



Completing the Jigsaw

*Help seeking by survivors of Domestic Violence;
What's the problem?*





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Introduction

Standing Together Against Domestic Violence

Since 1998 Standing Together has coordinated the ground-breaking partnership which responds to the effects of domestic violence in the London Borough of Hammersmith and Fulham (LBHF). As part of its role it coordinates the Specialist Domestic Violence Court at West London Magistrates' Court which serves both LBHF and Kensington and Chelsea (RBKC). Recently we have undertaken the coordination of the Multi Agency Risk Assessment Conferences (MARACs) in both these boroughs.

As our experience and expertise has developed we have recognised that a more complete response to domestic violence is essential to change the culture around this social evil. This means intervening earlier, saving relationships where this is possible but holding perpetrators to account at all times. We believe that at the point of crisis very specialised support is needed but if we are able to identify these issues before the violence escalates and irreparable damage is caused to individuals and families we can prevent the escalation towards serious assault and all its attendant problems.

The intention of this research is to give an insight into the extent of domestic violence as a cross-cutting theme and the responses that agencies deliver, both when domestic violence is identified and when this has not been recognised. This crime remains hidden from public view and often from the view of the worker who is trying to resolve the presenting issues of an individual who is unsafe, lacking confidence and suffering from significant abuse. Unless the causes of these symptoms are identified it is axiomatic that solutions offered to those symptoms are unlikely to be effective.

Standing Together greatly appreciates the support of a number of statutory and charitable bodies that were involved in this research. The London Borough of Hammersmith & Fulham was particularly supportive throughout this process and allowed the report to become what it is today. Additionally Brent Council provided interviewees which allowed a broader and comparative sample of those working on the front line with these very difficult issues. This consultation was specifically funded by London Councils and our especial thanks go to them for their support.

Anthony Wills
Chief Executive
Standing Together Against Domestic Violence

Acknowledgments

Throughout this research project we have been helped by many people, to gain access in order to complete the data gathering, and by providing valuable advice and expertise. The following are just a small number of these people.

Our thanks go to London Councils for providing the funding to conduct the project, and their open minded approach when the direction of the research took a slight change.

The research would not have been possible without the London Borough of Hammersmith Fulham, particularly James Reilly providing support in providing access to allow us to have the databases searched.

We are also grateful to Andrew Christie for giving us direct access to the Children's Services and Adult Social Care database which enhanced the research process and results considerably.

The survivor questionnaires were conducted by workers from ADVANCE Hammersmith and the Asian Women's Resource Centre and we are extremely appreciative to them for factoring in this task on top of their essential work.

Our wholehearted thanks go to all those agency staff who we interviewed, for agreeing to take part so willingly and for speaking so honestly and passionately.

Executive Summary & Recommendations

The research

Standing Together Against Domestic Violence were commissioned by the London Councils to undertake research into the extent of help seeking by known victims of domestic violence across various statutory and voluntary agencies.

As a result of many months of examination of databases, interviews with frontline workers and a questionnaire with survivors we found that certain crucial issues emerged repeatedly. These are outlined below and form the basis of our major conclusions.

The findings of this research have also facilitated the formulation of some broad recommendations for agencies, partnerships and practitioners within the public and voluntary sectors.

The complexity of local partnerships and the current position of those partnerships make it difficult to be anything other than general in these recommendations. Many of the existing strategies to deal with domestic violence will include all or some of the issues contained in this report. Standing Together's position is that the responses to domestic violence are often incomplete or under funded. This will rarely be through a lack of knowledge or motivation on the part of those whose primary remit is domestic violence (i.e. Domestic Violence Coordinators) but it is hoped that this report will be useful in supporting the issues that those working with domestic violence struggle with daily.

We have attempted to present the conclusions and recommendations in sequential order in order to demonstrate the development of a whole response to domestic violence. However, we must emphasise that training is of paramount importance throughout the development of any process, and essential as one of the first steps in implementing new responses, initiatives and procedures.

Prevalence of domestic violence

The research was based on the searches of various databases for victims who were known to have been involved in a police incident of domestic violence. Ninety percent of those known victims were found on at least one other agency database that we searched.

One agency allowed us to review their records more extensively allowing us to provide a more detailed analysis. This demonstrated that our sample of victims had many other issues in their lives to which agencies had to respond. These covered significant problems such as children truanting, child abuse, substance misuse and a variety of housing issues. Importantly, domestic violence was a distinct theme which ran through so many of these social ills. Whilst domestic violence may not always have been the primary (or presenting) issue to which agencies are responding, it is significantly prevalent.

Recommendation: Introduce or develop a coordinated community response in line with Government policy.

An overriding factor in agencies' response to domestic violence is the complexity of the issue and its prevalence and scale. This report throws further light on this and (again) makes the case for more concerted effort. This can only be achieved if the response is designed around a coordinated approach. The Government policy of supporting a coordinated community response¹ is well known and the model is a very sensible means of developing a considered and coherent form of coordination.

The recommendations which follow should naturally flow from a coordinated community response but are crucial elements of an approach which seeks to introduce a broader programme of activities. Prevention, early intervention and responding to crisis are the areas of activity which will make a difference.

Identification of domestic violence

Despite its consistent appearance on agency databases, this research highlighted that domestic violence is not always identified by the agencies. For 36% of our sample domestic violence was not identified on individual agency databases (apart from police). This is despite the fact that the victims were in contact with other agencies (sometimes many) and had reported the matter to the police.

If domestic violence is strongly correlated (if not the cause of) with the issues with which the victims present to the agencies, it is essential that it is systematically and accurately identified by those agencies. Otherwise it seems unlikely that those agencies can solve problems for individuals and families when they are not aware of all the underlying issues.

Recommendation: Routine enquiry² to be implemented and forms/databases to be designed to allow this to be noted on case files.

Early identification of domestic violence is very important to ensure that a problem solving approach is likely to be successful. Whilst training is an important aspect of this, a policy of establishing its existence will support the training.

Routine enquiry is fundamental in ensuring a consistent approach to domestic violence. A clear policy of routine enquiry should be in place and agreed by relevant personnel and sufficiently senior levels. The methods of effective routine enquiry should be included, together implications of disclosure and available routes of referral for staff to refer clients who disclose domestic violence.

There should also be clear spaces on paperwork and electronic files for the outcome of the enquiry to be recorded by staff. This can also act as a practical prompt or checklist for staff to remind them to make the enquiry and be sure to ask the relevant questions.

These relatively simple implementations can be remarkably effective in helping identify domestic violence consistently.

¹ <http://www.crimereduction.homeoffice.gov.uk/dv/dv014.htm>

² The Department of Health 2005 guidelines "Responding to Domestic Abuse" is a very helpful handbook for all professionals who are dealing with domestic violence in their everyday roles.

Training

The vast majority of the gaps in the working practices of agencies, and the frustrations of staff dealing with domestic violence on a daily basis could be addressed by effective training.

We have emphasised the importance of identification of domestic violence but this is not always a simple process; it requires an understanding of the ways in which domestic violence manifests itself and the effect it has on the victims and their children. Focus on the role of the perpetrator is crucial, not least because of the risks inherent in dealing with such individuals, especially if not identified as such. An understanding and appreciation of the dynamics of violent relationships would allow agency workers to see a more accurate picture of the situation their clients are presenting. It would provide opportunities to recognise the subtle signs of domestic violence which facilitates early intervention and prevention. Such early intervention of course reduces the scale and impact of domestic violence and its human and financial costs.

Very few staff we interviewed had received any kind of formal domestic violence training. This demonstrates many missed opportunities for agencies to improve their response to the needs of their clients.

Recommendation: Introduce training programmes in identifying domestic violence and understanding the dynamics of domestic violence.

Training remains the factor which leads to change across agencies. Frontline workers must understand the dynamics of domestic violence to ensure they deal with the case appropriately, especially in terms of their reaction to victims and perpetrators. It is also important to allow them to identify more cases than was demonstrated in our research and without training this will be very difficult to achieve. Such training will also enable them to look beyond the boundaries of their given role and assist in reducing the 'remit-driven culture' which was found during the interviews for this research.

Thus it is recommended that local domestic violence partnerships institute a training programme³ for frontline staff which directly addresses the dynamics of domestic violence (including perpetrator behaviour). Any training programme should also explore methods of identifying domestic violence as a factor in clients' background where it is not specifically disclosed, and how to enquire safely and appropriately.

Information sharing

We found that the identification of domestic violence by agencies did not necessarily lead to information, some of it vital, being shared with other agencies. In over a third of cases where victims were known to the police and had contact with at least one other agency, domestic violence was not identified by any of the other agencies. This indicates that agencies had not shared their knowledge of the case with their partner agencies.

Domestic violence tends not to be systematically contained within the standard forms or checklists which are used by staff as part of client assessment. It also

³ Many partnerships have well funded and impressive training programmes of which Devon and Cheshire are notable examples.

appears not to be systematically flagged so that colleagues and other agencies can quickly and easily see that domestic violence might be an issue. Data protection concerns were regularly quoted as a significant barrier to the sharing of information both within organisations and between organisations.

While the collation of all relevant information is vital to achieve workable outcomes for victims of domestic violence, the systems used to gather information are integral in enabling those outcomes to be reached.

Recommendation: Information Sharing Protocols to be established and must include health agencies.

Information sharing remains the single most challenging aspect of the partnership approach to domestic violence. It is difficult to address this concisely within this document but it is a fact that successful Multi-agency Risk Assessment Conferences (MARACs) have negotiated a way through such problems. The CAADA website (www.caaada.org.uk) provides significant support on this subject.

This research demonstrates the need but it remains the responsibility of agencies to agree an information sharing protocol. The likelihood of serious harm (and pragmatically, criticism of inter-agency working) makes this a vital area of developmental need, particularly with health agencies. Furthermore, an information sharing protocol also allows workers to share information with confidence and predefined parameters.

Thus it is recommended that information sharing protocols be established which include the health agencies on the basis that significant harm to victims is likely if knowledge is not shared between relevant agencies.

Responding to domestic violence

Responding to domestic violence is clearly a complex task for any agency. It is rarely the only issue which requires action and the longer such issues continue to develop, the more difficult they are to resolve. Responding to domestic violence at the crisis stage often limits the effectiveness of any intervention and it is widely recognised that intervening at earlier stages is vital to the reduction of domestic violence and associated issues. This could be achieved if effective training were introduced, leading to speedier identification.

Recommendation: Policies and practice should be introduced within public sector agencies which addresses the earlier (pre-crisis) aspects of domestic violence.

Training and earlier identification of domestic violence will lead to the possibility of pre-crisis interventions which may be within the effective scope of the statutory sector. There will continue to be an absolute need for specialist services (see below) but the public sector agencies can introduce policies and actions which safely address the needs of the victim and children and hold perpetrators to account.

