significant difficulties in their own childhood and want a better start for their baby Want their children to grow up seeing a healthy relationship between their parents 	<i>Information not provided</i>	All risk levels	North Herts, Stevenage, Welwyn/Hatfield	<ul style="list-style-type: none"> Break the cycle of domestic abuse Positive co-parenting Support baby's early emotional and social development Identification and addressing trauma.

Organisation	Service name(s)	Referral Criteria	Referral pathway	Risk Level	Delivery Area	Service Outcomes
Hertfordshire Practical Parenting Programme (HPPP)	Phoenix Against Domestic Abuse	Victim/survivor must be: <ul style="list-style-type: none"> Female Aged 16+ years Currently experiencing or has previously experienced domestic abuse 	Any agency can make a referral. People can also self-refer	All risk levels	Hertfordshire-wide	<ul style="list-style-type: none"> Reduction in exposure to risk Improved self-confidence Improved self-worth Reduced social isolation Parents are empowered to parent their young persons Reduced risk of self-harm
Catch22	Hertfordshire Beacon Victim Care	Victim/survivor must be: <ul style="list-style-type: none"> Aged 4+ years Victim of crime, regardless of when crime happened. Crime does not have to have been reported to the police. 	Any agency can make a referral. People can also self-refer. Third party reports also accepted in some cases	Standard and Medium	Hertfordshire-wide	<ul style="list-style-type: none"> Advocacy Emotional Support Information on CJS and CJS Processes Information Provision Partner referrals Restorative Justice Security items Police Liaison Professionals Meeting Signposting
Hertfordshire Association for the Care and Resettlement of Offenders, (HACRO)	Caring Dads Programme	<ul style="list-style-type: none"> Adult male Allegations of domestic abuse. 	<ul style="list-style-type: none"> Statutory and non-Statutory agencies. Self-Referrals - if going through family courts CAFCASS Section 7 	All risk levels	Hertfordshire-wide	<ul style="list-style-type: none"> Child centred fathering Awareness of: <ul style="list-style-type: none"> their failings; the need to listen to others; the devastating impact of their abusive behaviours on their children; eliminating barriers to better relationships; recognizing negative behaviours; how to build healthy relationships; how to listen, praise and play with their children; decreasing denial and minimisation; problem solving in difficult situations

Organisation	Service name(s)	Referral Criteria	Referral pathway	Risk Level	Delivery Area	Service Outcomes
One YMCA (East Quadrant)	Family Support Service	Low level domestic abuse.	<ul style="list-style-type: none"> Families First Triage Health and Education Domestic Abuse Notifications Social Care Support professional self-referrals 	Standard	Broxbourne, East Herts and Welwyn Hatfield	<ul style="list-style-type: none"> Increased confidence Increased self-esteem Increased family safety Increased personal safety Improved healthy relationships Improved support networks Improved child/parent relationship Improved parental efficacy
InspireAll	Family Support Service	Low level domestic abuse.	<i>Information not provided</i>	Standard	Dacorum, Hertsmere, St. Albans, Three Rivers, Watford	<ul style="list-style-type: none"> Increased confidence Increased self-esteem Increased family safety Increased personal safety Improved healthy relationships Improved support networks Improved child/parent relationship Improved parental efficacy
Barnardos	Family Support Service	Low level domestic abuse.	<ul style="list-style-type: none"> Families First Triage Health and Education Domestic Abuse Notifications Social Care Support professional self-referrals 	Standard	North Herts, Stevenage	<ul style="list-style-type: none"> Increased confidence Increased self-esteem Increased family safety Increased personal safety Improved healthy relationships Improved support networks Improved child/parent relationship Improved parental efficacy

Based on the DASH categorisations of risk, ten of the providers listed within this report work with victims at all risk levels. Two provide services for those assessed at medium-high risk and standard-medium risk, and three provide services to those assessed at standard risk. There is one provider and service designated solely for those at high risk of imminent serious harm or homicide, which is the IDVA service.

4.3 Services by location

There are only two service providers that have been formally commissioned to provide services to the whole of Hertfordshire on behalf of the county-wide domestic abuse partnership. The two formally commissioned service providers are:

- Refuge, who provide the IDVA service to high risk victims of domestic abuse
- Safer Places, who provide Safe Accommodation and Community Outreach services.

Geographically, there are nine service providers providing service(s) accessible no matter where a victim or survivor may be within the county’s boundaries. This does not necessarily indicate that these services are provided from multiple locations across the county, rather that the referral pathways do not limit accessibility to a specific area or location. As such, barriers to accessing these services, due to travel, scheduling or technology for example, could remain.

Physical location and access to services is limited within more rural areas than urban areas. This is also true of access to local services on a 24-hour basis or at weekends; although the Gateway managed by Safer Places is available to provide support, the IDVA service transfer calls to the national domestic abuse helpline outside of working hours.

A further breakdown to show the numbers of services available in each local authority is below in Table 19.

Table 19 - Breakdown of service availability according to local authority area

Local Authority Area	
Broxbourne	10
Dacorum	12
East Herts	11
Hertsmere	11
North Herts	12
St. Albans	11
Stevenage	12
Three Rivers	13
Watford	12
Welwyn Hatfield	13

4.3 Services for specific groups

There are no specialist domestic abuse services for any specific population groups who may be disproportionately underreporting, or underrepresented, within services and that have specific needs which may mean they face additional barriers to support. For example, there are no specific services for victims and survivors identifying as LGBT+, for older people, those from BAME communities or those with have substance misuse issues. There is one service available for deaf people, offered remotely as part of a national service, and one service specifically targeted at male victims, which is based in East Hertfordshire.

4.4 Gaps in service provision and unmet need

Research and data show that some population groups find it more difficult than others to get help for domestic abuse, and therefore do not access services at the same rate as the general population. Population groups known to face additional barriers to accessing support include:

- BAME victims, including victims from gypsy and traveller communities
- Older (65+) and younger (13-17) victims
- Victims with a disability or long-term health condition
- Victims with a substance misuse problem
- Victims with insecure immigration status or for whom English is not their first language
- Victims with No Recourse to Public Funds (NRPF)
- LGBT+ victims
- Male victims

5. Processes and policies that underpin service delivery in Hertfordshire

There are many statutory processes targeted at safeguarding adults and children, and it is likely that victims of domestic abuse will be identified through these. Once identified, they should be supported to become safe, which may necessitate a referral to a specialist domestic abuse service.

One of the aims of this project was to identify whether there are any gaps in these systems which would prevent victims of domestic abuse from getting the right help at the right time. In order to do this, the following processes and policies were mapped:

- Hertfordshire County Council Adult Safeguarding
- Hertfordshire County Council Children's Safeguarding
- Victim support processes within the Police

Mapping these processes facilitated an understanding of how these systems operate, how decisions are made, and the tools used to make them. From this, it was possible to review the criteria and to consider whether the processes would work for all victims of domestic abuse. This section of the report will provide an overview of each of the processes listed above along with an analysis of possible gaps for victims of domestic abuse.

5.1. Hertfordshire County Council's Safeguarding Adults Process

5.1.1. Eligibility for an Adult Safeguarding Enquiry

The Care Act 2014 and supporting statutory guidance describes safeguarding as protecting an adult's right to live safely, free from abuse and neglect. A safeguarding enquiry must be carried out by HCC's Adult Safeguarding Team when an adult:

1. has needs for care and support (whether or not the local authority is meeting any of those needs) and;
2. is experiencing, or at risk of, abuse or neglect; and
3. as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

5.1.2 Referrals into Adult Safeguarding

Referrals may come into Adult Safeguarding through:

- Operational teams
- Social Care Access Service (SCAS)
- Safeguarding Out of Hours Service (SOOHS)
- A direct contact to Adult Safeguarding
- A call from the public to the Customer Service Centre (which would then be put through to SCAS for initial triage)

Before the referral is sent through to Adult Safeguarding, each of the above teams/services will ensure that there is an immediate protection plan (called an 'Initial Safeguarding Plan') in place, to ensure any immediate risk is mitigated. When the referral is then sent to Adult Safeguarding, the team will check whether it has come to the right place and whether there is a safeguarding issue based on the eligibility criteria. If the criteria are not met, then this is recorded and the referral is passed onto a more appropriate team or service.

Figure 15 outlines HCC’s Safeguarding Adults process, from referral onwards.

5.1.3 Triage

When a safeguarding concern comes into Adult Safeguarding, a manager will review the information and record the following information in a Decision-Making Tool (DMT), which must be completed for every safeguarding concern.

- The type of risk(s)
- Location
- Source of risk
- Description of concern
- Primary support reason
- Health conditions (if known)
- Initial safeguarding plan (outlining actions taken to mitigate imminent risk)

At the end of the DMT, an Eligibility Decision is generated and the worker completing the tool records their recommendations for next steps, based on the type of risk and the client’s wishes. The possible outcomes of the DMT are outlined in Table 20.

