

2018

# HAND in HAND

Survivors of Multiple Disadvantage  
Discuss **Service & Support**

A report by Peer Researchers for the  
National Commission on Domestic and  
Sexual Violence and Multiple Disadvantage

We need to *not give up*.  
We need to *keep on going*.  
We need to *keep trying*.  
We need to *be brave*.  
We need to *challenge people*.  
We need to *keep on having campaigns*.  
We need to *break down barriers for women accessing services*.  
We need to *do as much as we can to reduce the stigma and to stop the never-ending cycle of violence and substance misuse and mental ill-health which all go hand in hand*

A WOMAN WITH LIVED EXPERIENCE.

This report was written by:

Amanda Hailes, Aisha Sterling, Angela Girling, Chlo Winfield, Joanna Sharpen, Milly Rigby, Naima Iqbal, Pip Williams, Rachel White, Sonia Braham, Susan Edwards and Vivienne Collins.

We would like to thank the women who made this report possible: AVA staff, and our peer researchers & interviewees whose empathy, expertise and experience have highlighted women's voices.

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# 1. Introduction

AVA (Against Violence & Abuse) and Agenda, the alliance for women and girls at risk, were funded by the Lloyds Bank Foundation for England & Wales from April 2017 to April 2019, to establish a national commission focusing on domestic & sexual abuse against women facing multiple disadvantage. The commission was set up to examine:

- The links between domestic & sexual abuse and severe multiple disadvantage, looking particularly at mental health and substance use issues.
- The experiences of women facing these issues, including their views of what kinds of services would best meet their needs, supporting them to rebuild their lives.
- Current provision to support women affected by these issues.
- Evidence and ideas for how best to support women with experience of domestic & sexual abuse and multiple disadvantage.

As part of the work of the commission, AVA and Agenda put out a national call to recruit up to 15 women (aged 18 and above) to be volunteer peer researchers. Over 70 women applied, presenting the need for a project where women's voices are heard. 13 women with lived experiences of these issues were trained as peer researchers. These inspiring women conducted interviews with other women in their communities to ensure that the voices of those with lived experience shape the commission recommendations.

Unfortunately, due to other commitments, 2 peer researchers were unable to continue with the project and a further 2 were unable to conduct interviews. However, the remaining 9

## 1. INTRODUCTION

peer researchers undertook 18 interviews with women from their local communities. The interviewees were identified via support services, and all were provided with ethics guidelines as well as giving their informed consent to take part. Each interview was anonymous and confidential. To allow more women who were unable to physically attend an interview to participate, an online survey was also available, and 7 women responded through this channel.

The National Experts Citizens Group and CFE Research also submitted a paper in response to the national call for evidence, detailing the views of a further 4 women. This provided the commission with 29 responses from women with lived experience.



## 2. Methodology

Each peer researcher was provided with an interview guidance pack including information sheets, consent forms and equalities monitoring forms. The wellbeing of the interviewee was paramount, and they had the right to withdraw at any time. The peer researchers all followed the same interview guide which can be found in Appendix A. Each interview was recorded and then transcribed. The peer researchers also completed reflection logs after each interview. Every audio recording and written transcription was securely sent to AVA for analysis. The surveys were conducted online using SurveyMonkey, with all interviews and surveys coded using specialist software NVivo. Common key themes were identified and presented to the peer researchers at a meeting in London. They then expanded on these themes, highlighting relevant challenges and successes for inclusion in this report. This combination of data was then compiled by AVA.

The semi-structured interviews were designed to help guide the interviewee on a journey. They began by exploring the types of abuse they had experienced & the impact this had on their lives. They then thought about when they first realised that the experiences they were having were abusive, as well as sharing their early experiences of help-seeking. Next, they were asked about the responses they received from services, what may have helped to prevent some of the difficulties they had faced, and finally, their messages to those in power. This structure will be followed in the remainder of this document report, with detail given about the themes identified during analysis.

### 2.1 Demographics & Needs/Characteristics

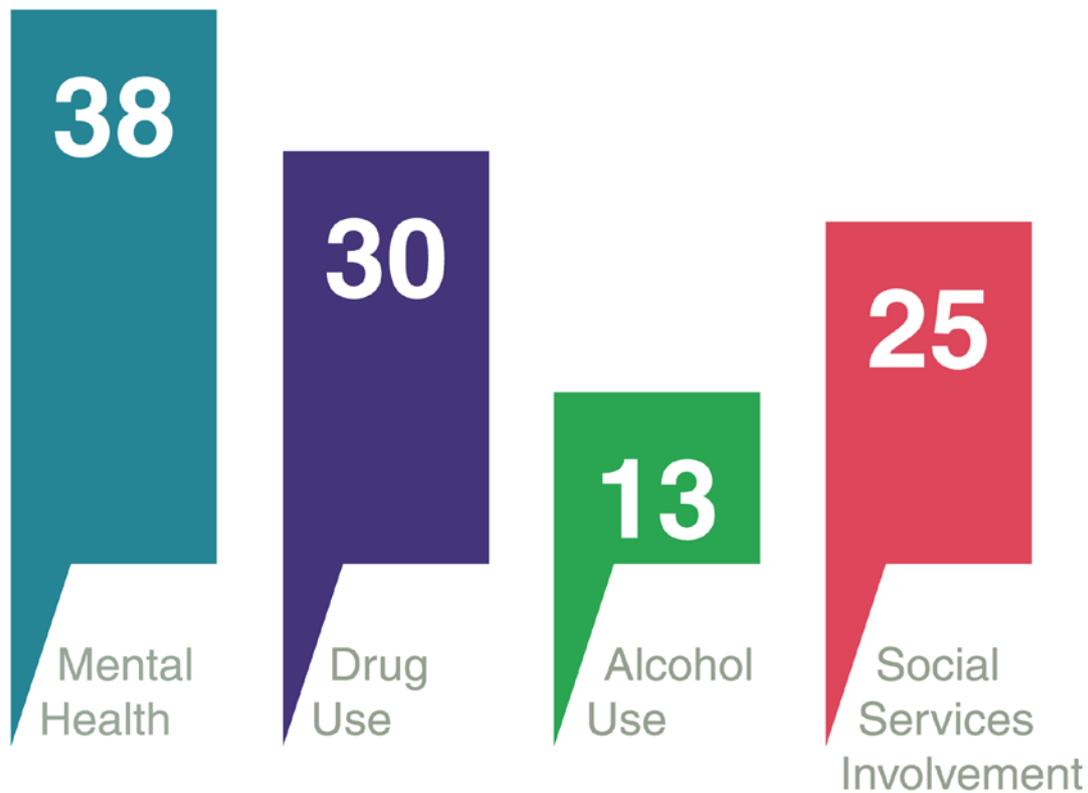
Both peer researchers and interviewees were asked to provide demographic information including: age, ethnic group, disability and sexuality. All peer researchers and interviewees identified as women. 5 women identified as disabled in some way. Breakdowns of age, ethnicity and sexuality are shown below. It should be noted that this information was asked for but not required, and therefore not everyone involved chose to provide this.