The specialist service provider

The role of the specialist service provider cannot be overstated. The specialist agencies can respond directly to the domestic violence thereby assisting and enabling victims to negotiate their way through other agency procedures. Furthermore, they provide an invaluable referral route for agencies whose direct remit is not domestic violence.

However the existence of specialist services is limited and thus their effectiveness cannot be fully realised by the majority of agencies and practitioners.

Recommendation: Analysis of prevalence (using evidence from this research) should be conducted and specialist services should be commissioned according to defined need.

This research has demonstrated the value of specialist services and their limitations in terms of funding and capacity. If these recommendations are followed more cases will be identified and some of those may be resolved without recourse to the specialist sector. Despite this all the evidence points to a need for more services at an advanced and professional level, particularly at the point of crisis.

Background

Domestic violence is not a recent phenomenon; however since the 1960s research has been focused on understanding the extent to which it exists in our society. From the results of the 2001 British Crime Survey, Walby (2004) estimated that domestic violence in England and Wales cost society a total of £23 billion. Domestic violence is one of the very few phenomena that has a wide ranging effect on society, from the health, social and legal services, to the education and employment sectors of society. Research has continued to confirm that victims of domestic violence not only seek help from various statutory and voluntary sectors, but that their help seeking behaviours are wide spread across these sectors.

Furthermore the social and psychological effects of domestic violence penetrate other areas of the lives of survivors, and children growing up in an environment within which abuse is featured. This also means that agencies may be responding to what might seem to be unrelated problems or issues, but that may be symptoms of domestic violence.

Aims of the research

This research, sponsored by London Councils, has been conducted in order to examine the extent to which victims of domestic violence seek help from more than one agency and the nature of help sought from individual agencies. This was informed by both agency records and victim's reported experiences. The research also covers the experiences of front line staff in various agencies when dealing with domestic violence as part of their work.

Examination has been made of victims who have been a victim of at least one incident of domestic violence as recorded by police. At least one of the incidents must have occurred in a distinct ward in the London Borough of Hammersmith & Fulham.

It is hoped that the results from this study can be used in several ways. By examining the proportion of agency clients who have experienced or are experiencing domestic violence, further work could be done to estimate the prevalence and costs to the agencies on a local level. The results of interviews with front line staff will inform practices within agencies in improving their response to domestic violence, and will highlight the training needs of staff dealing with survivors of domestic violence through the course of their work.

The research has also developed two in-depth case studies (see Appendix A) which demonstrate the wide ranging needs of agency clients who have experienced or are experiencing domestic violence. These can be used inform local operational and partnership practice but indicate the complexity of issues confronting frontline workers and the prevalence of domestic violence as a thread in the lives of families.

Methodology

Several methods were used to conduct this research. Each is outlined below.

1. Searches of agency databases

Our operational partnership with the Metropolitan Police at Hammersmith & Fulham meant we were able to gain a list of names of people who were classified as victims in an incident flagged as domestic violence on the police Crime Reporting Information System (CRIS). We took our sample from people involved in incidents within an 18 month period which would allow for relatively recent case history, as well as subsequent contact with agencies after an incident involving police. We took a random sample of 100 people from this data.

We approached various statutory agencies in the borough to gain authority to search their databases and records. Senior Managers gave authority and Line Managers identified suitable personnel to conduct the searches. Core information was fed back to capture the existence and nature of contacts made between the agency and sample.

In the case of one agency, Children's Services, direct access was given to the researcher for the Frameworki database to be searched.

Including the police (from which the sample was taken), we were able to obtain information from 6 different agency databases in the borough.

2. Questionnaires from survivors

Questionnaires were given to two advocacy services in Hammersmith & Fulham and Brent boroughs, as well as a specialist women's organisation for BMER (Black, Minority, Ethnic, Refugee) women and children. Advocates completed the questionnaires with clients on closure of the case, asking which agencies the clients had been in contact with and their satisfaction levels with the agencies they contacted.

3. Interviews with front line workers

Interviews were conducted using a semi-structured format with staff who are in contact with agency clients who may be survivors of domestic violence. Information was gathered about their experiences of dealing with domestic violence, particularly in relation to the problems and barriers they encounter.

4. Example case studies

Using information from police data and the Children's Services / Adult Social Care database (Frameworki), we built two case studies to reflect the type of problems that might be presented by survivors of domestic violence to agencies and to capture the nature of the relationship between the survivor of domestic violence and the agency.

The various methods were used to satisfy certain aims and inform certain of stages of the research. These are outlined in the table below.

Aim	Method
<p>To capture the extent to which victims of domestic violence in the borough have also accessed statutory and voluntary agencies.</p>	<p>Counting the number of the sample (known victims) on agency databases.</p> <p>Survivor questionnaires asking which agencies were contacted.</p>
<p>To explore the broad reasons why contacts are made by victims with agencies.</p> <p>To explore the extent to which domestic violence is identified and defined by agencies in their records.</p>	<p>Examining the feedback provided by agencies as a result of the searches conducted.</p> <p>Survivor questionnaires asking the reasons for contact with agencies.</p>
<p>To explore the other issues or problems presented by survivors to agencies, which might also be correlated to domestic violence.</p>	<p>Examining information provided by agencies from database searches.</p> <p>Developing case studies from examination of Frameworki and police records (CRIS).</p> <p>Feed back from interviews with front line staff.</p>
<p>To examine the extent of information sharing between agencies about victims and domestic violence.</p>	<p>Cross reference agencies identifying domestic violence.</p> <p>Compare the information received from each individual agency, with the information gained from Frameworki in order to establish whether there are gaps between what the agency reported back and what was seen on Frameworki.</p> <p>Discuss the issues of information sharing with interviewees.</p>
<p>To gain an insight into what is being experienced by the frontline workers of agencies in relation to dealing with domestic violence through the course of their work.</p>	<p>Interview front line workers.</p>

Throughout the process of analysing the results and writing this report, we found that we continuously had to remind ourselves that the database searches and survivor questionnaires related to people who **we knew had experienced an incident of domestic violence and reported this to police**. We would like to emphasise this so that the reader is mindful when reading and interpreting the results.

Problems with access

Problems in gaining access to agency data, and in some cases agency staff was experienced to a high degree and is therefore worthy of a discussion in this report.

Initially it was planned that the search of agency databases would be conducted in two London boroughs. This would have been fruitful to allow the searches to be extended, using a larger sample and more agency departments. It would have also allowed comparison between findings from different geographical areas as well as areas run by different councils.

However, it became problematic when attempting to gain authority to access departments and agencies within the borough in which we did not have strong operational partnership links. Eventually we had to abandon the research covering the second borough for this research. Thus, the agency database searches were conducted in Hammersmith & Fulham borough only.

We were however able to have questionnaires completed by survivors from the London Borough of Brent (as well as Hammersmith & Fulham). This was probably attributable to an existing relationship between Standing Together and the borough of Brent.

Even in Hammersmith & Fulham, where Standing Together have a long standing partnership with most statutory agencies responding to domestic violence, we were unable to access most agency databases directly. Instead the searches were performed by internal staff and we were subsequently informed of the results. We were privileged to gain access to the database of Children's Services & Adult Social Care in LBHF which enabled a much more in-depth examination of records and case studies.

Perhaps most importantly we were completely unable to access the Health sector to make any searches. This was even if the searches were conducted by the staff from within health, and despite offers of having the data anonymised.

Thus information sharing became an issue identified in the results of the research, as well as in the process of conducting the research. The difficulty in gaining access to the health sector was disappointing, particularly since previous research (e.g. British Crime Survey) has shown the health sector to be an important place where victims might go for help with domestic violence, and this was reflected in the results we gleaned from questionnaires completed by survivors. Furthermore, the multitude of health 'sites' (e.g. GPs, A&E, health visiting, midwifery, etc.) provide significant opportunities for domestic violence to be disclosed, identified and to have an effective response.

Thankfully we were able in part to fill some of the gap in our knowledge through use of survivor questionnaires and in depth examination of the Children's Services / Adult Social Care database. This served to highlight the high level of contact from victims of domestic violence with the health sector, and thus the crucial role this sector plays in responding to domestic violence.

Key Findings

Database searches

- Of the 100 people in the sample (all of which were on the police database due to at least one incident of domestic violence), 90% were in contact with at least one other organisation apart from the police.
- There is evidence that if the police record an incident of domestic violence, there is a strong possibility that the victim in the incident is also on the databases of agencies similar to those searched.
- Of those who were on other databases apart from the police's, 64% had domestic violence identified by at least one of the organisations they were in contact with.
- However, 36% of the sample did not have domestic violence identified at all, by any other agency apart from police.
- In fact, 14% of the sample had contact with the police and at least 2 other organisations and domestic violence was not identified at all, by any of the agencies.
- It was found that domestic violence is more likely to be identified the more agencies a person is in contact with.
- There was little evidence that this identification led to information sharing between agencies. In other words, one organisation identifying domestic violence does not necessarily increase the likelihood of another agency being aware of the domestic violence.

Survivor questionnaires

We analysed information provided by survivors themselves. From the 30 completed questionnaires we found that:

- Survivors had contact with an average of 5 agencies.
- In all cases domestic violence was the primary reason for contact with at least one of the agencies they were in contact with.
- We were able to fill some of the gaps in our knowledge about contact with the health sector in particular.
- We found that only 3 of the survivors had not had contact with a health sector organisation within the past 5 years, meaning that 90% had some kind of contact.
- 44% of these respondents stated that they had contact with the health agencies as a direct result of domestic violence.
- A&E, police and the specialist domestic violence services contacted scored highly in relation to how helpful survivors found the service.
- Agencies which scored lower in relation to how effective survivors felt they were included housing, social services & benefits.

Interviews with front line workers

Interviews were conducted with a number of front line staff in the boroughs of Brent and Hammersmith & Fulham.

The interviews clearly and strikingly highlighted some common themes which ran through the responses from those staff:

Remit driven cultures

- Front line staff, specifically from statutory agencies, emphasised the specific remits of their roles and agencies. For example, they were limited to ensuring children are protected, or that offenders are arrested and charged, or that the survivor is re-housed.
- However, there were some interesting contradictions in light of this theme. For example, at the same time as the interviewees recognised that they had specific remits which were limited in relation to the range of needs of survivors of domestic violence, there was a strong sense of frustration that what they were doing was not stopping the domestic violence completely.
- Thus, staff appeared to be constrained by the remits of their roles, but their personal responses were much broader than their capacity to respond.

Early Intervention

- Overwhelmingly the interviewees recognised that their roles were primarily to deal with the crisis end of domestic violence. Despite this, there was a very strong feeling that early intervention with perpetrators, survivors and children would impact positively on their role.
- There was a level of frustration amongst workers that the impact they can have is limited in its effectiveness because their intervention is so near to crisis stage.
- Survivors' low self esteem featured in the interviews. For example, there was an emphasis on the part of the frontline workers of the need for a level of 'after care' to help survivors rebuild their lives and self esteem and reduce the chance of future abusive relationships.