Table 20 - Possible outcomes from Hertfordshire County Council's Adult Safeguarding Decision Making Tool

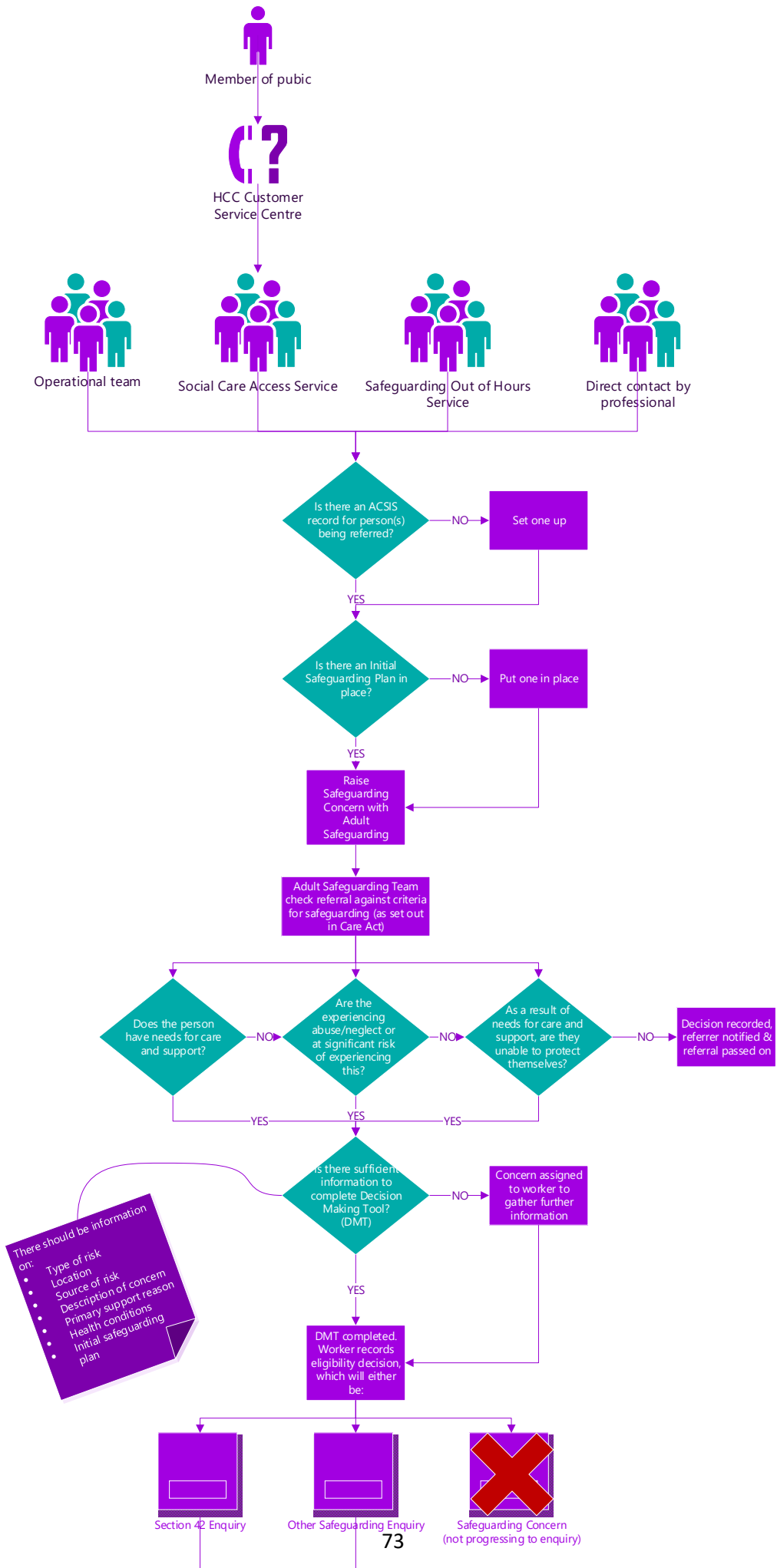
Outcome	Overview
Section 42 Enquiry	Under the Care Act (2014), local authorities have a duty to conduct a Section 42 Safeguarding Enquiry. Adult Safeguarding are responsible for conducting these enquiries. Set timescales for a Section 42 enquiry are set out in Annex 1.
Another type of safeguarding enquiry	Other safeguarding enquiries need consent from the person being referred (unless a ‘best interest’ decision has been made). If at this stage the person being referred has requested that the enquiry cease, then the safeguarding enquiry ends.
Safeguarding concern not progressing to enquiry	

Where the concern is eligible for enquiry, the following must be recorded:

- Capacity
- Client’s desired outcomes (this might be difficult to ascertain in domestic abuse cases, due to potential risks associated with attempting contact with victim)
- Consent

To then proceed to enquiry, consent is needed from the client, except when:

- It is necessary to protect someone’s vital interests (i.e. where there are serious and immediate concerns for someone’s safety)
- The person cannot consent (e.g. because of a lack of capacity).
- It is in the public interest where other people in need of care and support may be at risk, e.g. in a care home, staff have neglected a certain aspect of care – others could be at risk)
- There is concern the adult is making a decision under duress, control and coercion.



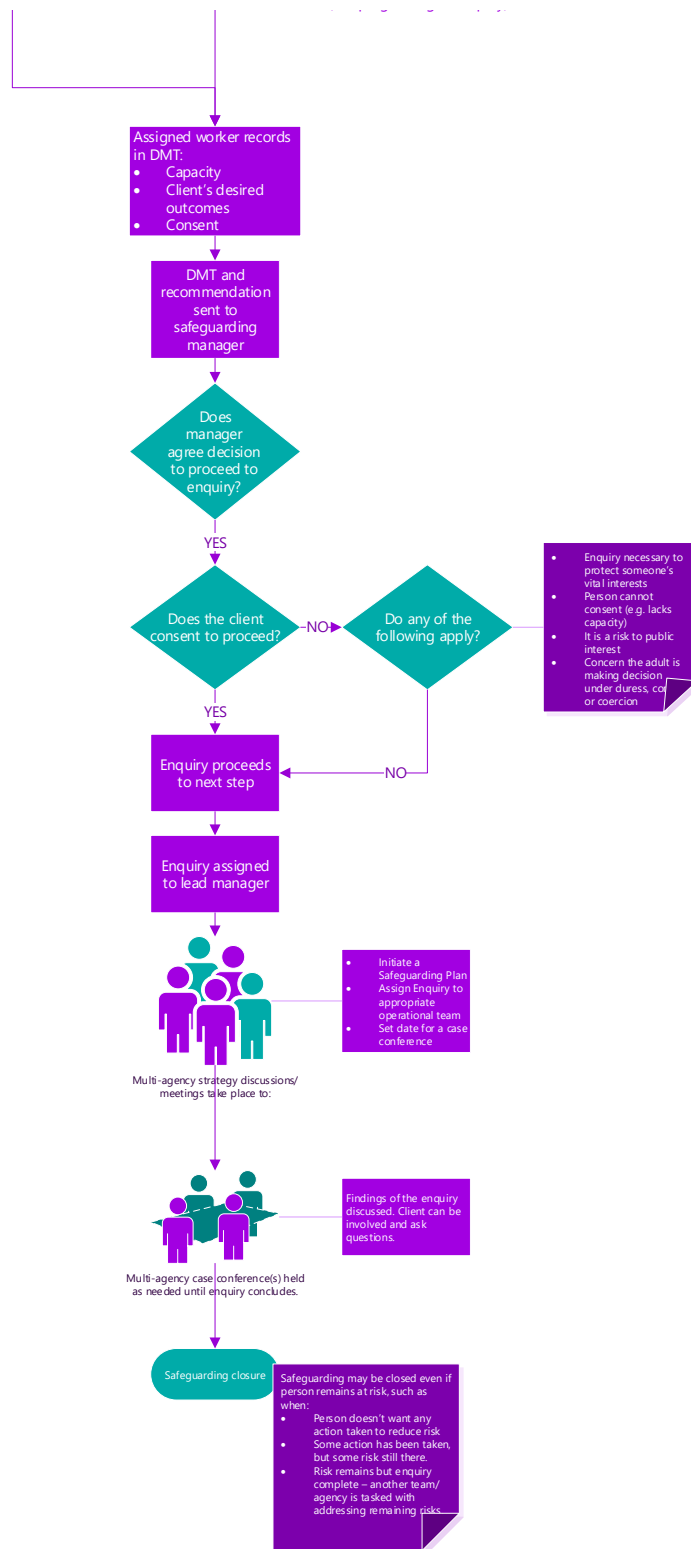


Figure 15 - Flowchart of the adult safeguarding process

5.1.4 Presenting the findings of the enquiry

A case conference takes place to hear the findings of the enquiry and to allow the client and those involved with the client to raise questions and share views. The case conference is led by HCC Adult Safeguarding and a lead investigator from the relevant locality team. Other agencies involved in the safeguarding enquiry may also be present, including:

- Police (though they do not always attend)
- Hospital or HCT Safeguarding Lead
- District nurse(s)
- Housing departments
- Care agency
- Any domestic abuse services working with the client
- The client, or their representative

At the case conference, a decision will be taken as to whether the concern is substantiated or not. Case Conference Reviews will continue until the enquiry is concluded

5.1.5 Closing an enquiry

It is mandatory that a closure form be completed for all safeguarding concerns and enquiries. Where the concern is progressed to enquiry, it is also mandatory to record whether the client's desired outcomes have been achieved. It is possible for an enquiry to be closed even if the individual remains at risk. A person may remain at risk when a safeguarding enquiry is closed when:

1. The person doesn't want any action taken to reduce risk
2. Some action has been taken, but some risk is still there – again this may be person's choice, or it may be considered the least restrictive option.
3. Risk remains but the enquiry is complete – and someone else is tasked with addressing remaining risks, e.g. under care management

5.1.6 Gap analysis

Victims of domestic abuse may not be considered eligible for support from Adult Safeguarding due to the Care Act's definition of 'care and support needs'. Under the care act, someone is only eligible for safeguarding support when their needs for care and support arise from, or are related to, a physical or mental impairment or illness and are not caused by other circumstantial factors. As domestic abuse could be considered a 'circumstantial factor' as a result of this definition, this could result in immediate closure of a safeguarding concern.