| <b>AGE</b>       | <b>18-24</b> | <b>25-34</b> | <b>35-44</b> | <b>45-54</b> | <b>55-64</b> | <b>65+</b> |
|------------------|--------------|--------------|--------------|--------------|--------------|------------|
| Peer Researchers | 1            | 3            | 0            | 5            | 1            | 0          |
| Interviewees     | 1            | 11           | 9            | 2            | 2            | 0          |

| <b>SEXUALITY</b> | <b>HETEROSEXUAL</b> | <b>HOMOSEXUAL</b> | <b>BISEXUAL</b> |
|------------------|---------------------|-------------------|-----------------|
| Peer Researchers | 6                   | 0                 | 3               |
| Interviewees     | 14                  | 1                 | 1               |

| <b>ETHNICITY</b> | <b>PEER RESEARCHERS</b> | <b>INTERVIEWEES</b> |
|------------------|-------------------------|---------------------|
| White British    | 6                       | 6                   |
| White Irish      | 0                       | 1                   |
| White European   | 0                       | 3                   |
| White Other      | 0                       | 0                   |
| Asian British    | 0                       | 2                   |
| Asian Pakistani  | 1                       | 6                   |
| Asian Indian     | 0                       | 1                   |
| Black African    | 2                       | 1                   |
| Mixed            | 0                       | 2                   |
| Chinese          | 0                       | 2                   |

## Other Experiences



38% of women specifically mentioned being diagnosed with some form of mental health issue, and all women clearly described the traumatic impacts of abuse. 30% disclosed using substances, with cocaine and heroin being the most common. Less women mentioned using alcohol – 13% discussed this. However, some women mentioned parents' or partners' problematic drinking negatively affecting them. 25% of women had experienced some form of social services involvement in relation to their children.

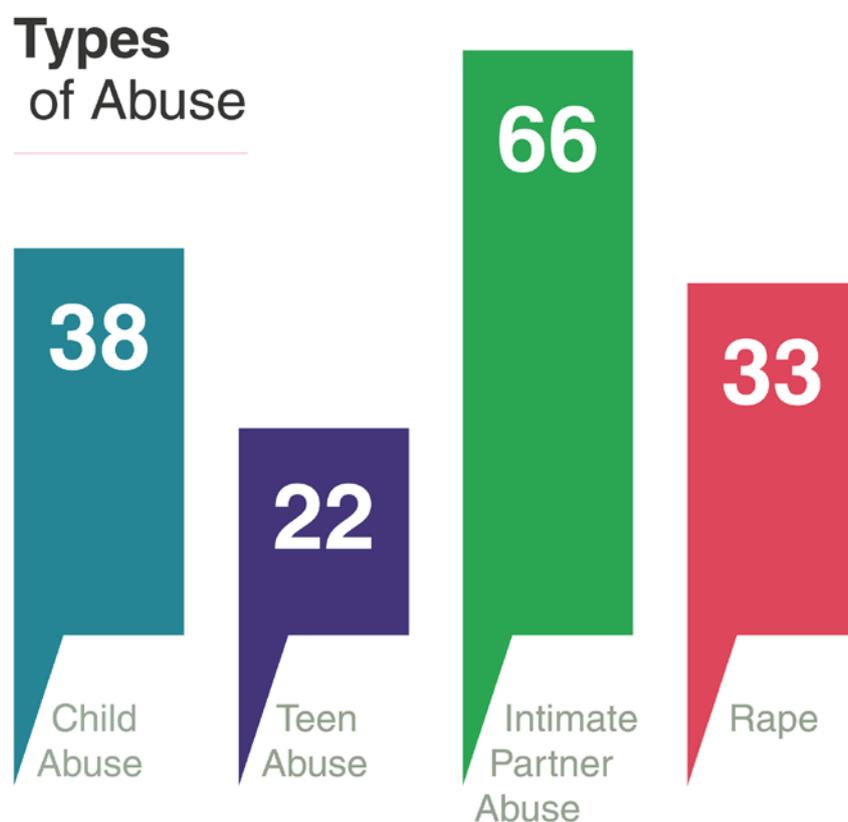


# 3. Analysis

This section will explore the responses provided by women in the interviews and surveys. All quotes in *italics* are directly attributed to the interviewees who will remain anonymous.

## 3.1 Types & Experiences of Abuse

The women who took part were initially asked to describe the types of abuse they had experienced. Most women had experienced multiple forms of abuse (sometimes from multiple perpetrators), and some had experienced this both as children and adults.



Financial control was found to be involved in 38% of intimate partner abuse. 16% of rapes took place when women were forced into prostitution. 3 women had been forced into marriage, 2 of whom experienced domestic slavery.