Need for DV specialist agencies

- There was widespread acknowledgement that specialist domestic violence services are extremely valuable for agencies to which they can refer clients.
- However there were also a limited number of domestic violence specialist agencies to receive referrals. This created some frustration for staff as they were aware of the need for further support and service for their clients, but did not have the option of a referral route to get such support.
- Those agencies which did have referral routes to Independent Domestic Violence Advocates (IDVAs) and other specialist services did value the services very highly.

Lack of / need for training

- It became apparent that the majority of interviewees from statutory agencies had received no formal domestic violence training.

- The specialist domestic violence agencies were well trained, and those staff who worked for statutory agencies and had received specific training had received it in their previous roles with Refuge and similar agencies.

Information sharing

- Generally interviewees said they felt more confident to share information if they had the consent of their client, but often they were not confident to ask or explain to the client about why they might share the information.
- Practitioners were much more likely to share information if led by legislation, particularly in relation to children.
- Lack of training was also highlighted in some cases when discussing the issue of information sharing.

The Sample

The aim of the research was to investigate the extent to which victims of domestic violence seek help from statutory and voluntary agencies in the borough(s). We also wanted to gain an insight into how systematically domestic violence is identified within the nature of the contacts and the relationship between the victim and the given agency. Through this process we were also able to discover other reasons, not defined as domestic violence for which clients were contacting the agencies. As such we would gain insight into other issues which victims of domestic violence might have and seek help for, for example drug use, financial difficulties, etc. Of course, it is possible that such issues, whilst not defined as domestic violence may be at least be correlated with domestic violence if not directly caused by domestic violence.

For these reasons it was necessary that the sample we used would be from a population we knew had experienced domestic violence. This was found by searching the police database, for people involved in at least one incident reported to police and classified as domestic violence by the police on their Crime Reporting Information System (CRIS) database, within a given time period.

We were concerned to contain our research within specific areas in the boroughs so that we could target agencies that might have a specific remit to cover the area. For example, if we were to target GP Practices to search their records for our sample, it would be most realistic to target Practices within a specific and contained area in order to maximise our return.

Wormholt & White City ward

Our choice of ward in Hammersmith & Fulham was Wormholt & White City, which we felt represented a significant and challenging area within the local authority boundaries. Our examination of this ward was supported by the local authority and did provide a cross section of diverse communities.

Wormholt & White City ward is in the north of the London Borough of Hammersmith & Fulham (LBHF). According to the LBHF ward profile⁴ Deprived Families in Public Housing and Poorer Minority Families are the two main groups in the ward, comprising 53% and 17% of the ward population respectively. These groups are overrepresented compared to the borough as a whole (18% and 4.4% in the population of the borough as a whole). The ward has a higher population density than the borough, and London as a whole, with 132.7 persons per hectare compared with 100.73 in the borough, and 45.62 in London.

In the Wormholt & White City ward one in eight households comprise single parents with one or more dependant children. This ward is within the top 10% highest in London on this factor⁵.

Part of the ward is the White City Estate which is the borough's largest housing estate with a population of approximately 5,000, constituting nearly half of the ward's ward population (11,997⁶).

⁴ Ward profile found at http://www.lbhf.gov.uk/Images/Ward_Profile_Wormholt_and_White_City_tcm21-73251.pdf

⁵ Source: http://www.lbhf.gov.uk/images/groups_33-43_tcm21-19010.pdf

⁶ 2001 Census population statistics

In terms of ethnic groups which make up the ward, overall 37% of the ward population is non-white. This compares with 22% in the borough, and 29% in London as a whole. Black or Black British ethnic group is the most over-represented ethnic group in the ward, comprising 22.91% of the ward population compared with 11.13% of the borough population.

In relation to religion, 12.4% of the ward population is Muslim, which is an over-representation of the borough and of London as a whole (6.85% and 8.46% respectively).

Sample selection

A search was taken on the police incidents (as entered onto the Standing Together Abuse Tracking System (STATS) on which details from incidents on the police CRIS database are entered and tracked) that occurred between July 2005 and December 2006. The search was limited to incidents which occurred within the Wormholt & White City ward.

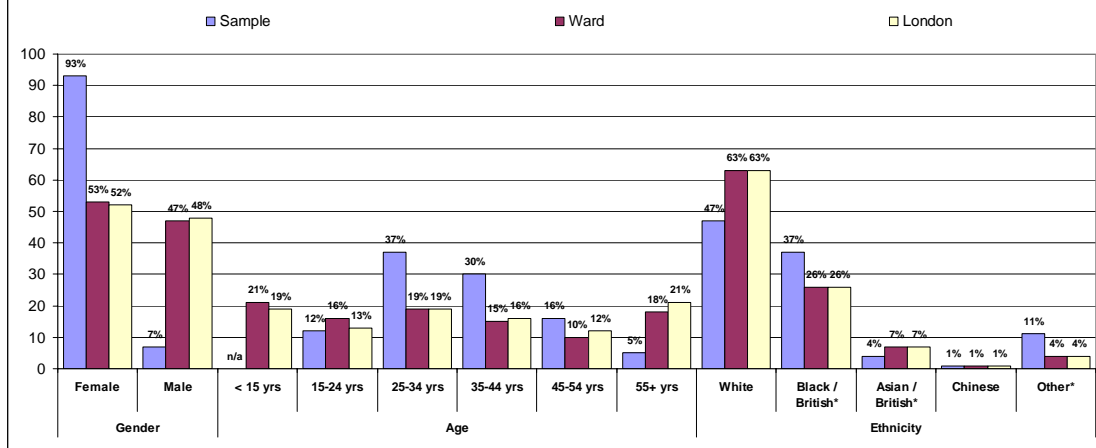
The total number of people classified as victims involved in these incidents was 246 during this period (in incidents where both parties were classified as victims, only one person was selected at random).

From the 246 victims, a sample of 100 were selected at random. Thus the sample represented approximately 41% of the total victim population from which it was selected.

As indicated in Graph 1, the main groups which appear to be over represented in our sample were women, 25-44 year olds, as well as those from Black or Black British and 'Other' ethnic groups.

This is in line with figures from the British Crime Survey and other research surrounding domestic violence, particularly in relation to gender and ethnicity. However the sample was over-represented in relation to age in that 25-44 year olds were more featured in the sample than the wider populations. Whilst this does not directly correspond with the British Crime Survey (Walby, 2004; which shows people under 25 years as being most likely to be victims of domestic violence) there may be a number of reasons why this is not reflected in our sample. When controlling for the fact that the sample comes from police data, factors that might influence reporting to police become relevant (such as children, tolerance and extent of repeated incidents suffered) and might explain such a discrepancy.

Graph 1: Demographical comparison of sample, ward and London populations



Presentation of results

Results of database searches

Police - Hammersmith & Fulham

Each name on the sample list was searched on the STATS system for further incidents that were on record. Incidents involving the victims within the 18 month time period of the initial search were included, as were any incidents involving the person either side of the time period. Searches extended back to 2001, through to subsequent incidents which may have occurred up until December 2007.

Using this method, a total of 391 police incidents were recorded as involving the sample. These were made up of 230 (59%) crimed⁷ incidents and 161 (41%) non-crimed incidents. 23 of the sample were involved in non-crimed incidents only, the remainder were involved in crimed incidents only (31) or both crimed and non-crimed incidents (46).

81 of the sample were involved in incidents of intimate/former intimate partner violence only. 13 of the sample were involved in familial violence⁸ only. The remaining 6 were involved in incidents involving intimate/former intimate partners as well as incidents involved family members.

85 of the sample were classified as the victim in all incidents they were involved in. The remaining 15 of the sample were classified as both victim and offender depending on the incident.

2 of the sample were involved in intimate/former intimate partner violence incidents in the context of a same sex relationship (one male, one female).

Thirty of the sample were involved in one incident only within the 7 years between 2001 and 2007. This means that 70% of the sample were repeat victims, as identified by police only and regardless of their interaction with other agencies. The number of incidents per victim is detailed in the table below.

Table 1: No. of sample involved in police incidents

No. of incidents	12 months (2007)	3 years (2005-2007)	7 years (2001-2007)
1 incident	11	39	30
2-3 incidents	6	38	35
4-5 incidents	3	15	16
6-7 incidents	0	1	7
8-9 incidents	0	3	4
10+ incidents	0	4	8

⁷ In broad terms, an incident is classified as a crime when a criminal offence has been committed and/or alleged. This differs from what is known as a 'non-crime book domestic' which might relate to a disturbance for which police are called but no allegations of criminal offences are made or appear to have been committed.

⁸ Domestic violence involving adult family members, but not intimate partners (e.g. siblings or wider family relations).

Counting all the incidents brings back an average of 3.9 incidents per person in the sample within the 7 year period (2001-2007). Thus on average victims were involved in approximately 1 incident every 2 years. However, 281 (72%) of the incidents occurred in the period between 2005-2007. If calculating from this concentrated time period, the average number of incidents per person is 2.8 which brings the average number of incidents per person per year to just under 1. This is fairly representative of the repeat rate for domestic violence incidents in the borough.

In addition to being on the police databases, eight of the sample had been subject to a Multi Agency Risk Assessment Conference (MARAC). This means that at some stage an agency in contact with the victim would have deemed her to be of very high risk of domestic violence and nominated her to the MARAC for the risk to be managed in a multi-agency setting.

H&F Homes

H&F Homes manages all the council housing stock in Hammersmith & Fulham (13,778 rented + 4,277 leasehold homes). They are also responsible for the management of play areas and commercial units on housing estates, as well as community buildings and traveller sites.

Among the estates managed by H&F Homes is the White City Estate which is the main housing estate located within the ward from which our sample was taken. Searches were conducted of the H&F Homes database and it was found that H&F Homes held information about 50 of the sample meaning that they had been clients of H&F Homes and had had some sort of contact with them. However, in 22 of the cases it appears that the people were clients of outside housing associations⁹ or trusts therefore we were unable to gather information relating to the nature of contacts the associations/trusts had with members of the sample.

28 of the sample however were on the database for the Area Office of H&F Homes which covered the ward of Wormholt & White City and thus brief information as to the nature of contacts with the H&F Homes was gleaned.

For 71% of the sample who were on the H&F Homes Area Office database, contact was made in relation to rent arrears.

For 8 of the sample, there was contact related to anti-social or nuisance behaviour. A further 4 of the sample were complainants of anti-social or nuisance behaviour, or racial harassment.

Domestic violence was specifically identified as a reason for contact with 6 of the sample.

Many of the clients of H&F Homes had contact with the Area Office for more than one reason.

⁹ Peabody Housing Trust, Kensington Housing Trust & Housing Options H&F

LBHF Allocations

LBHF allocations find properties for people after their housing needs have been agreed. The department is responsible for finding appropriate accommodation according to priority. They also deal with transfer requests from existing tenants.