Whilst Adult Safeguarding would still try to mitigate any immediate risk by referring victims to a specialist domestic abuse service, there is nothing detailed in their procedures as to which service this should be. If the victim were not referred to the most appropriate service for them, this could result in either the victim declining support or in their case being passed onto other agencies. During the time taken to get the referral to the right agency, victims' level of risk could increase.

With SCAS determining the destination of a number of safeguarding concerns (especially those coming in from the public), this could mean that domestic abuse referrals are sent directly to a specialist agency without ever being passed onto the Adult Safeguarding Team. This may mean that victims get support more quickly. However, this process could still result in victims being referred to services that may not meet their needs.

Should a domestic abuse case meet the criteria for a safeguarding enquiry, then the type of risk will be recorded. It is therefore important that Adult Safeguarding have a good understanding of the

different types of domestic abuse, as the type of abuse the victim is experiencing will determine both type and level of risk. It is important to note that a DASH risk assessment is not likely to be completed, as the Adult Safeguarding Team are not trained to use this tool. This could mean that high risk cases of domestic abuse coming through adult safeguarding are not being identified.

When the primary support reason is recorded in the DMT, it is possible that victims may not receive specialist domestic abuse support if this is not recorded as their primary support need. However, multi-agency Case Conferences and Strategy Meetings may be sufficient in determining how best to support victims with multiple or complex needs.

If it is decided that the criteria for a Section 42 Enquiry has not been met, but it is decided that another type of enquiry would be beneficial, then the consent of the individual is required. Getting consent for such an enquiry from a victim of domestic abuse may be difficult due to fear or being controlled. Contacting a domestic abuse victim to seek consent may also increase the victim's risk of harm from the perpetrator.

5.2. Children's Services Safeguarding Services

There are a number of teams within Children's Services who play a role in safeguarding children and their families. An overview of the role of each of these teams can be found in Annex 2.

One area with a key role in triaging children's safeguarding referrals is the Multi-Agency Safeguarding Hub, also known as the 'MASH'. The MASH is a team of staff from Children's Social Care, Police, Health, Probation and BeNCH. The team reviews referrals sent to the team by the Customer Service Centre (CSC) or those triaged by the Police Domestic Abuse Incident and Safeguarding Unit (DAISU) as requiring a multi-agency review. The MASH makes decisions based on multi-agency information shared from the co-located partners (mentioned above) and virtual partners such as Schools, Housing, Children's Centres and many more. The MASH decides whether the child needs help and support from targeted or universal services.

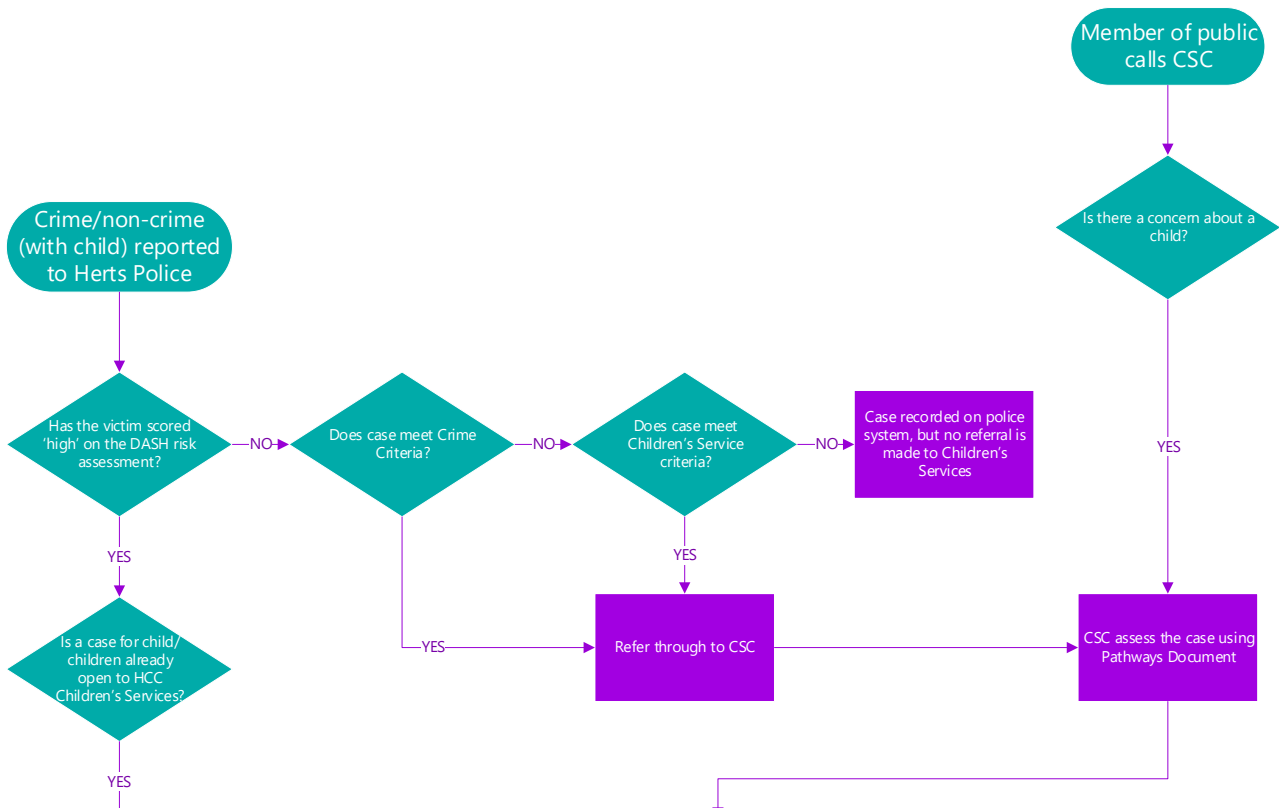
A flowchart of the MASH process can be found in Figure 16. An overview of the process, along with an analysis of possible gaps, is also provided below.

5.2.1 Referrals into MASH

All calls and referrals with concerns about children go to the CSC in the first instance. Depending on the information provided, the CSC pass the information onto one of the following teams:

- MASH
- Families First
- Specialist Adolescent Service Hertfordshire
- Safeguarding Assessment Teams
- Disabled Children's Team.

For domestic abuse contacts, the CSC team have some guidance on where to pass the referral to. This is set out in Table 21.



FAMILIES FIRST TRIAGE	MASH	Targeted Youth Support Team
Report from neighbour that couple are often arguing with their children present	Physical DV incident, children not present, no previous history.	Young person is a perpetrator of domestic abuse
Police Standard and Medium DAs with no C&F within the last 12 months on LCS	Parent/Carer DV assault with child/children present	Young Person is a victim of domestic abuse by boyfriend/partner
	Children presenting as violent in school and disclosed regular domestic abuse at home	
	Police standard and medium DAs with LCS history with C&F within the last 12 months	