## 3.1.2. So-Called Honour Based Violence & Abuse

Despite only representing 10% of the overall sample, this issue requires highlighting due to the added risks, vulnerabilities and barriers faced by these women. Domestic slavery refers to the practice of exploiting and exercising undue control over another person, in order to coerce them into performing services of a domestic nature in unacceptable conditions<sup>1</sup>. The women in this sample found that once they were married and had moved to the UK, they were expected to clean and look after the households of both their husband and their in-laws:

*When I got to visit his parents' house my sister in law told me now you have seen both houses it's your responsibility to clean both houses. You're my brother's wife and it's not my responsibility to clean my parents' house, it's yours. You have to cook breakfast for my mother when she wakes up at 7.30am. What was my routine? I have to wake up early in the morning at 6am, do the cleaning of my home then go to his parents' house and cook them a meal and everything there I need to do. Then I have to come back, there is no television, not even a clock – I don't even know what time it is. He'd lock me up there. I didn't have any key.*

Misinformation about their rights, including threats of what would happen if they were to disclose this abuse, along with the fact that many of these women do not speak English as their first language, contributes to their inability and lack of awareness when it comes to accessing vital support:

*My sister in law told me that I don't have a British passport, you only have a Pakistani passport, so you don't have any rights here. You can't call anyone. If you will call anyone you will get into trouble. She told me stories about domestic violence cases, that they*

<sup>1</sup> <https://www.modernslaveryhelpline.org/domestic-slavery>

— don't get any help and in the end the victim is the one who gets killed. She was wiring my mind. I don't know why but I was scared of the police. If I saw a police car I got frightened.

Abuse within marriage was also seen as normal and to be expected:

I thought a married couple is always at war. In my culture I'm a woman, I'm a wife so I have to take it. So, when he goes mad and gets angry I just keep quiet and try to get on with him. Until he wanted to kill me and tried to get the weapons from the kitchen. An Asian woman in our culture is supposed to handle these things and stay with the person they are arranged to marry to for their whole life and tolerate abuse.

When women *did* consider trying to seek help, the fear that they would not be supported, or that they may be killed for bringing dishonour on the family was enough to silence them:

( TALKING ABOUT RAPE )

I honestly believe my dad wouldn't have called the police if I had told him. He would have just rushed up the marriage and done it sooner. I couldn't break this engagement. My dad has always threatened us with honour killing so I couldn't tell anyone what had been done to me.

## 3.2 The Impacts of Abuse

Without question, when asked what the main impacts of the abuse they had experienced had been, all women referred to their mental health, wellbeing and self-worth. As one woman commented:

*The psychological one is much deeper than the physical one. It's more damaging than the physical one because the physical one leaves you with a bruise but the other one is more damaging mentally. They put doubt in your mind and fear and you learn not to trust people. Lack of confidence, low self-esteem. So, it's hard for you to socialise with people and you are fearful.*

In some cases, this led to self-harm or the use of substances as a coping strategy:

*It impacted my self-esteem, later on in life I didn't know how to process my feelings, that came out in aggression towards myself, I started self-harming.*

Some women were able to describe the impacts at the time of the abuse, whereas others did not fully realise the impacts until much later, sometimes after years had passed:

*Later on my mental health suffered, I suffered for years with depression, I had counselling at school. I started experiencing flashbacks, when I would feel like I was being raped again, things like that. My psychologist said it was PTSD. When I was 29, after a break up of a relationship, after lots of drug taking, recreational drugs, I was diagnosed with bi-polar disorder. I ended up having a total psychotic breakdown and being hospitalised, I got released after three years.*

Some women mentioned that the abuse had a serious impact on their views of relationships, including confusing sex with love, especially after childhood sexual abuse. Another dominant theme was loneliness and isolation, for example feeling too fearful and embarrassed to confide in anyone. There was also mention of being scared that they may generally lose touch with themselves or who they had been before the abuse. The impacts were all-encompassing, as described here:

*Oh, it had a big impact. It impacted on my self-esteem and confidence. I would just say like... my general wellbeing. I was constantly living in fear and very scared. It also impacted on the relationship with my children coz I don't believe I could be the best mum possible because of what we were experiencing as a family. So I guess it impacted in all areas of my life.*

### 3.3 Identifying Abuse

When discussing abuse and how they came to realise that their experiences had been abusive, the most common issues mentioned were domestic and sexual abuse. Several shared paths to realising and identifying abuse were mentioned. Many women acknowledged that this realisation took a long time, as the abuse seemed so normal (especially if they had experienced abuse as a child and then as an adult):

*Initially I didn't think there was any other life, I just thought that's how it was and that was kind of how life was.*

For some, they first realised when seeing a programme on television that featured domestic abuse, linking it to their experiences. They especially related to hearing from survivors of abuse and how they had managed to leave that relationship. For others, it was a concerned friend who noticed warning signs and signposted to support services:

*I met a friend at that point, whom I hadn't seen for some time. When I met her I told her he hit me but that it was my fault. She understood this warning and*

— gave me a domestic violence leaflet and wrote the Citizens Advice Bureau's number on it.

Children are frequently a reason why women leave, stay or return to abusive relationships. Several women in this research realised the relationship was abusive when they started to notice the impacts on their children:

*I remember thinking that I don't want my girls to grow up with this. One of them was 10, one was 7 and one was 2 approx. I remember thinking 'what am I doing? Am I going to bring these children up in the same way that I was brought up?'*

Another common narrative was women clearly knowing that they were experiencing abuse, but believed they had no choice other than to live with it:

*No I knew, I knew what I knew, I'd experienced it as a child. I knew what it was, when it got intense and I really was clued up and this was abuse and this was unacceptable. I don't believe that I had any choice but to live with the abuse, so it's not like I was oblivious to it and I didn't know. I did know but I just felt powerless to change the situation.*

Others felt they were simply not ready to leave yet, or that there would be terrible consequences if they did:

*I would probably say that regardless of what interventions I tried to reach out to, I really wasn't ready to leave so I would always end up going back. So, it's not so much of what the service did or didn't do. It's about, you know, for me I couldn't see life beyond the abuse that I was experiencing, and I was also too fearful he had so much power over me that it would always make me go back.*

## 3.4 Help-Seeking

*I didn't ask for help. It wasn't the sort of thing that you did then. Well I suppose it was, but I don't know. I will tell you why I didn't. I felt ashamed and I didn't want anyone to know. Everyone thought that I was a strong person with a strong personality.*

Each woman was asked about the times they tried to seek help, what they found helpful, and if they faced any barriers to doing so. Specific services were not mentioned by the peer researchers but, unsurprisingly, several key service areas were brought up by most of the women. They have been set out below as separate sections.