The search of records returned a result of 24 of the sample who had had contact with the Allocations department.

19 of these cases had contact / case opened between 2005-2007. The basic reasons for contact / case opening were as follows:

- 8 had a homeless application. 2 of these were receiving housing support from the borough's Community Safety department. A further person was making a homeless application jointly with her partner.
- 6 had contacted the Allocations department for housing advice / assistance.
- 6 had made a housing application.
- 3 were in contact with the Allocation department for a transfer application, one of which was made jointly with her partner.
- 1 person was on the system but the reason for contact / case opening was not available.

Of the 24 on the LBHF Allocations system, children were mentioned on the files in 15 cases. Of these, 40% (n=6) were contacts due to a homeless application.

Domestic violence was mentioned in only one of the cases, in which it was clearly identified as the reason the department had specific duty to allocate accommodation to the client. This is significant given that we know that all the people in the sample had experienced at least one incident of domestic violence within an 18 month period of which the police became aware.

Note that the housing allocations department is a secondary source of service for clients in that they will be involved once a different department (such as the Homeless Persons Unit, or HPU) has already established the need and entitlement of the client in relation to housing. In relation to this research, it is therefore possible that some clients were referred to Housing Allocations from the HPU and would therefore constitute duplicates. 11 of the sample were identified as being known to both the Allocations department and the HPU so may be duplicates.

Housing Homeless Persons Unit (HPU)

The HPU takes applications from those presenting as homeless and in need of housing in the borough of Hammersmith & Fulham. Applicants who approach the department are initially screened in order to establish whether they meet certain criteria. The criteria are based on whether they are homeless, eligible and in priority need.

Legislation dictates whether the department has a legal duty to house the applicants according to particular conditions. Applicants are also classified in terms of priority depending on their circumstances, for example whether they have children, are

pregnant, have medical problems, etc. At this stage domestic violence can make a case a priority, however it would need to pass a certain threshold of seriousness.

More recently the HPU in the borough have been able to refer applicants who disclose domestic violence and have children to an independent advocate (IDVA) who is based within the department.

The HPU have recently started using a new database. Whilst some of the data was transported over to the new data system, historical data may not have been. Therefore both the previous and current databases were searched.

The searches were undertaken using the surname and date of birth information from each of the sample. Therefore it is possible that some information was missed in the search, should the surname or dates of birth be slightly different.

A search of both the databases resulted in 32 of the sample being found on the HPU databases.

For 21 (66%) of these it was established that they met the criteria (eligibility, priority and homeless) that meant the department had a duty to house them. 8 of the sample did not meet the criteria, and a further 3 were classified as making enquiries only.

The full list of reasons for victims in the sample presenting are detailed Table 2.

Table 2: Reasons for presenting to HPU

Reason for presenting	No. of sample	
Excluded by relative / friend	9	28% of those presenting
Loss / termination of accommodation	6	19% of those presenting
Excluded by parents	6	19% of those presenting
Excluded due to violent partner	4	13% of those presenting
Rent arrears	3	9% of those presenting
Fleeing domestic violence (loss of rented accommodation)	1	3% of those presenting
Unreasonable to remain	1	3% of those presenting
No fixed abode / squatting	1	3% of those presenting
Not homeless	1	3% of those presenting

The majority (22 / 69%) of the sample who presented to the HPU were shown as priority need due to having children. One further person was priority need due to their age of 16/17 years.

5 (16%) of the sample presenting were shown as priority need for medical reasons (3 mental health; 2 physical health). One further person was priority need due to being pregnant.

4 (13%) of those presenting to the department were shown as homeless due to a violent partner. In 3 of these cases the department had a duty to house them (the remaining was an enquiry). One further person was a duty case and was presenting as homeless as they were fleeing domestic violence and had therefore lost their rented accommodation. In sum, a total of 5 of the sample, 16% of those on the HPU system were shown to have presented as homeless due to domestic violence. In addition, a further 2 of the sample had domestic violence identified on their file, but were officially presenting as homeless for a different reason. Thus, domestic violence was identified for 7 of the sample, representing 22% of those of the sample on the HPU database.

Youth Offending Team (YOT) data

The sample was given to Hammersmith & Fulham's Youth Offending Team (YOT) for searching against their records.

The YOT is a multi-agency team aimed at reducing the risk of young people committing crime or re-offending. It does this by offering a range of services to help and support young people and their families to prevent them from being involved in further crime.

Of the 100 people in the sample, 5 received a service from YOT. The cases for these 5 were open for varying times; from 4 months to 5 years. We were unable to establish whether the people themselves were subjects of the youth offending, or whether they were associated with the subject. However the range of ages (from 18 years to 49 years) suggest that the people from the sample were a mixture of both subjects and family / close members.

In only one case was domestic violence documented as being identified throughout the course of the case being open.

A further 12 people from the sample were flagged on the YOT system as having become known to the service from information provided from police. It is assumed therefore that police provided what they may have considered to be relevant information to YOT, but that such information did not lead to a case being officially opened by YOT and further service being provided.

Children's Services and Adult Social Care (CS/ASC)

Children's Services & Adult Social Care are made up of a number of teams of Social Workers providing support to people in the borough. Children's Services work with children and families to provide help in a number of areas from general support and welfare to fostering and adoption. A significant part Children's Services is around child protection and consequently the department take referrals from a number of different sources in relation to children who may be at risk. These sources include teachers, doctors, health visitors, police and member of the public.

Adult Social Care performs a similar function for adults ranging from home care and support for adults with disabilities and other vulnerabilities, to assisting with access to employment, education and social opportunities for adults in need.

The main database used by Children's Services & Adult Social Care is shared between the two departments and is called Frameworki. Both departments use this system with the exception of Mental Health who use a different database.

Frameworki has been the functional database since 2006 when much of the data and information from the previous database was migrated into Frameworki. The migration process does mean that whilst the data was imported, some details were not, particularly in relation to dates of entries, etc.

The database has a comprehensive search facility and records of people are linked with each other according to whether the people are related (i.e. children / parents / carers).

Access was given to the Researcher under a temporary sign in. There were some elements that were restricted in relation to particularly sensitive information, but the majority of the case notes and documentation relating to the cases was available for viewing.

Of the sample, 72 had records on the Frameworki database, for themselves and / or their children.

In 54 (75% of records on the system) of the above cases, domestic violence was identified at some stage during the case. In 39 of these cases the domestic violence was intimate / former intimate partner violence.

Full notes were made on each case, reflecting the relationship between the department and clients. Due to the ongoing nature of these relationships, it was not possible to provide a 'count' of the number of contacts between the department and the clients. However due to having access to the data ourselves, we were able to glean a much more qualitative picture of the dynamics of the contacts in their ongoing nature, as well as provide case studies to demonstrate the type of contacts that were made.

It was possible however to obtain a general picture of the broad issues contained within the case files, on a quantitative basis. This should give a broad picture of the type of issues with which the clients presented.

Records were in many cases split between the adult and the child/children (i.e. child has separate record on the system to the parents) and are displayed as such in the following tables.

Table 3: Information relating to the adults from the sample:

	No. of sample	% of sample on Frameworki
Mental health issues / depression / suicide attempts	18	25%
Requesting money from Service ¹⁰	16	22%
Person on database as a child and as an adult	10	14%
Person on system as child only – historic record	3	4%
Claiming benefits	10	14%
Facing eviction	9	13%
Substance misuse	8	11%
Other health conditions	8	11%
Rent arrears	7	10%
Referred to the Emergency Duty Team (see below)	6	8%
Alcohol issues	4	6%
Problems managing children	4	6%
Poverty / hygiene concerns	2	3%
Sexual assault mentioned	2	3%
DV flag on front of record	1	1%

Note that many of the sample will be double counted above in that the case files may have indicated more than one of the above issues. For example, one person has alcohol issues as well as claiming benefits and poverty concerns.

Table 4: Information relating to the children from the sample:

	No. of sample	% of sample on Frameworki
In trouble with police / Criminal Justice System	17	24%
DV suffered by child	12	17%
Care Order / Foster care mentioned	10	14%
Absences from school	8	11%
Behaviour problems at school	8	11%
Sexual assault mentioned	5	7%
Child bullied	5	7%
Exclusion from school	5	7%
Mental health issues	5	7%
DV flag on front of record	4	6%
Getting help with anger management	4	6%
Substance misuse	3	4%
Child hyperactive / ADHD	2	3%
Underperformance at school	2	3%
Displaying abusive behaviour	2	3%
Suicidal tendencies / attempts	1	1%
Alcohol problems	1	1%

As the table highlights, there are a range of issues which the sample and their children displayed and were found within the case files. It is important to emphasise that this list reflects what was identified by analysing the contents of the case notes;

¹⁰ For example, for items for children, for bills, charity fund applications, etc.

there may be other issues that were not clearly documented and these would not have been included in the above.

Points to highlight from these results include:

- That some of the sample were on the database as both children and as adults, signifying the length that cases can last, and the different life stages through which agencies such as Children's Services & Adult Social Care are required to support people. The longer length of the relationships between Children's Services and/or Adult Social Care and the client may also explain why domestic violence was identified in a larger proportion of the sample on the Frameworki system.
- Despite domestic violence being identified in the majority of cases examined, only 1 adult record and 4 child records actually had a domestic violence flag on the front page of the record. This flag enables users of the database to instantly see that domestic violence is an issue within the case. Further identification of domestic violence (as done in this exercise) requires reading the case notes and associated documentation connected with the case.
- In 6 of the cases on Frameworki there was a referral at some stage to the Emergency Duty Team¹¹. In all but one of these cases domestic violence had also been identified on file, and in 2 of the cases it was recorded there was domestic violence against a child in the case.
- Whilst searching Frameworki it became apparent that there was no specific or designated space for domestic violence within the standard forms completed in many cases. It appears that the procedure followed after an initial referral to Children's Services or Adult Social Care would be to conduct an Initial Assessment, the contents of which appears to be in a form on the system, sectioned under various categories (such as family make up, education, etc.). There did not appear to be specific (or even logical) space to put information about issues relating to domestic violence.

¹¹ The Emergency Duty Team (EDT) provide a service to assist adults and children outside normal office hours who have difficulties that are causing them serious risk or concern that cannot be left until the start of the next working day.

Summary of database searches

As a result of searching the database of 6 agencies, of the 100 people in the sample (all of which we know are on the police database due to at least one incident of domestic violence), 10 did not appear on any other agency database which we examined.

This means that 90% of our sample were in contact with at least one other agency apart from the police.

Of those 90% domestic violence was identified by at least one of the agencies (apart from police) in 58 cases. **However there was not one case where domestic violence was identified by all agencies.** Children's Services & Adult Social Care had most of the sample on their system and had identified domestic violence in the highest proportion of cases (but had not clearly flagged it on Frameworki).