Refer through to Families First Triage

Refer through to MASH

Refer through to Families First Triage

MASH manager give initial RAG rating, based on the incident

DASH risk assessment completed

MASH agencies check what information they have on record

MASH agencies RAG rate own information

Individual RAG ratings reviewed, and overall RAG rating given

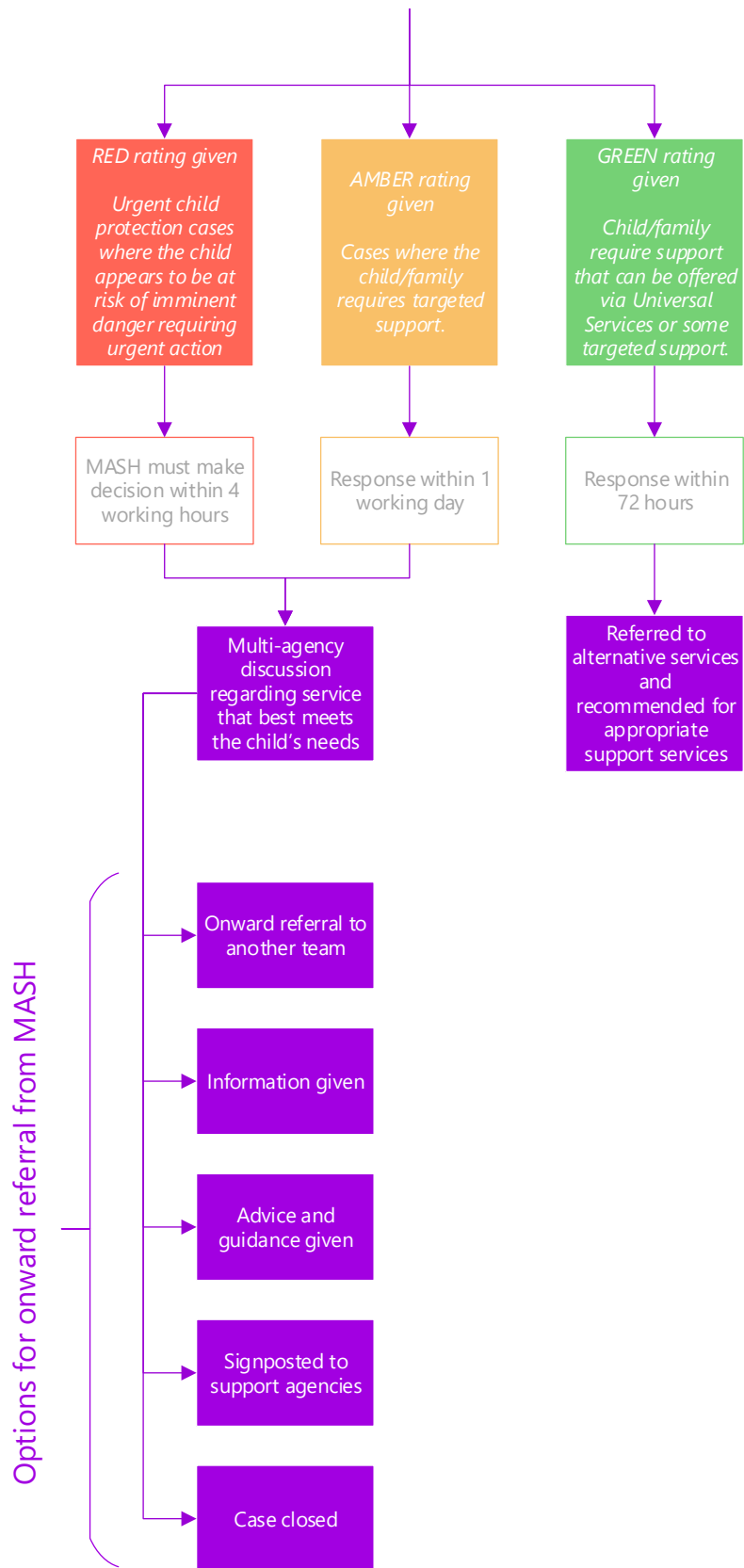


Figure 16 - Flowchart of the Children's Safeguarding Process

Table 21 - Hertfordshire County Council's Customer Service Centre Pathways document for safeguarding reports involving children

FAMILIES FIRST TRIAGE	MASH	Targeted Youth Support Team
Report from neighbour that couple are often arguing with their children present	Physical DV incident, children not present, no previous history. Significant Threats to Kill.	Young person is a perpetrator of domestic abuse
Police Standard and Medium DAs with no C&F within the last 12 months on LCS	Parent/Carer DV assault with child/children present	Young Person is a victim of domestic abuse by boyfriend/partner
	Children presenting as violent in school and disclosed regular domestic abuse at home	
	Police standard and medium DAs with LCS history with C&F within the last 12 months	

5.2.2 Triage

Once the CSC has passed a referral onto the MASH, it is given an initial RAG rating by a Social Work Manager using the [Continuum of Need Threshold document](#). The different ratings and what they mean are set out in Table 22.

Table 22 - RAG rating options used in Children's Services MASH

Rating	Overview	Response Time
Red	Urgent child protection cases where the child appears to be at risk of imminent danger requiring urgent action.	MASH must make decision within 4 working hours
Amber	Cases where the child/family requires targeted support.	MASH must make decision within 1 working day
Green	<ul style="list-style-type: none"> Concerns about the wellbeing of a child or young person, which if not addressed, may lead to poor outcomes. Child/family require support that can be offered via Universal Services or some targeted support. 	MASH must make decision within 3 working days.

Agencies within the MASH then check what information they have on record relating to the child and their family, with each agency RAG rating their own information using their own threshold documents. Each agency then returns their information, which is reviewed collectively and given a final RAG rating.

5.2.3 Journey onward from MASH

Once the final rating has been given, a multi-agency decision will be made about what service will best meet the child's needs. For domestic abuse cases, this may be a specialist domestic abuse service. Other journeys onward from MASH include:

- Referral is passed on to another team
- Advice and guidance given to person referred, either directly or through referrer
- Sign-posted to support agencies

- Case closed with no action

5.2.4 Gap analysis

The MASH process is thorough owing to the number of agencies involved. However, there are some potential gaps.

The criteria used by the CSC to determine where a referral should be sent too is quite brief, which could result in a referral being passed on to the wrong team. For example, higher risk cases of domestic abuse are best referred to MASH, due to the structure of the team and the speed at which they can respond to high risk cases. However, the CSC's guidance states that cases in which a young person is either the victim of a perpetrator of domestic abuse should be sent through to the Targeted Youth Support Team. This could mean that high risk cases of domestic abuse involving younger people may not get the swift response required.

Another possible gap is which specialist domestic abuse services the MASH would pass referrals onto, as this is not set out in the procedure. As is the case for Adult Safeguarding, this could result in referrals not being passed to the most appropriate agency for a victim's needs.

5.3 The Hertfordshire Beacon

Beacon is a partnership organisation created by the Hertfordshire Office of the Police and Crime Commissioner, Hertfordshire Constabulary and [Catch22](#), a not-for-profit business. It is a Victim Care Centre, supporting victims and witnesses to cope and recover from the impact of crime, regardless of how long ago it happened or whether it was reported to the police. A diagram of how the Beacon receives and triages referrals is provided in Figure 16 and is accompanied by the narrative below.

5.3.1 Beacon Structure

There are two core teams that make up Beacon, one led by the Police (the Beacon Safeguarding Hub) and the other by Catch22. The two teams work alongside both each other and the police.

5.3.1.1 Beacon Safeguarding Hub (Police)

The Beacon Safeguarding Hub triages the majority of reports of domestic abuse to police. It proactively contacts victims and directs them to support services as appropriate (this may include, but is not limited to, the service provided by Catch22). The hub is based at Hatfield Police Station, in the Domestic Abuse Incident and Safeguarding Unit (DAISU).

5.3.1.1 Catch22

Catch22 is another arm of Beacon, providing independent support to any victims referred on from Hertfordshire Constabulary, the Safeguarding Hub or any other source (including self-referrals).

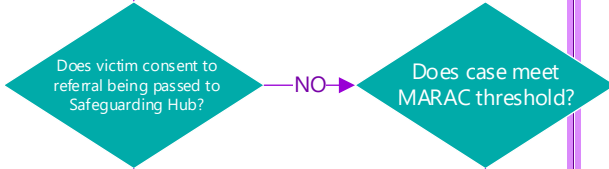
5.3.2 Eligibility Criteria (for victims of domestic abuse)

Beacon work with clients aged four and above. They must have been a victim of crime, but this crime does not have to have been reported to the police. Standard risk victims of domestic abuse are eligible for support from Catch22 (i.e. those with a DASH score of 10 and under). If a victim's risk level increased to 'high' or 'medium', or a need for more specialist support was identified, then their case worker would advise that they need more intensive support and that there are other organisations that would be better placed to provide this (e.g. ISAC, IDVA). However, Beacon will continue to provide support to higher risk victims where:

- The only presenting need is emotional support
- The victim does not wish to transition to another service

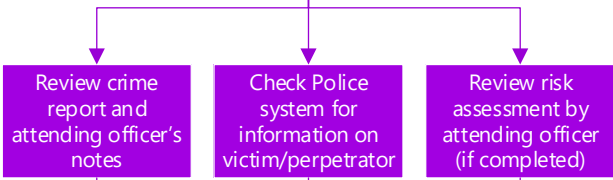
Safeguarding Hub (Police)

Report of domestic abuse to the police



Does case meet MARAC threshold?
YES
Refer to MARAC

Safeguarding Hub (Police)



Onward referral based on case information only

This could include referral to Catch22

Onward referral based on case information and consultation with victim

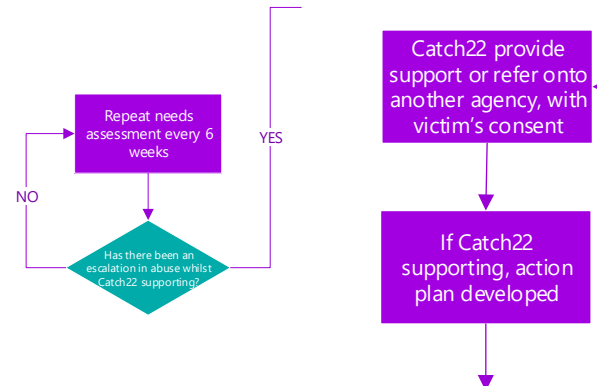


Figure 17 - Flowchart of the Beacon processes

5.3.3 How do referrals come into Beacon?

5.3.3.1 Beacon Safeguarding Hub (Police)

As mentioned above, the Beacon Safeguarding Hub triages the majority of reports of domestic abuse to police and proactively contacts victims to offer support. Victims can also self-refer, and the Hub may review third-party domestic abuse reports. All referrals need the consent of the victim, except those being referred to MARAC.

