A survivor-centred response to domestic abuse

Polly Neate
Chief Executive, Women’s Aid
Change that Lasts

A strengths-based, needs-led model that supports domestic abuse survivors and their children to build resilience, and leads to independence
What is the abuse we respond to?

- An incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner. It is very common, and in most cases it is experienced by women and perpetrated by men.

- Every relationship has some conflict and most sometimes have strong differences of opinion, arguments, grumpy or unkind behaviour and loss of temper. This is not domestic abuse. Domestic abuse is about power and control.

- Coercive control
- Psychological and/or emotional abuse
- Digital and online abuse
- Physical abuse
- Sexual abuse
- Financial abuse
- Harassment
- Stalking

“I had no idea about the term domestic abuse or anything like that, and I didn’t think it..."
Gender and domestic abuse

Research shows that in terms of scale, scope, range of types of abuse and repeated patterns of abuse, the vast majority of survivors are female and an even greater proportion of perpetrators are male.

If four or more reported incidents are considered, 89% of survivors are women. Women experience a pattern of abuse, with an average of 20 incidents per victim (Walby and Allen, 2004).

Gender matters – particularly if we hope to prevent abuse and reach out earlier.

Why do we need a new approach?

A narrow focus on risk management has had unintended consequences: short-termism, criminal justice system at the centre, survivors feel (are) blamed.

Recovery has become secondary: some survivors experience “job done delusion”; others are deemed “intractable cases”.

Survivors are telling us we should do things differently

We are wasting money
“For many women, when you first try and tell someone you are experiencing domestic abuse, no one listens to you. The person you are telling might not recognise what you are experiencing is abuse or know how to ask the right questions.

They might not know how to offer the support you need, or know where to refer you for help. And when somebody, finally, does listen, and everyone jumps into action, your voice can get lost again”

Mandy, Women’s Aid Survivor Ambassador
Survivor feedback

“I kept going to all these places for help but they weren’t listening. I went to the GP and she said I was depressed. I wasn’t depressed I just needed help to get away. So she gave me pills. I took them then he said I was mad and used this against me too. Once I finally got the help I needed I was much better. If only they (agencies) had listened to me. I just needed to know what my options were.”

[participant in North-East focus group]

“You leave the perpetrator and then organisations start bullying you to make decisions.”

[participant in the North-West focus group]

“Need to stop women falling through the cracks. As soon as it wasn’t going to court, IDVA was gone and I was left on my own.”

[participant in the South Coast focus group]
Community responses that act as barriers

- “Really?! That seems so unlike him.”
- “You should just leave them”
- “Everybody fights in a relationship”
- “I’m sure it’s not that bad really?”
- “I’m sure she did not mean it...was she drunk?”
- “It sounds like you are both as bad as each other”
- “Isn’t that just normal in same sex relationships?”
- “But you have been married to him for 40 years?”
Professional responses that act as barriers

• “If you don’t protect your children, they will have to be taken into care” – social workers

• “This woman was literally shaking in front of me, she couldn’t articulate anything, she was completely unable to express herself” – Family Court judge

• “She said she wants them to stay together and we must respect that” – relationship counsellor

• “I asked if she would like to see me without her husband, but she said no and seemed certain about it” – health visitor

• “The violence ended several months ago and I see no reason why you should not do all you can to help your children see their father” – Judge
A whole community approach

Community: friends, family, neighbours

Survivor and children

Dedicated domestic abuse services

Professionals: police, social workers, support workers
What do survivors tell us about how they want to be supported?

• To be treated with dignity and respect
• To be believed
• To be given help to get themselves and their children safe
• To be helped to recover and live free from abuse
• For communities to understand that abuse is
  • Not just physical assaults
  • About power and control
  • Very hard to disclose and escape
  • Something that affects the whole family
How Change that Lasts will respond

Cross-sector: community (including commercial), statutory and voluntary

Strengths-based, needs-led model

Making the most of opportunities to help

Support for survivors and their children to retain and build resilience

Removing barriers and facilitating the shortest, and/or most effective route to safety, freedom and independence

Local solutions for local communities: it won’t look the same everywhere
Three main elements

**Ask Me**
- Communities where survivors can disclose abuse early, be heard and believed, and get the help that they need
- Individuals at a range of “safe spaces” equipped with basic skills, knowledge and tools for an initial appropriate response
- Spaces for action reflect the culture, diversity and identity of an area, identified by local women

**The Trusted Professional**
- Ideally someone the survivor already trusts or from an agency she trusts
- Building on the best examples of models such as Troubled Families
- Provides a holistic response and coordinates support for survivor and family, referring to specialist support in response to the needs and resilience of individuals

**Expert Support: strengths-based, needs-led, trauma informed assessment and support planning**
- Builds on the strengths and resources available to the survivor
- Identifies what resilience and independence will look like for that individual and how to get there
- Aimed at better meeting the needs of survivors with complex needs
• **ask me** sites will have at least one trained ambassador who will be the main point of contact for the scheme.

• Ambassadors have a key role in helping to raise awareness with colleagues and members of the public by pledging to speak to others about coercive control and **ask me**.