Table 5: Summary of the number of our sample found by searching agency databases:

Agency	
Police	Random sample of 100 taken from incident data 391 incidents involved sample 59% of incidents classified as crimes 81 of sample involved in intimate/ former intimate DV 2 of sample involved in same sex DV incidents 51 of sample involved in 1-2 incidents 23 of sample involved in 3-4 incidents 26 of sample involved in > 5 incidents
H&F Homes	50 of sample in contact with H&F Homes or other Housing Association/Trust 28 clients of H&F Homes DV identified in 6 of cases <i>(21% of those clients of H&F Homes)</i>
Housing Allocations	24 of sample known to Department DV identified in 1 case <i>(4% of those on known to Dept.)</i>

CONT'D

Agency	
Housing (HPU)	<p>32 of sample presented to HPU</p> <p>DV given as reason for homelessness in 5 cases</p> <p>DV identified on file of 2 further cases (DV identified in 22% of sample presenting)</p>
YOT	<p>5 of sample (or child) received service</p> <p>12 more of sample (or child) known to YOT</p> <p>DV identified in 1 case (20% of sample receiving service)</p>
Children's Services & Adult Social Care	<p>72 of sample on database</p> <p>DV identified in 54 of cases (75% of sample on database)</p>

Cross-over between agencies

Data received back from the agencies enabled an examination of the number of our sample who had records on a combination of the agencies.

29 of the sample appeared on one agency database (as well as police). Of these:

- 10 were on the database of H&F Homes
- 2 were on Housing Allocations records
- 2 were on the Housing database relating to homelessness
- 15 were on the systems for Children's Services & Adult Social Care (CS&ASC).

In 11 of these cases (38%), domestic violence had been identified by the agency; all of these were identified by CS/ASC.

34 of the sample appeared on two agency databases (as well as police). The breakdown is as follows:

- Police + H&F Homes + CS/ASC = 16 cases
- Police + HPU + CS/ASC = 9 cases
- Police + YOT + CS/ASC = 3 cases
- Police + Housing Allocations + CS/ASC = 3 cases
- Police + H&F Homes + HPU = 2 cases
- Police + H&F Homes + Housing Allocations = 1 case.

In 77% (n=26) of these cases, at least one of the agencies (apart from police) identified domestic violence. However in only 4 cases did both of the agencies identified domestic violence.

22 of the sample appeared on three agency databases (as well as police). The breakdown is as follows:

- Police + H&F Homes + HPU + CS/ASC = 8 cases
- Police + H&F Homes + Housing Allocation + CS/ASC = 7 cases
- Police + Housing Allocation + HPU + CS/ASC = 6 cases¹²
- Police + YOT + H&F Homes + CS/ASC = 1 case

In 77% (n=17) of these cases at least one of the agencies (apart from police) identified domestic violence. Of these only one agency identified domestic violence for 12 of the cases (i.e. identified by H&F Homes but not HPU or CS/ASC). In the remaining 5 cases domestic violence was identified by two of the agencies, however there were no cases out of the 22 where domestic violence was clearly identified by all agencies with which the sample had contact.

Five of the sample were on the databases of 4 of the agencies (plus police). In one of these cases the only agencies not in contact were Children’s Services & Adult Social Care. In the remaining 4 cases YOT was the only agency not in contact.

One of the sample was in contact with 4 of the agencies as well as having been involved in a police incident and **domestic violence did not appear to be identified by any of the 4 agencies.**

Table 6: Summary of cross-over between agencies & identification of domestic violence.

	No. of sample on agency d’bases	DV identified by all agencies	DV identified by at least 1 agency (excl. police)	Total sample where DV NOT identified
Police only	10 <i>10% of sample</i>	n/a	n/a	n/a
Police + 1 agency	29 <i>29% of sample</i>	11 <i>38% of sample on d’base</i>	n/a	18 <i>62% of sample on d’base</i>
Police + 2 agencies	34 <i>34% of sample</i>	4 <i>12% of sample on d’base</i>	22 <i>65% of sample on d’base</i>	8 <i>23% of sample on d’base</i>
Police + 3 agencies	22 <i>22% of sample</i>	0	17 <i>77% of sample on d’base</i>	5 <i>23% of sample on d’base</i>
Police + 4 agencies	5 <i>5% of sample</i>	0	4 <i>80% of sample on d’base</i>	1 <i>20% of sample on d’base</i>
All agencies	0 <i>0% of sample</i>	0	n/a	n/a

¹² Note the likelihood of duplication between Housing Allocation and HPU

The table above shows that domestic violence is not clearly identified in all cases, but if the person is on more than one agency database the likelihood of domestic violence being identified by at least one of the agencies is increased.

There is little evidence to suggest that if one agency is aware of domestic violence the likelihood of other agencies being aware is increased. This finding does indicate that levels of information sharing between agencies in relation to domestic violence are not very high.

The vast majority of the sample (90%) were on one or more agency databases apart from the police. Thus there is evidence to suggest that if the police record an incident of domestic violence for a particular victim, there is a strong possibility that the person will also be on the databases of agencies such as those searched.

Furthermore, in 64% (n=58) of the sample who were on at least one other agency database (as well as police), domestic violence had been identified by the other agency or agencies involved with the victim. This suggests that a large proportion of victims involved in domestic violence incidents as recorded by police will also have domestic violence identified on their records with the other agencies with which they have contact.

However, this should not necessarily be attributed to information sharing between agencies. To clarify, it was found that a large proportion of our sample were found on at least one agency database (other than the police) and that domestic violence had been identified by the other agency or agencies. However, the more agency databases that a given victim was found on did not appear to increase the likelihood of domestic violence being identified by the agencies, thus suggesting that identification of domestic violence is not likely to be as a result of information sharing between agencies.

However, this also highlights that over a third of victims (n=32) who had contact with police in relation to domestic violence also had contact with at least one other agency and domestic violence was not identified by any of the other agencies. In particular, 14 of the sample had contact with the police and at least 2 other agencies and domestic violence was not identified at all, by any of the agencies (apart from police).

Extent of help seeking / contact with agencies through examination of Frameworki

Having direct access to the Children's Services & Adult Social Care (CS/ASC) database Frameworki enabled the examination of the contents of the case notes for the 72 of the sample found on the database. Examination of the case notes and correspondence between Social Workers and clients developed our understanding in three important ways.

Firstly, we were able to get an idea of the proportion of our sample who had contact with agencies which did not take part in our research, particularly agencies within the health sector.

Secondly, by virtue of the fact that Children's Services & Adult Social Care were aware of their clients being in contact with other agencies, we can assume a level of information sharing between Children's Services & Adult Social Care and the other agencies. In some cases it was clear from the case notes that direct contact between Children's Services & Adult Social Care had been made, particularly in relation to referral mechanisms and procedures.

Finally, we were able to assess the extent to which the searches of other databases were successful. For example, in some cases the case notes on Frameworki may have specifically mentioned contact between the social worker and the housing department, but housing did not find they had a record of the client when they did the search for this research. This might be more significant when considering that basic searches have to be conducted by agencies in order to establish previous or ongoing contact with particular clients.

Examining the array of agencies mentioned within the case notes of Frameworki produced some interesting results.

- 17% (n=12) of the sample who were on Frameworki were also claiming some kind of benefit.
- Only 13% (9) of the sample on Frameworki had mention of being in contact with an agency specialising in domestic violence. This is in light of the fact that 52 of the cases on Frameworki mentioned that domestic violence had been identified. Thus in only 17% of cases where domestic violence had been identified was it mentioned that the client was in touch with an agency specialising in domestic violence.
- In 32% (n=23) of cases on Frameworki there was contact between Children's Services & Adult Social Care and an educational establishment of some sort. This included school teachers, school counsellors, Educational Psychologists / Social Workers and Pupil Referral Units.
- In 42% (n=30) of the cases on Frameworki there was mention of the client being in contact with an agency or service from the health sector (not including mental health). In 12 of these cases the service mentioned was a Health Visitor or Midwife.
- In 22% (n=16) of the cases there was mention of contact with a Mental Service agency or service. In 12 of the cases there was mention of both a health agency and a mental health service specifically.

It was also interesting to see the array of agencies mentioned in the case notes, per person from the sample. Examination of the case notes revealed an array of 16 different types of agency or service being accessed by the sample (see Appendix D).

The number of agencies or services mentioned on the case files (on Frameworki) with which the sample appeared to be in contact with or accessing is provided in the table below.

Table 7: Number of agencies / services in contact with by sample (from Frameworki)

No. of agencies	No. of sample	% of sample on Frameworki
No agencies apart from CS/ASC	11	15%
1-4 agencies / services	42	58%
5-8 agencies / services	14	20%
9-10 agencies / services	5	7%

Whilst the above data indicates the extent to which our sample were in contact with other agencies as well as Children's Services & Adult Social Care, in some cases it was clear that information sharing between agencies had occurred. This was particularly found in relation to referrals to Children's Services & Adult Social Care and specifically relevant to the identification of domestic violence, since it appeared that domestic violence was often identified by Children's Services & Adult Social Care as a result of a referral from another agency, in particular the police. Nearly half (n=34) of the sample on Frameworki had 'come to notice' of the police in relation to domestic violence which generated a referral to Children's Services & Adult Social Care.

Some inconsistencies were identified with data between Children's Services & Adult Social Care and the other agencies which were searched by internal staff as part of the research. For example, the type of domestic violence suffered in terms of the distinction between familial and intimate / former intimate partner violence was the basis for some inconsistency. In particular, the extent of intimate/former intimate partner violence was not reflected in the Children's Services & Adult Social Care. In 16 of the cases on Frameworki, domestic violence was identified but related to familial violence and/or violence against the child/children in the case. In half of these cases the police had recorded at least one incident involving intimate/former intimate partners, establishing that intimate/former intimate partner violence was an additional, unknown factor.

Whilst much of the information on Frameworki is likely to relate to children, the existence of intimate/former intimate partner violence is relevant to children's cases and the Children's Services & Adult Social Care service to the children. Thus the lack of identification of intimate/former intimate partner violence is likely to hamper the service provided as well as the use of effective solutions.

Given that upon examination of the cases on Frameworki it was found that in 17 cases there was mention that a child was in trouble with police or involved with the Criminal Justice System (CJS), it is perhaps surprising that only 5 of the cases were found when the Youth Offending Team (YOT) records were searched. In three of the cases identified on the Frameworki system as involving the child being in trouble with police/CJS there was mention of YOT being involved. However none of these three were those identified by the YOT as receiving a service according to the search results. However in four cases the Frameworki system showed the child being in trouble with police, and the YOT system search showed that they had received information from the police in relation to the case.

Survivor questionnaires

Questionnaires were designed in order to capture the extent to which survivors accessed the various agencies, both generally and in relation to the domestic violence they were experiencing. The questionnaires also asked respondents to indicate their levels of satisfaction with the agency responses.