5.3.3.2 Catch22 Team

Referrals come into Catch22 from:

- A self-referral through the [Beacon website, email address or phone line](#).
- A professional (there is a form they can complete on the Beacon website)
- The Police (either frontline officers, DAISU or the Beacon Safeguarding Hub).
- The Witness Care Service
- Domestic abuse services which support high risk victims of domestic abuse (this can be as a way to step them down from their service).

All referrals, other than self-referrals, require the consent of the victim. Friends and family of the victim (and other third parties) cannot refer into Catch 22. However, the Beacon Safeguarding Hub would assess third-party reports on a case by case basis, and would 'cold call' if appropriate, based on their professional judgement. If the victim does not engage, the concerned third party would be given information about support options to pass on. If there were a real concern for safety, the police would be involved.

5.3.4 How are referrals triaged or assessed?

5.3.4.1 Beacon Safeguarding Hub (Police)

The Beacon Safeguarding Hub will contact any victim that has reported domestic abuse. Upon receiving a referral, the team will:

- Review the crime report and attending Police Officer's notes
- Look to see if the Police have any information on the victim and/or perpetrator
- Review the risk assessment carried out by frontline police staff (if completed)

From this information, they will determine where it would be most appropriate to refer the victim onto. This may include referrals to safeguarding services, to Catch-22 or a specialist service (e.g. IDVA). The victim would not necessarily be contacted as part of this process, nor is a standardised needs assessment conducted with the victim at this stage.

5.3.4.2 Catch 22 Team

When the Catch22 team within Beacon receive a referral, they would do a needs assessment with the victim. If there were indications of high-risk domestic abuse, then a DASH risk assessment would also be conducted and referred on if necessary.

If through the needs assessment it became clear that Beacon were not the right agency to provide support, the client would be referred on. However, the client would continue to receive support from Beacon until they were accepted by or engaged with another service.

5.3.5 Support provided by Beacon

5.3.5.1 Beacon Safeguarding Hub (Police)

Support provided by The Beacon Safeguarding Hub includes:

- Reviewing non-custody medium risk domestic abuse investigations
- Carrying out a victim needs assessment
- Researching the history of the relationship
- Providing practical safeguarding advice and information
- Determining a pathway for domestic abuse support
- Providing information about entitlements under [Code of Practice for Victims of Crime](#).
- Signposting victim/officers to most appropriate support service
- Supporting the DAISU investigation team with ongoing victim engagement

5.3.5.2 Catch22

Further to a needs assessment, Catch22 will develop a bespoke action plan. This may include:

- Support through the criminal justice process, including restorative justice
- Emotional support
- Practical support, information and assistance
- Signposting to, or contact with, other agencies that can provide specialist help
- Advocacy

6. Professionals working in frontline roles and their interactions with those experiencing domestic abuse

Frontline professionals, and others working in public-facing roles, are likely to have contact with victims of domestic abuse due to the nature of their role. As such, they are well placed to spot the signs of abuse and to provide, or signpost to, support. Feedback from frontline professionals (such as social workers, teachers, police officers and those working in healthcare settings) is therefore vital, giving unique insight into victims' support needs and how easy it is for professionals to find victims the help they want and need. This section of the report details the methods used to gain this insight along with an analysis of the findings.

6.1 Methodology

Over a period of seven weeks between August and September 2020, a Hertfordshire-wide survey was launched to gain an understanding from frontline professionals on:

1. The common support needs they identify that their clients (who have experienced domestic abuse) have
2. The level of their understanding of domestic abuse so that we can consider our training offer
3. Their awareness of specialist domestic abuse support available so we can consider how we communicate referral pathways in the future
4. Challenges they experience in relation to the referral pathway when trying to support those experiencing domestic abuse so we can try and make any necessary improvements

The survey was targeted at frontline professionals and others working in public-facing roles who likely have contact with victims of domestic abuse. This included (but was not limited to):

- Social workers in Adult Care and Children's Services at HCC
- Staff working in healthcare settings (e.g. GPs, hospitals)
- Staff working in sexual health settings
- Family centres
- Housing officers
- Police Officers
- Probation/CRC staff
- Mental health support workers
- Substance misuse support workers
- School staff (e.g. teachers, support staff)
- Job centre/DWP staff
- Youth workers

The survey consisted of 18 questions, all of which are listed in Annex 3.

6.2 Participants

6.2.1 Work areas and specialisms

Overall, 149 individuals completed the survey. All participants were asked to identify their area of work and any specialisms that they had either in their job role or as part of their organisation. Responses to these questions are listed Table 23.

Table 23 - Work areas of participants in a survey for frontline professionals.

Area of work	
Answer choices	% responses
Health (e.g. doctors, midwifery, ambulance service team, psychological professions, pharmacy)	20% (n=29)
Criminal justice (e.g. police, courts, lawyer, offender health/prison, probation, youth offending)	13% (n=19)
Housing (e.g. housing manager/officer)	5% (n=7)
Children's services (e.g. social work, youth work, family support work, play therapy, child psychotherapy)	25% (n=36)
Adult Care (e.g. care work, social work, occupational therapy)	13% (n=19)
Other (please specify) <i>Answers included:</i> <ul style="list-style-type: none"> • Citizens Advice Bureau • Community and Voluntary Sector • Fire and Rescue • Health • Local business • Mental Health • Public Sector • Safeguarding • School • Sexual Violence • Substance Misuse 	24% (n=34)
Specialisms	
Answer choices	% responses
Domestic abuse	50% (n=62)
Children	44% (n=54)
Older people (65+)	20% (n=25)
Adults with a disability (e.g. a physical or learning disability)	20% (n=24)
Those identifying as LGBTQ+	8% (n=10)
Substance misuse	24% (n=29)
Mental health conditions	36% (n=44)
Other (please specify) <i>Answers included:</i> <ul style="list-style-type: none"> • Care provision • Criminal justice • Housing • Sexual health • Sexual violence 	20% (n=24)

Through the answers to these questions, it was identified that 44% of participants (n=65) either worked as a domestic abuse specialist or had other expertise in this area, and so were excluded from most of the analysis. This left 84 participants who did not identify as having any specialist knowledge

in domestic abuse. Their work areas are shown in Figure 18. Table 24 shows the work areas of those who selected 'Other' as an answer.

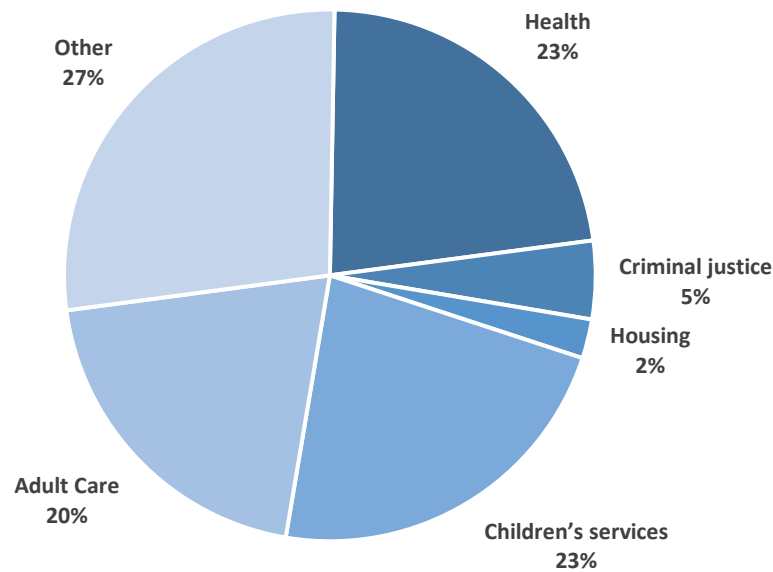


Figure 18 - work areas of professionals' survey participants without any domestic abuse specialisms

Table 24 - 'Other' work areas for professionals' survey participants without any domestic abuse specialism

Answers provided for 'Other' in question about work areas	No.
Citizens Advice Bureau	2
Community and Voluntary Sector	6
Community Safety/Protection	5
Local business	1
Public Sector	4
Safeguarding	1
Sexual violence	1
Substance Misuse	1
Unknown	2

6.2.2 Training

Participants were also asked whether they had ever had any training in domestic abuse since working in Hertfordshire. 70% (n=59) said they had received some form of training in domestic abuse. This means that this cohort's awareness of domestic abuse could be higher than the average frontline professional, and this in turn is likely to affect the results of the survey.

6.2.3 Frequency of working with domestic abuse victims

The survey asked questions about professionals' experiences of domestic abuse at work. When asked how often they come across domestic abuse in their role, 47% (n=42) answered 'sometimes', 24%

(n=21) answered 'Often' and 9% (n=8) answered 'Always'. This is shown in Figure 19. In total, 80% of this cohort comes across domestic abuse in some capacity whilst carrying out their role.