As well as mentioning specific services or interventions, some women were also clear that they were unable to engage with services as life felt too chaotic and complex to be able to do so. The expectation for women to be reaching out to services, rather than services proactively attempting to engage women where they are (either physically or emotionally), puts the onus on women to be responsible for their own protection and support. A few women said that being sectioned or given a prison sentence was the only thing that finally meant they had to engage with some form of service:

*Since taking drugs I wasn't really engaging with services. My whole life was a mess. I was homeless... sleeping on the streets, in parks. Yes, I wasn't in the right head space until now, until the very last year I was found by the police and I was sectioned. They had to section me for my own safety because I was really under-weight and I just wanted to kill myself.*

## 3.4.1 Police

*No, I didn't get no support. The only support I got was getting locked up in a jail cell. The only good thing I got out of it was a bed for the night.*

The only criminal justice agency mentioned was the police. This was usually in relation to what women felt was a lack of action on the part of officers when responding to domestic abuse call outs:

*I don't understand really why he wasn't arrested over this. The police took photos of my injuries, it's very obvious that they weren't caused by me 'falling dramatically' as that's what he claims. So, it was quite obvious to the police then that obviously I'm not making anything up, this is really what happened. I didn't give a proper statement and I wonder if that's why they didn't fully arrest, because I was quite unsure what to do for the best at that time.*

This uncertainty was referenced by other women who felt they were not given enough information at the time to be able to decide what the best course of action would be. Several women regretted not having made a statement at the time and felt this would have changed the outcome later:

*They said the statement would be used in court and they will look at the evidence whether to charge him or not. If I had known, if they had explained to me that women in your situation don't do statements so if the partner takes them to court, your statement is your evidence that you have been abused. You might have not reported it before, but this acts as your evidence for now and the future, in case anything happens. Had I have known, I would have given a statement.*

## 3.4.2 Health Services

*I never knew that the doctor could visit me. But it took for this care worker to sit down and talk to me because I'd shit me pants that day, so for two days I was sat in mucky knickers. Anyhow it took for her (support worker) to come and tell me you can get a home visit.*

Health services were the most common service mentioned by women and virtually the only service where some women felt they had received a positive and helpful response. For some, doctors were the initial person who recognised abuse even if the woman did not directly disclose:

INTERVIEWER:

So what helped you to realise that the situation was abusive?

*I dunno. My doctor, really. Talking to a doctor about it. They told me that it wasn't a good situation to be in. They helped me to get into the women's refuge. But I was just talking to them to get medication and tell them how I was feeling down and depressed not tell them about my situation. It was him who showed me that it was abusive where I was staying, as well as what happened to me as well as a sex worker.*

*Yeah when I got to the hospital... Oh the paramedics were amazing. That is the one thing I will say positively about my experience was the paramedics were just brilliant and they were so sympathetic and they said to me, you know, most of the calls they come out to, a lot of them are cases like these, domestic violence incidences, you must do something about this, we don't want to have to keep attending things like this especially when you've got your child involved.*

Unfortunately, there was also evidence of poor practice, such as GPs sending a letter home confirming the victim was now in a refuge, thereby providing the perpetrator with the information to locate her. Additionally, some women spoke about going to hospital with injuries, but not ever being questioned about the possibility of abuse:

*But no one even bothered, even when I went to the hospital when my tooth got knocked out, even then they never even bothered to refer you. I think they should have been able to notice it and see how old you were and things like that. But then, I mean, if you've never had it, you don't miss it, do you?*

## 3.4.2a Mental Health Services

*I got counselling, but I didn't stick it out. He just gave me breathing exercises, so I didn't find it helpful at all. I didn't understand what was happening, I hadn't made the connection that I had even been abused.*

Mental health was the overall dominant narrative across all interviews and surveys, regardless of experience, age or any other individual characteristic. Although the word 'trauma' was rarely used by women themselves, the feelings they describe are clearly indicative of common trauma responses in relation to abuse.

A lot of women had years of experience with mental health services, many having first visited them as teenagers. The issue of dual diagnosis (the condition of suffering from a mental illness *and* a comorbid substance abuse problem), was another common experience for women, which they felt prevented them from accessing the help they needed. This has long been recognised as a problem. Most services are set up to respond to one primary issue, thus creating a lack of joined-up work recognising and assisting with the multiple and intersecting issues that so many women experience.

- Research shows that up to 50% of women with a dual diagnosis have experienced sexual abuse.<sup>2</sup>
- 60-70% of women using mental health services have experienced domestic violence in their lifetime.<sup>3</sup>
- Women who have experienced domestic & sexual abuse are 3 times more likely to be substance dependent than those who have not.<sup>4</sup>
- There is a clear need for a more joined-up approach to support.