The respondents of the questionnaires were clients of advocacy services in the London boroughs of Hammersmith & Fulham (ADVANCE) and Brent (DVAP). Questionnaires were also completed by clients of the Asian Women's Resource centre in Brent.

The questionnaires were completed with the assistance of the advocate or staff member working with the clients. On some occasions the questionnaire was completed with the client over the telephone. Note that the respondents of the questionnaire were not connected to our sample.

A total of 30 questionnaires were returned. Respondents were asked whether they had contact with a list of agencies within the health, social welfare and criminal justice sectors. They were asked to provide estimations of the number of times they were in contact with the agencies within the past 5 years, and the brief reason for the contact.

In all cases domestic violence was the primary reason for contact with the voluntary sector agency (advocacy / resource centre), however in all but 3 of the cases domestic violence was the primary reason for contact with agencies other than those specialising in domestic violence. Furthermore, all but one the survivors told the agencies that the primary reason was domestic violence at the time of contact.

Contact with the police was the most common among respondents; however this may to be expected given that the advocacy service in particular deals with domestic violence cases in the higher scale of risk.

The questionnaires allowed us to fill some of the gaps in our knowledge about survivor's contact with the health sector in particular. It was found that only 3 of the survivors had not had contact with a health sector organisation within the past 5 years, meaning that 90% had some kind of contact.

The majority (89%) of those who contacted a health sector organisation made contact with a GP. Of these, 8 respondents stated that domestic violence had been the primary reason for contact. The reasons given for contact with GPs as a result of domestic violence were for minor injuries such as cuts and bruises (n=6), and for depression, stress or anxiety as a result of domestic violence (n=2).

Fourteen of the respondents reported visiting A&E, half of which did so due to domestic violence and all as a result of physical injuries suffered. Of the 8 respondents who visited their GP due to domestic violence, 3 of them also visited A&E as a result of domestic violence.

Thus, 12 (40%) of the respondents stated they had contacted an agency in the health sector as a direct result of domestic violence.

Forty-seven percent (n=14) of the respondents reported having had contact with the Housing department or Housing Association. In 6 of these cases the reason for contact was domestic violence. However, the remaining 8 cases reported to being in contact with housing were in relation to obtaining temporary accommodation or moving house so it is possible that these are indirect impacts of domestic violence but not directly attributed by the respondents as such.

Of the thirteen respondents reporting contact with Social Services, the vast majority (10) did so due to domestic violence. Most of these contacts were as a result of a police incident which automatically generated a referral to Social Services due to children being involved with the incident.

Of these thirteen, 6 also reported to be in contact with benefits Agencies as well as Social Services. A further 3 respondents reported having contact with benefit agencies in relation to child benefit.

Fourteen of the respondents had contact with Solicitors, the majority (10) of which stated that domestic violence was the primary reason for the contact. The majority of these contacts were specifically in relation to obtaining injunctions. Contact with solicitors where domestic violence was not attributed as the primary reason was in relation to child support.

The respondent's contact with the variety of agencies is common and for wide ranging reasons. Apart from having contact with the advocacy / resource centre, all but two respondents had contact with 2 or more other agencies. 16 respondents had contact with between 3-5 agencies, 11 respondents had contact with between 6-8 agencies and 1 respondent had contact with all 9 agencies listed.

In relation to domestic violence as a primary reason for contact with agencies, we have seen that for 27 of the respondents domestic violence was the primary reason for contacting agencies other than those specialising in domestic violence (i.e. advocacy / resource centre). Of these, 15 respondents contacted between 1-2 agencies as a direct result of domestic violence. 10 respondents contacted between 3-4 agencies and 2 respondents contacted 5 agencies.

It was found that on average respondents had contact with an average of 5 agencies. When considering contacts for which domestic violence was a primary reason, respondents had contact with an average of 2 agencies.

The questionnaires also asked the respondents who had contacted agencies for the primary reason of domestic violence to rate how effective they felt the agencies were in responding to their needs.

Respondents scored Accident & Emergency, the police and the specialist domestic violence services highly in relation to how helpful they felt the service was. On average, the health sector scored between 4-5 on a scale where 5 was the highest level of satisfaction. The police scored an average of 4, as did Solicitors. The voluntary sector services scored the highest with just under 5 on average.

It is important to note that survivors were asked how effective they found the services, and that this is likely to relate to the immediate needs of the survivor. For example, the GP and A&E departments are likely to be seen as effective because they dealt with symptoms in a timely and appropriate fashion. This may not mean that the agency responded effectively to the long term needs of the survivor, or had made any impact on preventing future violence for them.

Housing, Social services and Benefits Agencies scored significantly lower with averages scores of 2, 3 and 3 respectively.

It is possible using the results from survivor questionnaires to make estimations about the wider population, particularly in relation to the health sector. For example, if a total of 27 of the respondents had contacted health and 12 of these did so as a direct result of domestic violence, it reflects that nearly half (44%) of those contacting health are doing so due to domestic violence. For GPs in particular, one third of respondents who contacted their GP did so because of domestic violence directly.

Estimations might also be made in relation to our sample, who contacted police regarding domestic violence. We know from the survivor questionnaires that just over 40% of respondents had contacted the health sector as a direct result of domestic violence. Thus we might expect at least a similar percentage within our sample¹³ and from which we could estimate that 2 in 5 victims of police incidents also contacted health due to domestic violence.

¹³ This may even be a conservative estimate since we know that police are often the last agency victims of domestic violence might go to and in fact other agencies such as within the health sector may be more likely to be contacted for help relating to domestic violence. However, since nearly all of the respondents to our questionnaire had also contacted the police, we did not attempt to provide more accurate estimations about contact with health.

Interviews with front line workers

Interviews were conducted with various front line staff from the borough of Hammersmith & Fulham and Brent. The interviewees were required to deal with the public in some capacity, and worked for agencies whose remit it was to respond to domestic violence.

A total of 27 workers were interviewed (13 from LBHF¹⁴; 14 from Brent borough), representing 5 agencies / sectors. Unfortunately we were not given authorisation to interview health sector workers in Brent. The job functions of interviewees are listed below.

Agency / Sector	Job Function	Borough
Police	<ul style="list-style-type: none"> Response Officers x 2 Community Safety Unit Detective Inspector 	Brent
	<ul style="list-style-type: none"> Community Safety Unit Officers x 2 	LBHF
Housing	<ul style="list-style-type: none"> Independent Domestic Violence Advocate (IDVA) 	LBHF
	<ul style="list-style-type: none"> Family Team Leader 	LBHF
	<ul style="list-style-type: none"> Homeless Persons Officer x 2 	Brent
Health	<ul style="list-style-type: none"> Camhs Clinician (Consultant Family Psychotherapist within multi-disciplinary service) 	LBHF
	<ul style="list-style-type: none"> Health Visitor 	LBHF
	<ul style="list-style-type: none"> Midwife 	LBHF
Children's Services & Adult Social Care	<ul style="list-style-type: none"> Social Workers x 2 (Children's Services) 	LBHF
	<ul style="list-style-type: none"> Child Protection Advisor 	Brent
	<ul style="list-style-type: none"> Social Workers x 2 (Adult Social Care) 	LBHF
	<ul style="list-style-type: none"> Customer Services Officers x 4 (One Stop Service) 	Brent
Youth Offending Team (YOT)	<ul style="list-style-type: none"> Manager Senior Social Worker 	LBHF
	<ul style="list-style-type: none"> Mental Health Worker Counsellor Case Manager Social Worker + Practice Teacher 	Brent

The interviews were conducted using a semi-structured format where we had some specific questions to cover, but the answers were open ended and further questions

¹⁴ London Borough of Hammersmith & Fulham

were asked depending on specific answers in order to investigate and develop themes.

Interviewees were also assured that their names would remain confidential and it is hoped that this encouraged more honest and open discussion. However the interviewees did consent to their job functions being identified. To maximise confidentiality any interviewee quotes used in this report have been anonymised.

From the interviews, some very clear themes emerged at a very early stage and it was found that many subsequent interviews served to emphasise and clarify the core themes that were present from the start. The core themes which emerged from the interviews are discussed below.

Remit driven culture

“Our primary focus is on child protection within the family unit.”

“When dealing with cases, we have to apply the law which is very clear cut....”

“Teachers think their only remit is teaching”

Interviewees appeared to be very aware of the parameters of their remits when responding to domestic violence. Throughout many interviews, particularly with statutory agency staff, we were constantly reminded by interviewees that their focus is specific to children, or the offender, etc.

However, this did not come across when speaking to staff who specialised in domestic violence itself (i.e. IDVA and police CSU officers). These staff recognised that their remit was broader to account for all the issues presented by victims of domestic violence and their children. Possibly connected to this was what appeared to be an overwhelming personal responsibility as staff were aware of the continuing needs of the victims but unable to respond to them due to capacity issues.

“As the [worker in the case] my name is on every file and I feel a personal responsibility for that case.... when I was [providing front line response] I could go home and relax, but now our workload makes it harder.”

This appeared to be further exacerbated by the remit-driven culture of the agencies as a whole. There was a conflict experienced by workers that they were working for a very remit-driven organisation, but were unable to adopt an attitude in keeping with this.

“The [organisation] has to fit everything into a small box and it’s all about smashing square pegs into round holes.”

“Child protection is the first priority always as children don’t have the ability to protect themselves. Domestic violence would be on a par with that priority wise. The two go hand in hand, you can’t separate them, but we have done that.”

There appeared to be a further important conflict in relation to this remit driven culture. There was a desire and expectation that despite their limited remit, the action that is taken by workers should stop the domestic violence happening. This was often manifested by a sense of frustration that victims were continuing to suffer from the violence despite them being given a service by the agency. For example, there was frustration that the violence did not stop after the victim had been rehoused, or that the police involvement (often resulting in arrest in accordance with the positive arrest policy) had not deterred the perpetrator from being abusive or using violence.

Interviewees did acknowledge that issues surrounding domestic violence were not concentrated to one particular agency but spanned several agencies. This recognition at times manifested itself by feelings that information and tasks were being “off loaded” onto other staff members to deal with. For example, it was felt that workers first encountering cases of domestic violence were aware of the broader issues and needs of the victims and rather than having the capacity to respond as best they could, they “dumped” all the information in a referral form so that many tasks and responsibilities are passed on to other departments of agencies.

The importance of this remit driven approach is highlighted when considering the impact that it can have on the feelings of workers, the service they provide as individuals and subsequently the overall response of the agency. This was also reflected in the feeling expressed by many interviewees that the role of the initial response is integral to the whole process and experience.

There was a strong feeling among interviewees that there are elements of the entire process that can only be achieved or be effective if the initial response is performed well. For example, interviewees felt that the outcome of a case is strongly linked to the quality of the work of the police officers responding to the incidents, in taking photographs and taking initial statements at the scene. It was also acknowledged that the response of the initial responding workers had a large impact on the victim’s overall experience. In fact, some interviewees expressed frustration that the effectiveness of their own work can be hampered by the response of police officers providing poor quality referral paperwork.