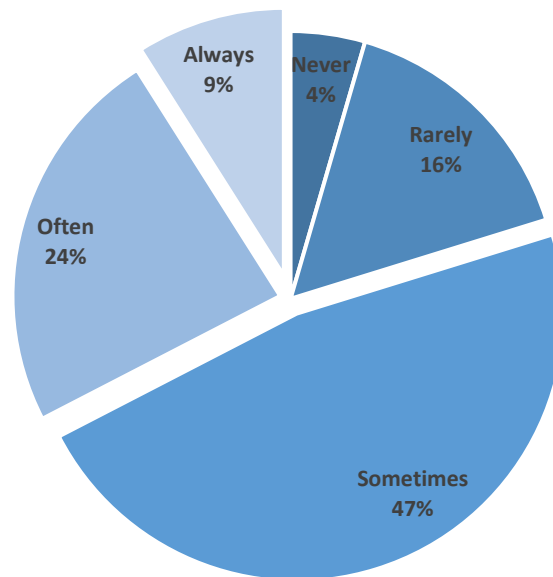


Figure 19 - How often professionals said they came across domestic abuse in their role

When asked how often they had worked directly with victims of domestic abuse in their job role, 81% (n=72) answered 'Yes'. Participants' responses to these questions demonstrates how often frontline professionals come across domestic abuse in their role. It is therefore vital that they are fully informed about support available to victims.

6.3 Professionals' knowledge and understanding of domestic abuse

Respondents were asked to rate their agreement with a list of statements about domestic abuse. This was to identify how professionals think about domestic abuse and to identify possible gaps in knowledge that might need addressing with training and awareness raising. The responses to these statements are shown in Figure 20.

On the whole, responses were in line with what is known about the dynamics of domestic abuse from data and research. Respondents strongly disagreed with the statement 'only women can be victims of domestic abuse', indicating an understanding that people of all genders can be victims of domestic abuse. However, 45% (n=40) disagreed with the statement: 'it is mainly women who experience domestic abuse'. Whilst men can also be victims of domestic abuse, women are disproportionately affected.

Respondents were uncertain about the following statement: 'there are lots of malicious reports of domestic abuse', with 37% (n=33) saying they were unsure and 13% (n=12) agreeing. This is concerning given that false allegations about domestic abuse are extremely rare.

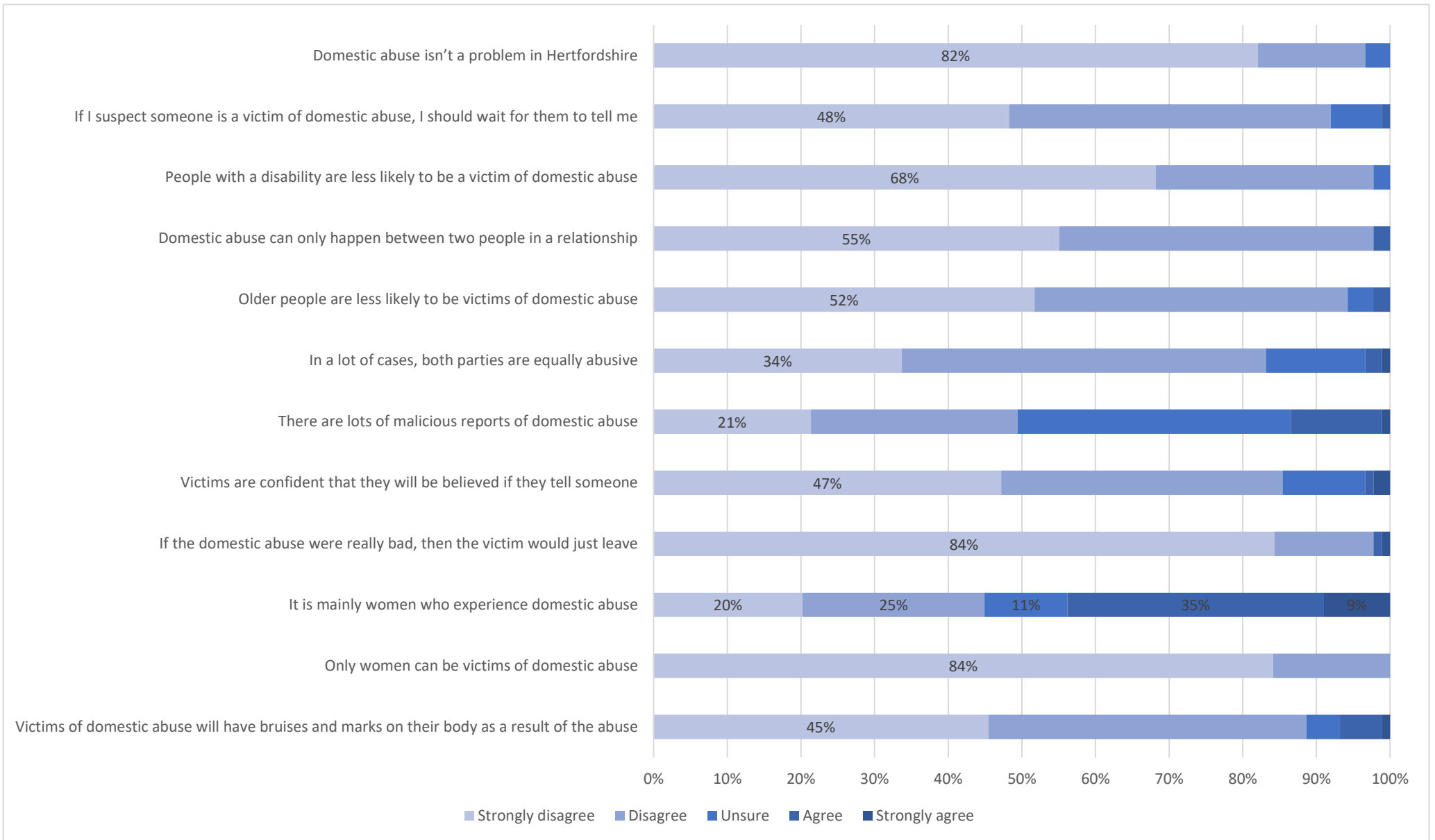


Figure 20 - Summary of non-DA cohorts' responses to a series of statements about domestic abuse

6.3.1 Causes of domestic abuse

Professionals were asked whether they thought domestic abuse was a result of any of the following:

- Substance misuse
- Mental health
- Ill health (e.g. dementia, cancer)
- Power and control
- The perpetrator witnessed domestic abuse growing up
- Gender inequality
- Unemployment or poverty
- Stress (i.e. job stress, parenting stress, stress of caring for a relative)

Responses re shown in Figure 21, below. Other than 'power and control', the answers listed are all 'myths' about the causes of domestic abuse, meaning many may falsely believe them to be true. For example, substance misuse might make existing abuse worse, or be a catalyst for an attack, but alcohol and drugs do not cause abuse. Likewise, perpetrators are likely to use factors such as stress or ill-health to try and justify their behaviour, but it is always their choice to be abusive. Factors like ill health or poor mental health may also make victims more vulnerable, as it can make them more dependent of the person abusing them.

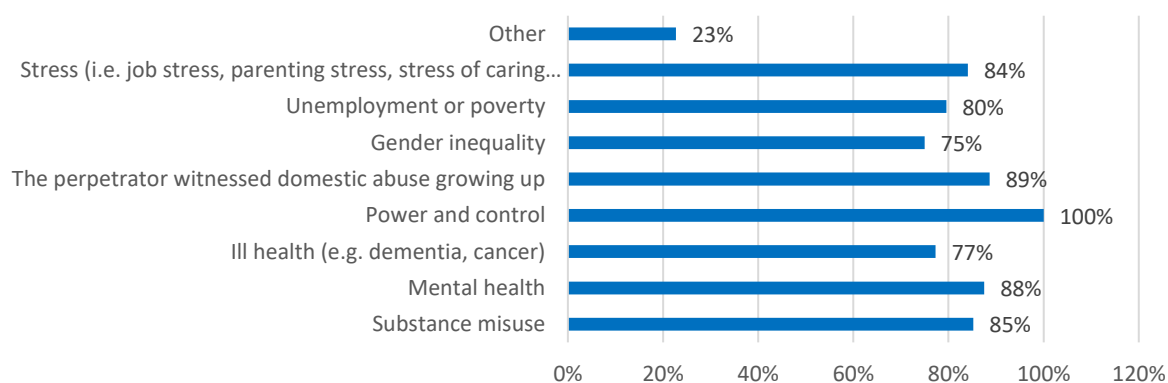


Figure 21 - Summary of all participants' responses to question about possible 'causes' of domestic abuse

It is positive that 100% of participants correctly identified that domestic abuse is the result of someone using abuse to gain and maintain control. However, many also incorrectly identified the other factors (or 'myths') listed as causes of domestic abuse. This indicates a significant gap in knowledge and understanding.