Combined with long waiting lists, short term therapy and a lack of consistent practitioners, this service fragmentation compounded women's experiences of frustration and trauma:

*At 15 I got diagnosed with anxiety and depression. I started smoking weed at 13 which didn't help but I just carried on, trying to cope. I was with CAMHS when I got diagnosed, I was expecting them to wave a magic wand. It took me 6 months to realise I was the wand and would have to help myself. I'd just grasped that when they transferred me to the Adult MH team at 18, they wanted me to stop smoking weed for 6 months before they would see me. I did that, but I would see somebody different each week, it didn't work for me, only monthly appointments, I went to three appointments, each time, somebody different.*

<sup>2</sup> Royal College of Psychiatrists (2002) Co-existing problems of mental disorder and substance misuse (dual diagnosis): an information manual

<sup>3</sup> Trevillion, K, et al (2012) Experiences of Domestic Violence and Mental Disorders: A Systematic Review and Meta-Analysis, Plos One, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3530507/>

<sup>4</sup> Rees, S., Silove, D., Chey, T., Ivancic, L., Steel, Z., Creamer, M., Teesson, M., Bryant, R., McFarlane, A.C., Mills, K.L., Slade, T., Carragher, N., O'Donnell, M & Forbes, D. (2011). Lifetime Prevalence of Gender-Based Violence in Women and the Relationship With Mental Disorders and Psychosocial Function. *Journal of American Medical Association*, 306:5, 513-521

Another aspect of mental health was concern that professionals would believe perpetrators when they tried to use a women's mental health against her:

*Because of my mental health issues, I felt they believed what he was saying a lot more. That was really really difficult for me and actually made my mental health suffer a bit more because there's nothing worse than being labelled crazy and then not being believed.*

*He would tell his friends I was crazy, he'd use words to describe me like lunatic and even going forward with discussions with police and social services he's still using my mental health against me.*

When women's traumatic responses & behaviours were explained and normalised, it made a huge difference to their recovery and feelings of safety. An understanding of how trauma manifests in behaviour, in addition to how to respond appropriately, is crucial for any service attempting to support women who experience these issues:

*I was so worried and panicked that he would jump out from anywhere – I kept on checking the door and checking the window and the support worker told me this is normal its anxiety because I am going through trauma.*

## 3.4.2b Substance Use Services

43% of women disclosed having problems with alcohol and/or drugs. Some also referenced the impact of problematic substance use by people around them:

*It started when I was thirteen, until I was sixteen, having sex with twenty men. I was hanging around the town centre, meeting men, and having sex with them. My parents had no control over me. My Mum was a heroin addict, my Dad an alcoholic, they were separated, and I swapped between their houses, sometimes I lived with a friend. I was going to school, sometimes, I turned up drunk.*

*I got introduced to drugs because I started drinking because my daughter was taken into care. The drugs started after that. One of my friends was a heroin addict. I would go to his house because my family had abandoned me, and I had nowhere to go.*

Despite nearly half of the interviewees having experience of using substances, there were very few mentions of actual substance use support services. Methadone was referenced by a few people but there was also a feeling that professionals were not noticing the link between trauma and addiction. As will be discussed in section 6, there is a strong view that women want to be supported by other people with lived experience of these issues.

*At XXX service, they've only read basic text books and just go with the guidelines – so they don't know how addiction is and how it can manifest in many ways because they don't understand because they haven't been through it themselves. It doesn't matter if you do a degree or read books or do courses. It matters that if you've been through it you know what it's like. Yes, I think there should be more lived experience people working in these.*

### 3.4.3 Specialist Domestic Abuse Services

Not all of those interviewed had experience of specialist domestic abuse services. Those who did generally talked about their experiences of refuges:

*I probably went to women's refuges 30 times all over the country, but I just ended up going back (to the relationship) as I felt they were my belongings, that was the stuff I need, and they are mine and at least I've got soap and a clean bath and my kid's stuff. I thought he will change, he will be okay, he's promised he will change but he never ever did. I just had to get stronger, it was people in women's refuges, workers that often said things that gave me hope. It made me think about things in a different way.*

For those women, refuges offered a sanctuary – a place of safety to recover and move forwards. This was particularly important to those who had moved to the UK from another country, especially in circumstances where English was not their first language:

*They provided me with the shelter – the very first thing (I needed). Secondly, I didn't know any rules here, anything about England before that. They are the ones who told me everything (my rights) and they are the ones registered me for my benefits and all.*

However, the choice of words used by professionals could have a huge impact on how a woman engaged with services going forward. This could be positive, as referenced above, or negative, for instance in a case where one refuge worker commented:

*“Oh, are you back again?”  
...And that probably put me off going back. I had to think of other ways of surviving the violence.*

Linking to the next section on housing, some women were not able to access a refuge and instead felt the accommodation they were offered was not appropriate for their needs:

*If they had known about my issues I might have been put into a refuge, rather than a shared house. I might have got more support, nobody took a history. I should have been put into a refuge rather than a shared house.*

### 3.4.4 Housing & Homelessness

*I'm trying to get housed, I've been in this situation for two years now, and I just feel like they helped me at the beginning and got me away from the situation but in a way they didn't because I feel like they just left me there. They've just put me here and there's nothing else happening now.*

Housing and homelessness were a dominant narrative across most of the interviews and surveys. This issue clearly underpins other areas of disadvantage, with homelessness or unsafe accommodation making it harder to access other support.

Several women commented that living in a mixed hostel increased their risk of further abuse and substance use. Even in a hostel for people with complex needs that boasted 24 hour support, one woman stated that she was still very much at risk:

*I was placed in a complex needs hostel. It was a mixed hostel, 24 hour staff – but I didn't engage with them. But everyone was using other drugs or drinking in the hostel. I was in my own bubble and my mental health deteriorated really bad, I wasn't eating, I stopped drinking water, I was very dehydrated, I was attacked several times outside the hostel because I used to wait outside at night time to get my drugs. I'd get my money out the cash point at midnight, I was attacked several times.*

Without appropriate support staff, hostels can increase a woman's vulnerability, even in a woman only space:

*I haven't had help out of the drugs situation because where they put me all of the girls on the landing are all working girls and all of the women are on drugs so it's impossible to kind of get out of it, you understand.*

Without a fixed address it is also incredibly hard to access services:

*So I was homeless so I went to XXX and I had my injection – I was crying out, suicidal, 'I've got nowhere to live', the nurse was very rude. She gave me a list of hostels and she said "Well, you're not gonna get into hospital because there are no beds". So I said I want to see a doctor, and the doctor said "As you haven't got a fixed address so the home treatment can't come to your house so come back tomorrow in the morning at 10 o'clock". So they left me to my own devices and I was very vulnerable.*

Another concerning theme was the prevalence of women either staying with a perpetrator for fear of becoming homeless, or women who were used by older men for sex in order to have a place to stay, an issue which is currently attracting a lot of media attention:

*Back then I was staying with this guy who I had sort of sex with just to stay at his house, I mean he wasn't my boyfriend or anything like that, some older guy.*

Other big worries for these women included the lack of affordable housing, with the costs of private accommodation being too high for most women to afford, and concerns about the impact that progressing into work might have on access to support:

*If I ever want to kind of like improve my life and do better it's just gonna make me stressed out about how am I gonna afford to live. The more you try and improve your life, the more stressed you're gonna get because you know that it's gonna fuck up your housing situation.*

### 3.4.5 Children's Services

As mentioned in section 3.3, children were often what prompted a woman identifying abuse and/or making the decision to leave an abusive relationship. This was often due to a fear of the children being removed from the mother's care.

*They become really strict on the situation when you got a child involved and they don't really believe in you. When it comes to children and stuff they are very over protective of the situation. It's a very hard circumstance to be in and not easy to convince them in any ways if you are getting better, and they still continue having that view what ever happened to you, so that what I've found from them people they're not understanding, not helpful and they are not supportive.*

The identity of being a mother is of great importance to women. Should this be challenged, for example if a mother is seen as 'failing to protect' her children from abuse and/or other disadvantage, it has an enormous impact on their self-worth. It also drastically reduces the likelihood that they will engage with services again in future. The quote below highlights this in addition to the importance of a strengths-based approach, which empowers mothers and constructs a trusting relationship between client and practitioner.

*I'm a mother and I'm always going to be a mother to my children, that's not going to change regardless whether or not my children live with me or they don't. It's about empowering these parents to be their best possible self, focusing on the positives as well as focusing on the weaknesses. They have a lot of strengths and focusing on those strengths can really empower that parent to make them changes as it has done in my case when I have had a social worker who has, you know, really empowered me and really encouraging when I've felt it's just not been a tick box exercise. They feel I have value to contribute to the wellbeing of my children.*

On a similar note, some mothers also felt that social services were colluding with perpetrators by allowing them to have custody or contact with their children. These mixed messages about risk and safety were confusing and likely to impact on women's willingness to engage. The risks of unsafe child contact have been highlighted for many years, most recently by Women's Aid in their Child First research<sup>5</sup>, which found that 44% of domestic abuse survivors had experienced family courts granting former partners contact with children that they had abused. There are high numbers of children being abused during contact visits. Women's Aid also found that 19 children had been intentionally killed by a parent in circumstances relating to child contact over a ten year period, whereby for 12 of these children contact with the perpetrator was arranged by the court.

### 3.4.5a Other Issues Relating to Children

*She met my stepdad when I was about 6, he was very emotionally abusive towards everybody, physically abusive to my mum, I saw him throw her down the stairs. The police being called was a once-monthly event, we had to move once a year coz he would smash the place up, I remember I had a teddy lion called Roary, I remember standing*

<sup>5</sup> Women's Aid (2017) Child First: A Call to Action One Year On

— *on top of the fridge-freezer and screaming and shouting 'Roary tells you to stop!' He wouldn't listen to me, and lions are big and scary.*

Most of the women interviewed had children, 25% of whom had experienced social services involvement in their care. Some women reflected on the experiences they had of abuse as a child, while others discussed their fears for their own children now:

*I've got one daughter and my Mam and Dad brought her up. I was lucky that way. She went when she was 4 years of age, I was lucky that I had a Mam and Dad that was willing to look after her because she would have ended up like me. A prostitute and dead on the street.*

A lot of these fears stemmed from what would happen if services found out that the children were potentially at risk, especially as there can be a lack of confidentiality when disclosing abuse. Although they understand this concept theoretically, in practice it provided another barrier for not wanting to engage with services:

*Women need to feel confident in speaking to somebody about the abuse they are suffering without repercussions of children being removed or social care being involved.*

This was also undermined by perpetrators deliberately saying things to services to paint the mother as irresponsible and unable to care for the children, thus refocusing the blame onto the mother and away from their own abusive behaviour:

*He told the school that he doesn't think I am capable of looking after the kid's best interests because I am emotional and bitter. They believed him and never questioned why that was. It's not fair.*

Pregnancy was another determining factor in realising abuse, deciding whether to leave, and also fearing the input of services:

*When you're pregnant that's quite hard because all of sudden you have this big future to think about, so it was very much catastrophic thinking, and thinking 'uh no how am I going to survive, just me and my daughter?'*

*It was the therapist I told about the abuse. I didn't realise at the time that she, because I was pregnant there's a child inside me, she would have a duty of care to pass on if she thought the child was in danger. So my therapy was not as confidential as I thought and I felt let down by that and I wasn't able to fully talk to her about what I needed to.*

If children were removed, mothers often felt they were then left unsupported with no recognition of the further trauma caused by the removal. One woman's two-year-old daughter was taken into care in the middle of the night when she was in a refuge. She was told it would only be for a couple of days. It has now been 8 years.

The lack of specialist support for children, as well as a lack of access to child care, has created further barriers for mothers who need to attend appointments and meetings as part of getting support. The assumption that children do not require post crisis support ignores the on-going repercussions of abuse and trauma which can last for years:

*There is nothing in place for children. They were having nightmares. The doctor can only refer them for 6 weeks counselling and then 'sorry, you've got to re-apply again' which takes another few months and they get to see a totally different counsellor. So there is absolutely nothing for teenagers either. They expect that when children are out of the situation they are hunky dory and they are not.*

A red graphic element consisting of a downward-pointing triangle on the left side, connected to a vertical line that extends downwards.