Linked with this was a feeling that asking the right, albeit difficult, questions at the right time was integral to an effective response. There was also quite widespread recognition that workers are not confident to proactively identify domestic violence by asking questions, or respond effectively to the answers.

“If they [workers] open a dialogue they have to respond to the emerging issues, so they just make a referral instead.”

There was also recognition that the complexity of domestic violence issues makes an effective response that much more complicated and this in turn adversely affects the service provided.

“No one really wants to go [respond to domestic violence callout]... and so it’s always Probationers who are sent out.”

Emphasis on early intervention

Early intervention appeared as a theme in two distinct ways. Firstly, the importance of intervening early on in a case of domestic violence was emphasised in the interviews. Secondly, intervention work with children and young people was felt to be of high importance by many interviewees in order to prevent domestic violence.

“We deal with violence every day and are very conscious about risk and violence... the earlier you get in, the better.”

Interviewees overwhelmingly recognised the importance of intervening early in cases of domestic violence. However this appeared to be largely felt in relation to the limitations of what they were able to do. In other words, there appeared to be a feeling that what they were able to do for the situation was limited by the fact that it was too late because most staff were responding to domestic violence at the point of crisis. This led to feelings of frustration among the interviewees.

“How can you solve something as intrinsic as domestic violence? It starts so early at childhood by witnessing it that it’s embedded. You’re losing a big battle at the start of the war.”

“Housing within the domestic violence problem is a plaster which patches things up.”

The role of low self esteem seemed to factor in opinions relating to the ability of victims to help themselves. Interviewees also recognised an important ‘after-care’ element that needs to be addressed and that victims should be a greater part of the process.

The emphasis on early intervention and after-care meant that domestic violence was recognised to have ‘stages’ in the effect it has on survivors and the stage at which the agencies were required to respond. There was specific emphasis on the early stages when intervention could actually prevent domestic violence. In turn, there was also clear understanding that there is a crisis point and it is at this stage that most agencies will become aware of the domestic violence. Thus the ‘stage’ affects the extent to which the service can help.

“There are different levels of domestic violence; from the past or the present, but we can only talk about what’s happening now.”

There was also recognition of the need for a level of ‘aftercare’ to deal with the effects of the experience of domestic violence, but also to prevent future abusive relationships.

“Resources are needed to help women for their own issues. Interventions come after the damage has been done. The core of the problems is never dealt with and the cycle, as well as the file grows and grows.”

The role of the victim became an interesting debate throughout the interviews. In particular frustrations surrounding victim’s ability to “help themselves” appeared to lead to negative feelings from some interviewees. Victims’ lack of ability to help

themselves was sometimes (mis)understood as a lack of willingness. Some interviewees did express frustration that they were being given responsibility to protect victims and create a safer environment, whilst the victims were felt not to be expected or compelled to share the responsibility.

“You have to want to help yourself for others to be able to help you. We can work until we’re blue in the face but still not solve the problem. We can’t force a separation [between victim and perpetrator].”

“Agencies are all trying to take over and make her safe but she needs to be responsible for her own safety. She needs to be encouraged to make responsible decisions.”

This theme is important as the feelings of staff towards their clients, as well as their understanding of the reality of their clients’ situation is bound to influence the way in which staff deal with clients. Thus negative feelings towards clients are likely to have an adverse effect on the relationship between the staff and clients. Experts from the domestic violence sector feel that training on the dynamics of domestic violence significantly and rapidly alters this widespread feeling.

The second way in which early intervention was highlighted by interviewees was in relation to working with children and young people in order to prevent domestic violence from happening in the future.

“More work is needed with children so that you can change the chain of violence between generations.”

“There should be more service provision for teenagers ... to focus on relationships and how men should treat women and how women should respond.”

“Generally there is more scope for services or groups for children and non-abusing parents. At crisis all they can think about is basic safety but once this is addressed there is room to help people rebuild their lives.”

Specialist domestic violence services are valued

There was widespread acknowledgement from interviewees that specialist domestic violence services are essential but limited access is a problem and referrals systems are unclear or hidden.

The presence of a domestic violence specialist working within an organisation is also very valuable as staff are able to confidently refer a victim to an expert to deal with the domestic violence specifically.

“[the domestic violence specialist]...can take over the longer term care, which releases us to respond to the emergency.”

“Outreach work is beneficial to clients as they often would like more time which we can’t give.”

So the specialist domestic violence agencies are seen as essential in co-supporting the clients through the crisis periods of domestic violence, but also seen as integral in providing after care during the recovery process.

Whilst the existence of specialist staff and agencies was overwhelmingly positive, there are also implications to consider. Firstly, there is a danger that employees are encouraged to 'dump' issues onto the specialist to deal with, and thus are not responding effectively themselves, even when it is possible to do so. If the specialist is on annual leave, or leaves due to lack of further funding, a vacuum is created and the response to clients is affected.

Secondly, specialist staff members within organisations did report feelings of frustration and conflict as they are often working to different values and priorities to the organisation within which they are based. This further created a feeling of isolation and loneliness for the specialist and on a wider scale this would have an influence on staff morale.

“First and foremost I am an advocate working within the statutory sector. I have to be two people and am trying to do a balancing act to ensure that housing are staying on the side of legality and working for the client’s best interest.”

The value of specialist services was certainly not understated by interviewees. However unfortunately it was also commonly felt that there were not enough specialist services relating to domestic violence. There were a number of areas where interviewees wished to see more service provision. Aside from services geared to tackle early intervention (as discussed above) these included more provision for refuges, perpetrator programmes and specialist agencies to deal with female violence against men.

In instances where interviewees were aware of specialist services in the boroughs, they were frustrated that there were restricted referral routes to such agencies which meant that they were not always able to refer their clients.

Training

The issue of training was a strong theme throughout all the interviews. In particular, it was shocking to discover that very few of the statutory agency staff had had training on domestic violence at all. In fact, most of the specialist domestic violence training that had been received by interviewees was previous to the current role and the training had been provided by the voluntary sector (for example by Refuge or Women’s Aid).

Many interviewees commented that the vast majority of their knowledge came from practice in dealing with issues of domestic violence.

Sometimes it was felt that even very thorough training was counter productive. For example, one interviewee felt that their organisation gave training based on the 'ideal' where resources were unlimited in order to give a maximum effective response. The fact that the reality of the staff workloads did not match the ideal upon which the training was based not only rendered the training less effective, but

also led to the view that the organisation were laying more responsibility on the workers:

“It’s almost like they [the organisation] are saying ‘we’re giving you this so that if it goes wrong we can say that we told you.’”

“There are many changes going on that we don’t hear about until we put it on [computer system] and then it bounces back asking us to do something new.”

In light of the significant lack of training, particularly for statutory agency staff, it is not surprising that interviewees felt they would benefit from more training dedicated to domestic violence. Some felt that it would be useful to hear about what other boroughs are doing to get an idea of best practice. It was recognised that training would encourage workers to identify domestic violence more proactively and allow earlier intervention.

It did at times appear that training was more sought after than offered in relation to domestic violence. Some interviewees stated that perhaps they had received more training because they had proactively offered themselves to receive it. This in turn made them seen as the domestic violence ‘champion’ by their colleagues and in one case this led to the interviewee actually running workshops to train her colleagues in the dynamics of domestic violence. Whilst this is encouraging, it is important to emphasise that such people actively volunteered for further training due to a specific interest in issues of domestic violence. It remains true that perhaps those who are less ‘interested’ in the topic are also less knowledgeable about it, and this is likely to be reflected in the service they provide their clients.

Information sharing and identification

The lack of specific training in domestic violence contributes to the lack of identification of domestic violence. Most interviewees stated that they only really knew they were dealing with domestic violence if it was categorically defined as the primary issue. So for most agencies domestic violence must be disclosed directly by the victims in order for it to effectively factored into the service provided. In many cases it is up to the client to make the definition and to communicate this to the agency at the right time. For example screening officers, who are the first point of contact for clients presenting as homeless, will define domestic violence as an issue only when the client states that is the reason she/he is presenting at the agency. Once it has been defined, this instigates a referral to the domestic violence advocate within the department. This fact is likely to affect the experience of the client, who will have to disclose the domestic violence from the outset (and often not in private) in order to be seen by a specialist. This system is also reliant on the ability and willingness of the client to make such a disclosure.

There are often other issues which victims of domestic violence might be experiencing which are at worst caused by domestic violence, but at least correlated to domestic violence. Lack of direct disclosure by the client to agencies, and the lack of training of staff to recognise correlating factors of domestic violence mean that often the subtle signs of domestic violence can be overlooked.

Some of the interviewees were aware that certain signs could indicate domestic violence. In such cases, the role of schools appeared to be very important in identifying the indicators of domestic violence through the behaviour and disclosures of children witnessing or experiencing domestic violence. Unfortunately this was manifested by interviewees being frustrated that the opportunities to identify domestic violence were discovered retrospectively. For example, a serious incident of domestic violence resulted in a referral from police to Children's Services. As part of the assessment the school of the children was contacted. At this stage the teachers indicated that there were previous subtle signs of domestic violence, but in themselves they did not seem to warrant contact with Children's Services. This created a sense of frustration that the school could have enabled Children's Services to intervene sooner and perhaps prevented the serious incident. The importance of such issues was not understated by interviewees, as demonstrated in the quote below.

“Those [subtle signs] are the little indicators... that's how the picture comes together.”

Interestingly, during one interview we asked the interviewees to give an estimate of the proportion of their cases which involved domestic violence. They initially gave a very low percentage but throughout the interview as they were talking about domestic violence in their work they realised that in actual fact domestic violence was present in many more of their cases than they had initially thought. This might suggest that even when the signs are not so subtle as to be invisible to workers, domestic violence does not always appear to be a key factor in some cases.

The issue of information sharing was covered in the interview questions. There was little evidence that information sharing was systematic but rather done on a case by case basis, if done at all. Most interviewees commented that getting information from other agencies was often a time consuming task. For example many interviewees mentioned that information needed to be requested in writing which took time, and they lacked confidence that the request was being acted upon. This appeared to be the case both in relation to the sharing of information between agencies, and on an internal basis as well. Particularly when cases are transferred (e.g. same organisation, different area), information sharing can be problematic.

There was also a feeling that practitioners might fear sharing information due to data protection issues. Those interviewees who appeared confident to share information appeared to either do so by consent, or due to the presence of children. Thus if the client was aware that the information sharing was happening the practitioners were much more comfortable in sharing the information. One interviewee felt that her colleagues had the perception that clients would object to information being shared and that was the justification to not share. However she stated that in every case where she has advised the client that the information will be shared, she has been met with relief rather than objection from clients. Thus she felt that the issue was related to training staff to be confident in explaining to clients why information should be shared.