6.4 Reporting and referring to services

6.4.1 Awareness of domestic abuse services

As part of the survey, a list of specialist domestic abuse and sexual violence services was provided, and participants were asked to rank their awareness of these. From the responses given (shown fully in Figure 22), the following three services were the best known:

- The Hertfordshire Domestic Abuse Helpline
- Safer Places services (safe accommodation and community outreach)
- The Independent Domestic Violence Advocacy (IDVA) Service

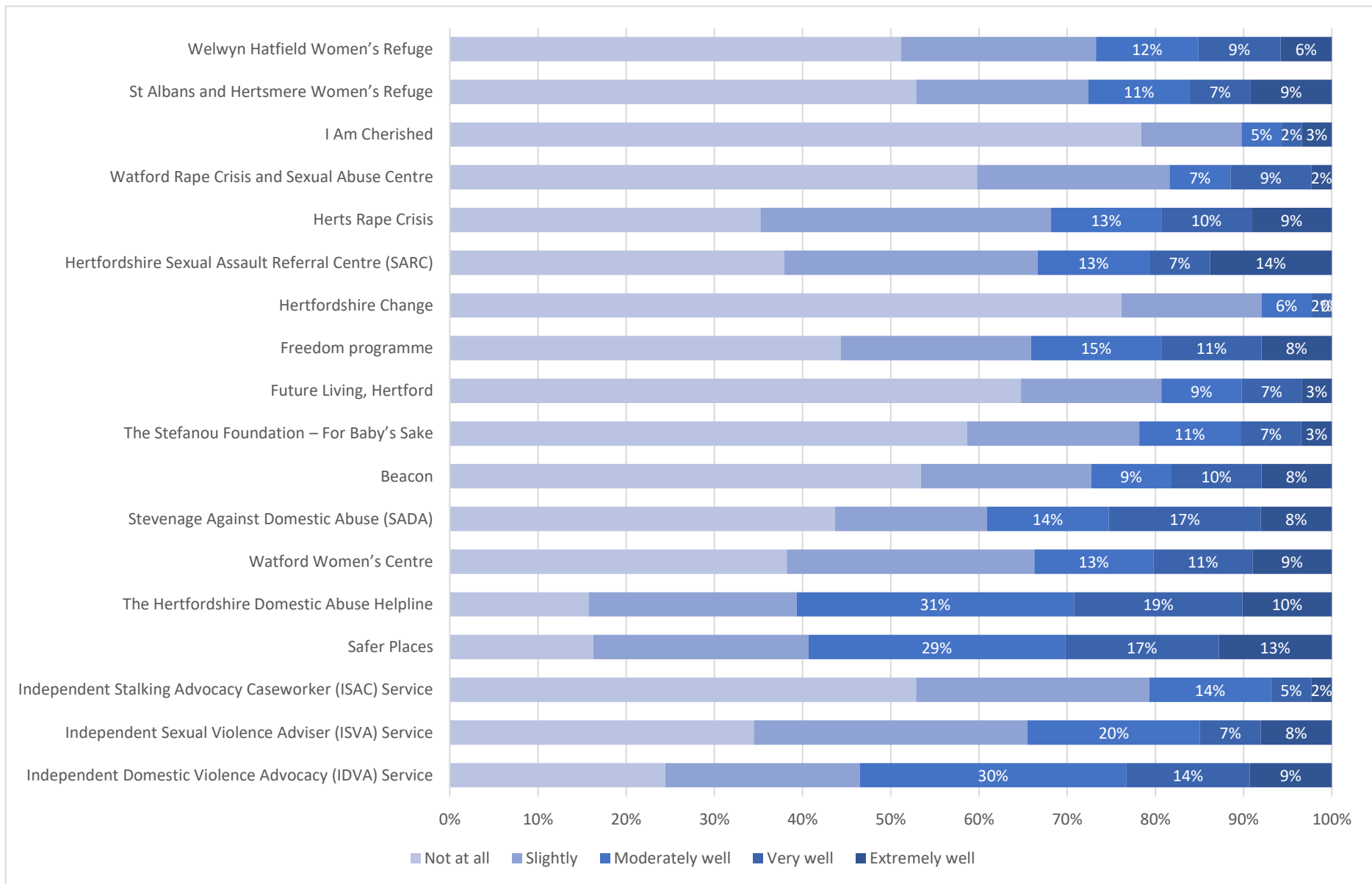


Figure 22 - Levels of awareness of domestic abuse services in Hertfordshire

As these services operate county-wide, it is unsurprising that they are the services most professionals are aware of. Safer Places and the IDVA service also run training in the county and are co-located in a number of statutory and non-statutory services. Services that professionals were less aware of were:

- Future Living in Hertford
- I am Cherished
- Hertfordshire Change.

As these services operate locally to individual Districts/Boroughs, this is likely why professionals are not so familiar with them. However, in the victim and survivor survey, a number of respondents had used the service provided by I am Cherished, and were incredibly satisfied with the service they received. This demonstrates that there are some really good pockets of practice in the county, but that not all victims may benefit from these due to where they are located and low levels of awareness amongst the professionals who are best placed to make referrals into services.

6.4.2 Awareness of domestic abuse services

Professionals were asked which options, from the following list, they would use find out information about services available for victims and survivors of domestic abuse:

- I'd ask my manager
- I'd ask a domestic abuse champion in my organisation
- An internet search
- A search on workplace intranet
- A call to a local domestic abuse helpline

The most popular options were speaking to a domestic abuse champion, an internet search and a call to a local helpline. This is shown in Figure 23.

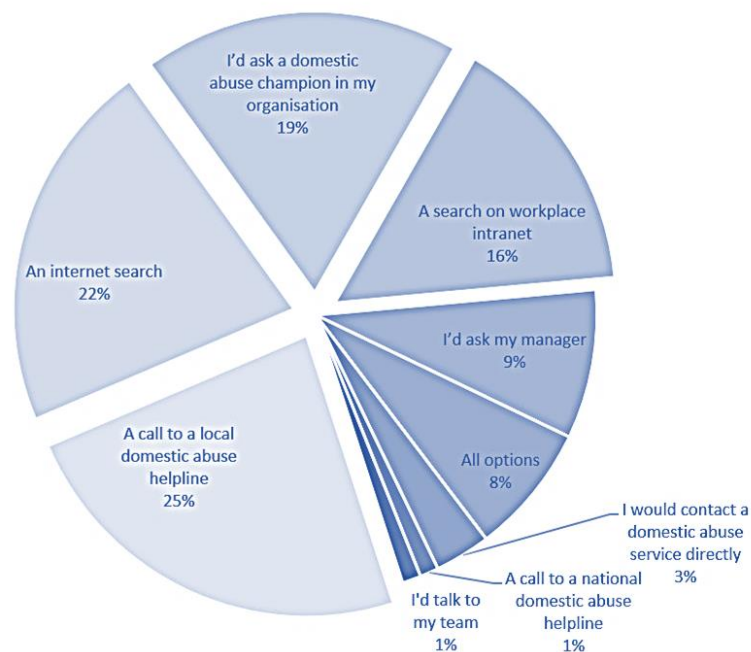


Figure 23 - where professionals said they would get advice on supporting victims of domestic abuse if they came across this in their role

The response to this question highlights the importance of Champions and Helpline volunteers being fully up to date on support options available and the pathways into these. Furthermore, if a number

of professionals are using local helplines to find support for their clients, it may make practical sense for helplines to refer directly into support services. This is not something the Hertfordshire Domestic Abuse Helpline currently does, even though such action would enable victims to get help as quickly as possible.

Information available online, both on the internet and on workplace intranets, also needs to be up to date. In both cases, it should be as easy as possible to find this information, with as few contact options listed as possible so as to minimise uncertainty on where to refer to. This would also be beneficial to victims.

6.4.3 Identifying and reporting domestic abuse

Professionals indicated that they felt confident in identifying the signs of domestic abuse, as shown in Figure 24. This is likely because many of the professionals who participated in this survey had received some form of training in domestic abuse. It could therefore be assumed that this training had resulted in professionals feeling more confident in identifying abuse. It would thus be beneficial to role out training in domestic abuse more widely, as the results of the victim survey indicate that a number of professionals may still be missing the signs of domestic abuse and therefore the opportunity to provide support.

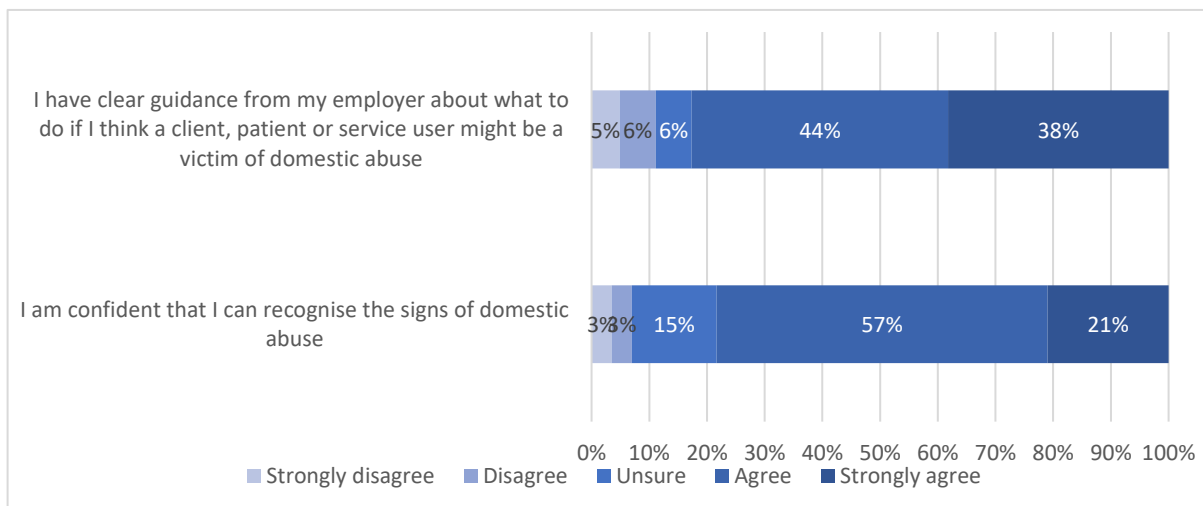


Figure 24 - Professionals' confidence in identifying domestic abuse

Respondents were asked whether they would take any of the following actions if they suspected a client was a victim of domestic abuse:

- I wouldn't do anything
- I would discuss it with the person
- I would tell someone in my team or organisation
- I would share my concerns with another organisation

None of those participating in the survey selected 'I wouldn't do anything', but this is likely because of the training many of the respondents said they had had in domestic abuse.