*What I did find really difficult was that when I had got out of the violent relationship and started going to college to get an education and I had 2 small children under school age was that when I asked for support to help look after my youngest while I studied there was no support offered to me. None was available.*



## 4. Messages & Recommendations

At the end of each interview or survey, women were asked for their recommendations and messages to people in positions of power. These recommendations have been split into 5 core areas: awareness raising & prevention, the importance of experts by experience, multi-agency support, staff training, and empathy.

*We need to have more understanding as to what women are going through on a daily basis and women need to be able to access these services 24/7 without any barriers or any fear.*

### 4.1 Awareness Raising & Prevention

Awareness raising via campaigns, posters and prevention work in schools was a top priority for most women:

*I think if I had seen posters about sexual abuse when I was younger, then those men that abused me when I was younger, I would have reported them, and it would have stopped them abusing anyone else.*

*If there were people at schools who came and talk to you, but there was never kind of anyone there who mentioned it and talked about it. We need education at school.*

A Home Office campaign entitled **This Is Abuse**, which ran from 2010 – 2014, highlighted abuse in teenage relationships. Aimed at 13 – 18 year-olds, it was cited as a great resource for awareness raising & help-seeking.

## 4.2 The Importance of Experts by Experience

Most women said they felt practitioners they had engaged with did not fully understand them if they had not had similar experiences themselves. This was also evident when reading our peer researcher interview transcripts. As the peer researchers were women with lived experience, the interviewees felt more comfortable speaking to them about what they had been through:

*They need to work more with the people who have lived this experience. Coz they are the only people who have lived it, the real life the reality and know what it's like. No professional, I don't care how much expertise you have got, how much knowledge you have gained. You are never going to know what it feels like, like a survivor's going to. So, they need to start engaging with survivors more and using their voices to inform policies and procedures.*

The issue of women-only spaces was raised by a couple of the interviewees. However, a higher number felt that lived experience was more important than the gender of the person giving the support.

*I think they should be employ people who have lived experience. You know with addiction, I've got a worker and he's been through addiction and I can relate to him and he understands me completely.*

This view was also shared fully by the peer researchers themselves, and will be explored further in future briefings about the benefits of the peer researcher role in terms of both what those working with peer researchers can gain, and how the peer researchers can use the experience to aid their own development.

## 4.3 Multi-Agency Support

One stop shops were mentioned as an ideal source of support, especially those with a 24 hour access helpline:

*24 hour access and it should be free number for woman to access – out of hours, any time so they can speak to someone and outreach work. A ‘drop in’ centre, somewhere for the women to go, because some people have nowhere to go for the day and just do normal things (activities).*

*There should be a 24 hour phone line linked to abuse and only for abuse with trained and dedicated workers.*

As well as drop in services for relevant support agencies (such as the police, substance use services, housing support, mental health support & domestic abuse services), it was felt that there is also one very simple need – a place to escape to:

*Just have a place where they could chill and a place to come to if they need to escape for a bit and get away from what they are going through, and just kinda support them and getting out there and finding themselves again and those things that they need help with in life.*

## 4.4 Staff Training

Training for all services was another common request. The main topics addressed were the need for service providers to have an understanding of abuse; including the many varied reasons why it's so hard to leave an abusive relationship, along with clarity around the impacts that trauma has on women's lives. There was also a sense that the general public needs more information on these issues:

*I feel that there is a lot of work to be done with people that don't understand and I think it is very difficult for people to understand who have not been there, who haven't experienced it. I still hear workers now making comments like 'Why is she still with him, she's had an opportunity to leave, why has she gone back?' It's very difficult to explain to them that when you leave a person you are also leaving everything else that you know. That you probably only know that person as you have become detached from your family and friends. For me the impact is about education and educating the public who don't quite understand. For us who do understand we need to tolerate and educate those who don't understand.*

## 4.5 Empathy

The importance of a trusting relationship built on understanding and empathy is absolutely vital for women to feel safe and confident to engage with services. This underpins everything else. Furthermore, professionals must have an understanding of how to create trauma informed approaches to working with women who have experienced multiple disadvantage, and to develop a holistic view of the woman as a whole person and not just a victim of an experience:

*It's about professionals having the ability to treat you in a human way ... to show empathy, despite whatever their personal feelings may be, that shouldn't ever be evident in your relationship or engagement with the person you are working with. And also about looking beyond, so for me it was about domestic abuse so looking beyond there is so much more to me than the abusive relationship I was in.*

*Women are not going to be, coz of fear of their children being removed and fear of whatever, they are not going to be completely honest with you and so you have to try and engage with them on a level, so they can build up a trust in a relationship with you. It's all to do with how you interact with that woman from the early stages, what type of language, how are you speaking to her. If you're using judgemental language or if you're making that women feel that she's to blame for being in that abusive relationship or blaming her for...you know... exposing her children to abuse. The only focus should be 'How can I keep this woman and her children safe?'*



## 5. Conclusion

*This report has summarised the views and experiences of 29 women with lived experience of abuse. Despite varying experiences and individual characteristics, a unifying theme was the far-reaching impacts of abuse and trauma. Many women in this study had experienced abuse from an early age. Whilst it is important to not assume causation from early experiences to disadvantage later in life, the intergenerational 'cycle' of abuse was very real for these women.*

Despite experiences of contact with multiple services, in many cases the lack of information, inadequate risk assessment, and multi-agency work, means that many women continue to fall through the gaps, remaining invisible. Taking this into account along with cuts in specialist service delivery and ever-increasing thresholds to access support paints a bleak picture. However, it is important to highlight that despite everything, women are resilient, and many will still try to engage with services. We must be clear that the services that are hard to reach and difficult to engage with, not the women themselves.