• The **ask me** scheme tells survivors that the individual:
  - Is inviting them to disclose they are experiencing abuse
  - Will give them enough information about immediate options to take the next step towards safety, freedom and independence

• Some **ask me** sites will have a private space in which a survivor could have a confidential conversation with an ambassador.
ask me ambassador role

The ask me site as a physical “space for action”

The ask me ambassador as a “space for action”

1. Breaking the silence
   - Talking about your role as an ask me ambassador
   - Discussing what you have learned on the training
   - Sharing your knowledge about coercive control

2. Raising awareness
   Helping communities better understand the barriers faced by survivors by challenging stereotypes, myths and victim blaming, answering questions and increasing understanding

3. Responding respectfully to disclosure
   Responding appropriately to disclosure of abuse
   - whether it is about someone else, a survivor in need of immediate help or if it has happened in the past
Skills and qualities of the ask me ambassador

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<thead>
<tr>
<th>Excellent interpersonal and communication skills</th>
<th>An excellent understanding of personal boundaries that will help guide safe</th>
<th>Able to listen to the needs of survivors and willing to believe them.</th>
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<tbody>
<tr>
<td>Non-judgmental</td>
<td><img src="image" alt="Ask Me Logo" /></td>
<td>Calm and empathetic</td>
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<td>Willing to provide support at an appropriate pace defined by the survivor</td>
<td>A willingness to understand the gender-based nature of domestic abuse</td>
<td>Able to look after themselves and seek support if needed</td>
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*images of women's aid logo*
Examples from London pilot

- Mothers for mothers
- Law Firm
- B&B deputy manager
- Optician
- Volunteer at the city farm
- Uni student
- Marketing firm
- Restorative justice practitioner
- LUSH
- Health and social care worker
- TEFL/Teaching assistant
- Bar staff
- Deaf volunteers
trusted professional

Communities against domestic abuse
#changethatlasts

Trusted Professional role

Allow – using the time they have to create a safe and confidential space in which survivors can feel confident to discuss their experiences

Enable – help women to access and use their own resources and rights

Assist – when women’s own efforts are reduced, blocked or depleted, to help them in the way that will be effective and in the aspects of their lives where they need help

Training and a toolkit will be provided, appropriate to the level of response expected of this role
Trusted Professional scheme in practice

• Professionals will attend a one day training course followed by a half day review session three months later

• Using the time they have to provide proactive support to survivors who report abuse: by validating, listening and believing

• Case work focused on the self-defined needs and priorities of the survivor and enabling other agencies’ support to be accessible

• Raise awareness with colleagues about what they learned on the training

• Maintain contact with Women’s Aid throughout the pilot and providing some light monitoring
Needs-led, strength-based and trauma-informed practice:

- Supports local specialist domestic abuse services to develop an understanding of the impacts that trauma and violence has on people seeking support and ensure other agencies understand and value this expertise.

- A way services support clients to identify their strengths and to (further) use their resources to develop resilience and coping skills.

- Focuses on recognising and responding to clients’ overlapping and intersecting experiences and needs, including around mental health and substance misuse.

- Evidences the value of this response in the long- and short-term.
Key recent findings

Marianne Hester/Bristol University research at My Sisters Place in Middlesbrough:

- 39 women, all with two or more repeat presentations to MARAC, with children (69 in total, 20 “removed”), very high risk, some level of engagement but no reduction in risk
- “Person-centred” approach taken: strengths-based, needs-led
- 31 out of 39 cases saw measurable improvement
- 65% reduction in reported repeat incidents – and bear in mind previous unwillingness to report
- 15 cases had no more incidents and report being “safe”
- 16 cases have restraining or non-molestation order in place
- 12 convictions including seven custodial sentences

“I don’t know why I didn’t accept help before, I just couldn’t cope, I can’t believe how low I got, but I’m getting there now.”

Between June 2008 and March 2013 this included:

- 20 police call outs
- 16 MARACs
- 12 child protection meetings
- 4 housing applications, resulting in rehousing 3 times
- 9 court hearings
- 3 applications for non-molestation orders
- 8 breaches of non-molestation orders
- 1 visit to A&E and several GP visits

There were many more DV incidents, not all reported, as Jess lost faith in services to protect her.

Jess had depression and other health issues and the well-being and education of her children were negatively affected.

In April 2013, Jess weighed less than 7 stone and was struggling to function.
Why was there no change?

- Jess was actually referred to other support services at various points and MARAC actions were set which the MARAC IDVA carried out – such as ‘application for injunction’... etc.

- These actions were not effective as there was no real understanding of what Jess needed, or when she needed it

- The focus on ‘risk’ and ‘action’ acted as a barrier rather than an enabler

- Jess didn’t engage with any of the services that were attempting to provide her with the solutions that they thought she needed
How is Jess now?

My Sisters Place recently contacted Jess again to check how things are going:

• She was in good spirits and pleased to hear from them but feels that she doesn’t need their support any longer

• There are no agencies involved and she has had no problems for 20 months

What has changed?

Mainly Jess’ belief in her own ability

In Jess’ case, the risk-based response failed either to keep her safe or to meet her needs

The needs-based response provided by My Sisters Place addressed both
Current status and next steps

- Tools and training in development, working with local partners and those from other sectors
- Geographic and thematic pilots: funded ad underway nationally and locally
- Evaluation plans are being assembled
- Presentations to local areas for discussion – creating more interest and supporting funding bids for further pilots
- Exploration of what Change that Lasts delivers for children/young people and perpetrators
- Off-the-shelf social investment kit in progress for Expert Support intervention

Further information available at [www.womensaid.org.uk](http://www.womensaid.org.uk)

Email [info@womensaid.org.uk](mailto:info@womensaid.org.uk) for:
- Change that Lasts summary
- Infographics
- Theory of Change document