Figure 25 shows that most participants would feel comfortable speaking with a victim of domestic abuse directly and that they would also share their concerns with someone in their team or organisation. Whilst positive, this emphasises the need for employers to know how best to support domestic abuse victims and what specialist support is available for when professionals cannot provide support to victims directly.

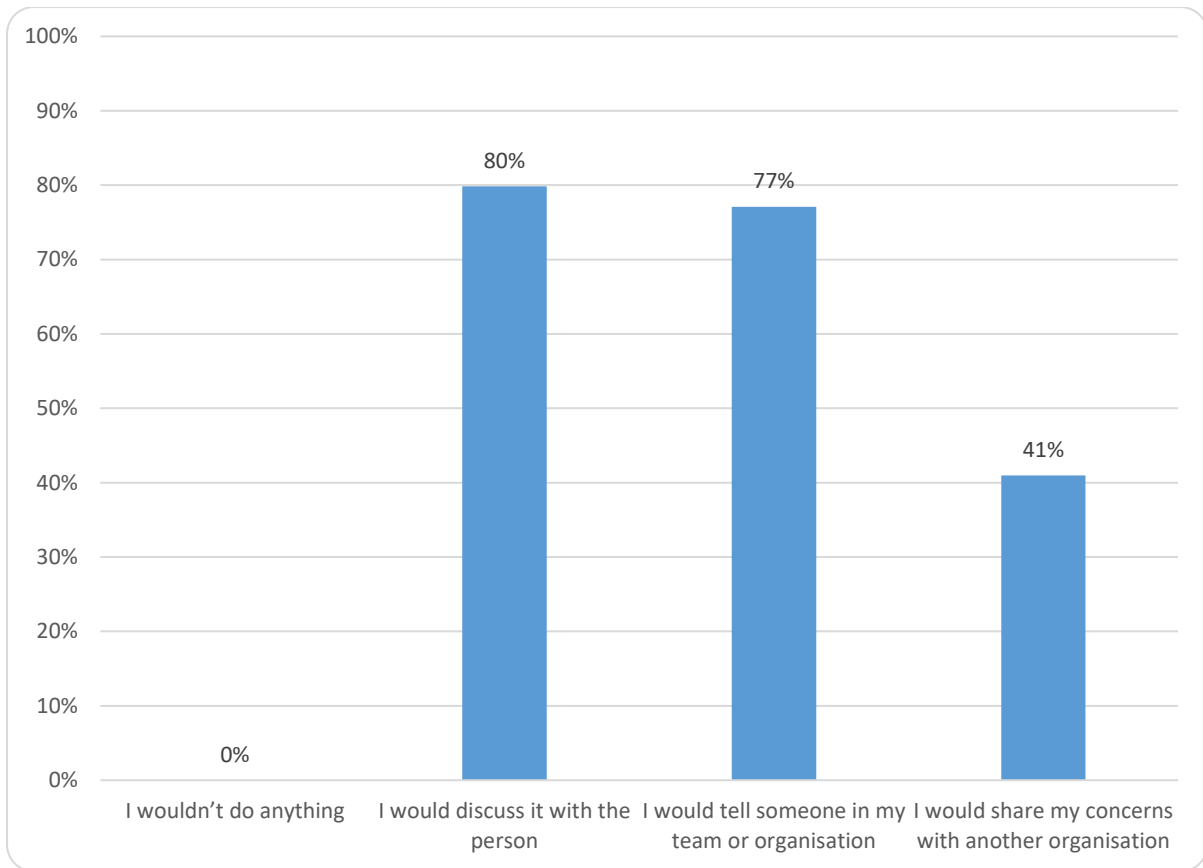


Figure 25 - What professionals said they would do if they thought one of their clients were experiencing domestic abuse

Comparatively few respondents said they would share their concerns with another organisation. This could mean there is a missed opportunity for frontline professionals to make direct referrals to specialist domestic abuse services. It could also mean that professionals are not sure of what organisations exist in the county to provide this specialist support or that there are too many options for professionals to choose from, creating confusion.

Reference List

Cafcass & Women's Aid, 2017. *Allegations of domestic abuse in child contact cases*, London: Cafcass.

Centre for Women's Justice, 2019. *Police failure to use proactive measures in cases involving violence against women and girls*, London: UK Government.

Christie, L. & Wright, S., 2020. *Technology and domestic abuse*. [Online] Available at: <https://post.parliament.uk/technology-and-domestic-abuse/>

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services, 2017. *A progress report on the police response to domestic abuse*, London: Justice Inspectorates.

Her Majesty's Inspectorate of Constabulary, 2015. *Increasingly everyone's business: A progress report on the police response to domestic abuse*, s.l.: Her Majesty's Inspectorate of Constabulary.

HM Crown Prosecution Service Inspectorate, 2020. *Evidence led domestic abuse prosecutions*, London: s.n.

Imkaan, 2020. *The Impact of the Dual Pandemics: Violence Against Women and Girls and COVID-19 on Black and Minoritised Women and Girls*, London: s.n.

Lovatt, J., Gage, R. & Damji, F., 2020. *"We are invisible"*. [Online] Available at: https://mcusercontent.com/3f41f774aebc77c4a2536aa53/files/b4a68ede-8fd2-451c-a923-63e1f7bb3b72/We_are_Invisible_July_2020_1.pdf

Office for National Statistics, 2017. *Sexual Identity, subnational*. [Online]

Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/datasets/sexualidentitysubnational>

Office for National Statistics, 2020. *Domestic abuse victim characteristics, England and Wales: year ending March 2020*. [Online]

Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2020>

Office for National Statistics, 2020. *Domestic abuse victim services, England and Wales: November 2020*. [Online]

Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimservicesenglandandwales/november2020>

Parker, I., 2015. *A link in the chain: The role of friends and family in tackling domestic abuse*, London: Citizens Advice.

Refuge, 2018. *Refuge Performance Report 2017-18*, London: Refuge.

SafeLives, 2015. *Supporting B&ME victims – what the data shows*. [Online] Available at: https://safelives.org.uk/practice_blog/supporting-bme-victims-%E2%80%93-what-data-shows

SafeLives, 2019. *Safe and Well: Mental Health and Domestic Abuse*, London: SafeLives.

SafeLives, 2020. *Guidance for MARACS: Responding to Counter Allegations*. [Online] Available at: [https://safelives.org.uk/sites/default/files/resources/Responding%20to%20counter-allegations 0.pdf](https://safelives.org.uk/sites/default/files/resources/Responding%20to%20counter-allegations%200.pdf)

SafeLives, 2020. *Spotlight #1: Older people and domestic abuse*. [Online] Available at: <https://safelives.org.uk/spotlight-1-older-people-and-domestic-abuse?gclid=CjwKCAiA1eKBBhBZEiwAX3ggqI5KvYX8kv0fI8Wn3h7NK1-GFosgYalgEUGcksqBakwscjephVoD2OhoC8QUQAvD BwE>

SafeLives, 2020. *Spotlight #2: Disabled people and domestic abuse*. [Online] Available at: <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse>

SafeLives, 2020. *Spotlight #3: Young people and domestic abuse*. [Online] Available at: <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-3-young-people-and-domestic-abuse>

SafeLives, 2020. *Spotlight #4: 'Honour'-based violence and forced marriage*. [Online] Available at: <https://safelives.org.uk/spotlight-4-honour-based-violence-and-forced-marriage>

SafeLives, 2020. *Spotlight #8: Parenting through domestic abuse*. [Online] Available at: <https://safelives.org.uk/spotlights/spotlight-8-parenting-through-domestic-abuse>

Snook, C. & SafeLives, 2017. *Tech vs Abuse: Research Findings*, London: SafeLives.

The Home Office, 2021. *Domestic Abuse Bill*, London: The Home Office.

Trevillion, K., Oram, S., Feder, G. & Howard, L., 2012. Experiences of Domestic Violence and Mental Disorders: A Systematic Review and Meta-Analysis. *Plos One*.

Walby, S., 2004. *The Cost of Domestic Violence*, Leeds: s.n.

Women's Aid, 2017. *Child First: A Call to Action One Year On*, Bristol: Women's Aid.

Women's Aid, 2019. *The Economics of Abuse*, London: s.n.

Women's Aid, 2020. *Online and digital abuse*. [Online] Available at: <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/onlinesafety/>

Women's Aid, 2020. *The Hidden Housing Crisis*, Bristol: Women's Aid.