Unfortunately, the respondents in this research were unable to highlight many areas of good practice that they had experienced. Despite this, they provided clear suggestions for how this can be improved going forward. Underpinning all of their recommendations is the clear need for a trauma informed understanding of abuse and multiple disadvantage rooted in a trusting relationship with informed and trained practitioners. The importance of working with experts by experience, such as peer researchers, is another clear recommendation which was echoed by the peer researchers themselves. It was their own experiences and empathy that enabled the interviewees to feel heard, validated and therefore able to disclose such sensitive experiences so eloquently.

# 6. Appendices

## APPENDIX A

### Interview Guide

#### INTRODUCTION

*As we already discussed, we are interviewing women about their experiences of getting help around domestic and/or sexual violence and how this relates to other areas including but not limited to: substance use, mental health or internal well-being, and involvement in the criminal justice system.*

*I am interviewing you as a peer researcher. That means I have faced many of these things myself. For example, [Interviewer to consider here what brief information they want to tell the person].*

*The main focus of the interview is for us to hear from you about what you think might help improve responses to women who have faced what you have. We are interested to know what has worked for you and what hasn't, along with what you think might help others.*

*The interview is semi-structured. That means I have a series of pre-prepared questions to ask you. However, I want you to feel like you have space to shape the interview. Please remember that we can stop at any time, and you can leave at any time, without me asking any questions.*

*I will now switch on the recorder.*

#### SWITCHING ON THE RECORDER

#### AT THE START OF THE INTERVIEW PLEASE RECORD:

- Name of interviewer.
- Fake name of interviewee.
- Code number for interview.
- Date and time that interview takes place.

- 1. Please can you tell me about how abuse has played a part in your life? This can include abuse from partners, family members, someone you knew or otherwise. Would you be okay to tell me the story of the relationship or what happened to you?**

*Prompt* – You can show the power and control wheel if that helps.

- 2. What impact did this abuse have on you?**

Did the violence and abuse you faced impact on other areas of your life? For example, did you use substances to cope, did you experience mental ill health, was there an impact on your housing? Please can you tell me about that?

- 3. What helped you realise the situation was abusive?**

*Prompt* – Can you tell me about what happened to help you identify the abuse that was happening? For example, did you speak to a professional? A family member? Did you see a helpful advert? What was it about that person/ thing that helped?

**What stopped you from being able to identify the abuse?**

*Prompt* – Did you ever talk to someone who linked what you were facing to other issues or behaviours you were displaying such as substance use?

- 4. Can you tell me about any times you tried to seek help?**

*Prompt* – Who did you go to for help? What prompted you to seek help there? What happened? What would have made it easier for you to seek help?

- 5. Who or what did you find helpful and why?**

*Prompt* – Who was a trusted figure?

- 6. Who or what did you find unhelpful and why?**

*Prompt* – What challenges and barriers were there when you were getting help?

For example, when trying to find out information?

Were there any particular services, people or professionals who you found particularly unhelpful?

*Prompt* – Services could mean a range of things including but not limited to: health, substance use services, domestic violence services, housing teams or social services.

*Prompt* – If the woman has disclosed she has children, ask if there was any involvement with social services and whether this experience was helpful or unhelpful.

**7. What other help and support would you like to have received?**

What if anything, might have meant you could get help and support at an earlier stage?

**8. Do you have any ideas for what might have helped prevent some of the things you faced? For example, if you had better access to information?**

If you were going to design a way of supporting women who have been through the things that you have, what would that support look like?

*Prompt* – What would the perfect support service look like to you?

**9. If you could give one message to those in power what would it be?**

**10. Is there anything that we haven't covered?**

**THANK AND END INTERVIEW**

Refer to contact information and remind about withdrawing.

**PRESS STOP ON RECORDER**

**11a How are you feeling after this interview?**

*Prompt* – Better, the same, worse?

**11b Would you like to speak to a support service about anything we have discussed?**

If yes, offer list of support services.



AVAPROJECT.ORG.UK  
@AVAPROJECT

THE FOUNDRY  
17 OVAL WAY  
LONDON  
SE11 5RR

0203 752 5535

REGISTERED CHARITY NO. 1134713  
REGISTERED COMPANY NO. 07092449

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## AVA

AVA (Against Violence and Abuse) is a feminist charity committed to a world without gender based violence and abuse. Our mission is to 'Inspire innovation and collaboration and encourage and enable direct service providers to help end violence against women and girls.' We are an expert, independent and groundbreaking national charity particularly recognized for our specialist expertise in multiple disadvantage and children and young people's work. Our core work includes training, policy, research and consultancy.



WEAREAGENDA.ORG  
@AGENDA\_ALLIANCE

18 VICTORIA PARK SQUARE  
BETHNAL GREEN  
LONDON  
E2 9PB

0208 709 4819

REGISTERED CHARITY NO. 1179417

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## Agenda

Agenda, the alliance for women and girls at risk, works to ensure that women and girls facing abuse, poverty, poor mental health, addiction and homelessness get the support and protection they need. We campaign for systems and services to be transformed; to raise awareness across sectors; and to promote public and political understanding of the lives of women and girls facing multiple disadvantage.



LLOYDSBANKFOUNDATION.ORG.UK  
@LBFEW

PENTAGON HOUSE  
52-54 SOUTHWARK STREET  
LONDON  
SE1 1UN

0370 411 1223

REGISTERED CHARITY NO. 327114  
REGISTERED COMPANY NO. 1971242

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The Lloyds Bank Foundation for England and Wales is an independent charitable trust funded by Lloyds Banking Group. The Foundation partners with small and local charities helping people overcome complex social issues, including domestic and sexual abuse. Through long term funding, developmental support and influencing policy and practice, the Foundation helps charities make life changing impact. The Commission and this report was funded through the Foundation's Transform programme aimed at stimulating innovation and improvements in the domestic and sexual abuse sectors.