Another important aspect affecting whether information is shared related to rules by which practitioners are required to abide. Staff working with children appeared to be

much more confident to share information and attributed this to the fact that they had a legally clear and overriding responsibility to share information when there is a child potentially in danger.

“If other agencies are getting information about domestic violence maybe there should be better channels to report to police. Without such information we can’t act.”

It did appear that there were quite vast differences in practice across boroughs. For example in one borough housing officers have domestic violence incorporated within their initial checklist of information to gather from a presenting client. It was also commented that one borough included in their terms of reference both medical and social wellbeing, and this meant issues of domestic violence were incorporated into generic procedures.

Discussion of findings

Examination of the data resulting from agency database searches and survivor questionnaires produced a wealth of information and insight into the help seeking of victims of domestic violence. Interviews with front line workers facilitated an extremely valuable understanding of the motivations and difficulties of staff when dealing with domestic violence through the course of their work.

Using the findings from the various exercises, we have selected a few core themes to discuss and with which to conclude the report.

I. Domestic violence is prevalent and spans several agencies

It is clear from the results of the database searches that various agencies are in contact with people who are experiencing or have experienced domestic violence. This would be the broadest conclusion.

The extent to which domestic violence in fact contributes to the likelihood of a victim being in contact with the agencies is more difficult to measure. We found that 64% of our sample were on the databases of agencies other than police, and had domestic violence identified by at least one of those agencies. This confirms that when domestic violence was identified as an issue, the agency realised it had to be factored into the response given to the victims.

Furthermore, it is commonly acknowledged that in families where domestic violence is present, other issues or problems are also featured (e.g. financial problems, alcoholism, etc.). As such domestic violence might be viewed as creating a 'ripple effect' of further issues and it is these issues that other agencies have to deal with (e.g. rent arrears connected with financial problems connected with domestic violence). So it may not always be clear to agencies and workers that domestic violence is a primary issue, however they are working with the result of, or issues strongly connected with domestic violence. This might be supported by the fact that school teachers in particular were witnessing the subtle signs or indicators of domestic violence, but not directly defining it.

The results of the database searches are compelling in themselves, however it is important to be reminded that our sample was taken from a police database and searches were targeted to those on the sample. Results from the British Crime Survey in 2005/06 showed that 74% of people who had suffered domestic violence within the last year told someone. However in only 16% of such situations were the police told about the abuse. The implications that this has for our research is that our sample comes from a relatively small number of people who are suffering domestic violence and seeking help from some source or other.

2. Identification & information sharing

A theme throughout the research was most certainly the identification of - or specifically, the lack of - domestic violence by agencies.

Where domestic violence was found to be identified the actual way in which it is flagged on internal systems may not always effectively alert other workers that domestic violence is a feature in the case. For example, we found that on Frameworki, of the 54 cases where domestic violence was identified in the case notes, only 4 of the records had a specific domestic violence flag on the front of the record so that anyone accessing it for any reason could see that domestic violence was identified. Since it cannot be assumed that staff accessing the record will delve into each area of the file in the course of their work, it is quite likely that work is being done and decisions may be being made without all the facts.

The number of agencies the victims were in contact with did seem to increase the likelihood of domestic violence being identified by at least one of the agencies. However, a key point which the research has demonstrated is that the identification by an agency of domestic violence in an individual case does not appear to increase the likelihood of another agency in contact with the same individual identifying domestic violence. Thus there is little evidence that information is being proactively shared between agencies. In fact, information sharing between agencies was an issue identified in the results of the research, as well in the process of conducting the research at all. The agency records do contain information with which to identify domestic violence, but unless this is shared effectively a multi-agency and coordinated response cannot be successfully achieved.

Furthermore, this might be another area in which staff are making decisions based on limited information, given that a number of agencies might be in contact with victims of domestic violence and not know about it. Five of the sample had contact with two or more agencies but domestic violence was not identified at all.

By being able to examine the case notes from Frameworki, we were able to gain specific insight in the ways referrals are received, taken and responded to. With particular examination of the identification of domestic violence, it was found that there was no 'obvious' space in which issues of domestic violence could be addressed. The forms completed by staff on the system (for example initial assessment, closure records, etc.) appeared to be segmented into broad themes / subjects (such as educational needs, family composition, recommendations, etc.) and also appeared to function as a check list for areas to complete. The stark absence of domestic violence as a theme, or direct question meant that often it appeared to have to 'fit in' to other areas of the form. As a result, some of the information pertaining to domestic violence might be omitted due to there being no obvious relevant location for that piece of information. Unless the referral was as a direct result of domestic violence (i.e. Merlin report from police), the fact that domestic violence was an issue at all could be omitted from the report and case notes.

The barriers which staff might encounter in relation to sharing information did come out of the interviews. It was acknowledged that staff may be fearful to share information, however many interviewees did state that the implications are much more serious if they don't share information than if they do. It was certainly

expressed that staff are more confident to share information when legislation dictates (i.e. in relation to child protection) and when clients consent.

Perhaps the issue was not so much the fear of sharing the information, rather the barriers and fears connected with asking victims for information in the first place. Several interviewees stated that they sometimes felt 'dumped' upon with limited information because other workers did not want to probe further with the victims. Whilst it was acknowledged that sharing information with clients' consent made it easier for workers, it was also felt that many workers approach the task of getting consent with apprehension and feel that the victim will not consent. In reality, interviewees stated, it was very rare for victims not to consent (rather, they were often relieved). This is important in considering training needs for workers to be more confident to ask the right questions.

The process of obtaining information from other agencies was certainly a sticking point, and several interviewees stated that it was often time consuming and laborious to get information from other agencies, and even other departments within the same organisation.

3. Use and availability of specialist services

In light of the emphasis made on the importance of specialist domestic violence services by agency staff, it is disconcerting that only 13% of the sample on Frameworki had mention of being in contact with an agency specialising in domestic violence. This is in light of the fact that 54 of the cases on Frameworki mentioned that domestic violence had been identified. Thus only in approximately 17% of cases where domestic violence had been identified was it mentioned that the client was in touch with an agency specialising in domestic violence.

There are several reasons that the referral rate appears so low on the records. Firstly, it is likely that, due to the lack of local training, staff are simply unaware of all the specialist agencies which exist in their area. During the interviews we found that whilst staff were aware of some specialist agencies, there were crucial gaps in their knowledge about the range of available agencies.

Secondly, when they were aware of the specialist agencies, they were also aware that the referral routes were restricted to certain cases or agencies. This did cause frustration among staff as they were aware of services to help but were unable to access them. This also had a knock on effect on the process of asking clients about domestic violence, in that workers were less keen to ask about domestic violence if they were not able to act on information by referring to a specialist agency.

Thus, not asking about domestic violence or proactively looking for the subtle signs might be as a result of the fact that many practitioners are not aware of specialist services to refer to. This is mainly because their perception is correct – there are not enough services to refer to. But there is also a lack of localised training to provide practitioners with as much information about the resources available as possible.

4. Domestic violence as a specific and significant criteria for action

The research exercise has demonstrated that cases involving domestic violence are like a jigsaw in that each agency sees a portion of the situation and when all the information is put together the picture is more complete, and perhaps more likely to be resolvable. This does demonstrate the wide ranging needs displayed by victims of domestic violence.

There are also many subtle signs of domestic violence that may be picked up by workers. However there appears to be a distinct lack of training within agencies, particularly in the following areas:

- To understand the subtle signs that domestic violence might be being experienced;
- To recognise the complexity of clients' lives and needs as well as the dynamics of domestic violence. Lack of such recognition leads to the judgements of practitioners being more cynical and in turn less effective.
- To be aware of the local procedures and referral routes (particularly in relation to specialist domestic violence agencies) for those in need to access further assistance relating to domestic violence.

The initial response was recognised by interviewees to be important in terms of the victims' experience, but was also seen to have impact on the later stages of domestic violence cases. For example, the behaviour of screening officers in the Housing department is important in allowing the victims to disclose domestic violence as a reason for presenting or an issue in their lives. The same could be said for police officers' behaviour when responding to a domestic violence incident, which could affect the victim's willingness to provide a statement. In addition, the initial investigation carried out by responding police officers can often contribute to the success (or not) of the case when it comes to the Community Safety Unit (e.g. photos being taken and other evidence being secured, as well as core parts of victims' statement or medical consent, etc.)

The distinct roles of practitioners dealing with domestic violence can be problematic for the practitioners themselves. This is even evident within the same organisation (e.g. police). Often it is different people who are providing the initial response, and the interviewees felt that this created a lack of continuity for both the victims and the workers. For example, it was felt that the quality of initial evidence gathering by responding police officers might be improved if the officers were more aware of the way in which such elements affect the latter stages of the case investigation. Equally, the responding officers sometimes felt that they were kept "out of the loop" in terms of discovering the outcome of cases.

Agency procedures and process are also integral to an effective response to domestic violence, particularly in relation to the identification and subsequently information sharing about cases. There was a recognition that practitioners find it hard to ask about domestic violence due to its sensitive nature. Questions about domestic violence on standard forms not only serve as an essential 'checklist' to remind staff to ask relevant questions. They also might allow more indirect questioning to be undertaken, particularly in relation to identifying those crucial subtle signs of domestic violence.

There was also indication that information sharing is considered to be significantly easier with consent from the victim. However many practitioners do not ask their clients for consent because they do not feel confident that they will agree and anticipate that they will want to keep it confidential.

Of course there is a simple answer to such practical issues, and that is in specialist training to target such sensitivities prevalent in issues surrounding domestic violence.

Speaking with victims about domestic violence is often influenced by the nature of the relationship between the practitioner and the client, and this is often relating to the job function of the practitioner. There is recognition that domestic violence is dynamic, and those workers who are able to build more of a relationship with clients over time find it easier to speak about domestic violence and factor it in to providing effective support.

This is also reflected in the fact that agency procedures do not allow for the complexity of domestic violence. The focus on remit is exacerbated by the fact that domestic violence is an issue rich in context and many agency functions, and procedures do not allow for this. This also means that cases are often not simple enough to fit an 'open-intervene-close' case model. There is a level of after care needed but remit and resources do not allow for this.

There was evidence of staff using other aspects of the victims' situation, where there is more of a direct solution to assist with the domestic violence. For example, legislation in relation to children and child protection makes it easier to act on the domestic violence, or if the victim has a disability then it becomes easier to find them respite in care home, etc. So other vulnerabilities or issues can help staff deal with the domestic violence. However this does highlight that domestic violence itself continues to not be seen as a sufficient indicator of vulnerability.

Areas for further research

This research has highlighted areas where further research could usefully be conducted and could be used to expand on several areas. Ideas for further research include:

Survivor consultation

No one is better placed to tell us about the array of services accessed and how domestic violence is an influencing factor in seeking help than the survivors themselves. Whilst this research has included this to an extent, focus has been on examining how domestic violence looks to those whose remit it is to provide the help, i.e. the agencies.

The survivor questionnaires provided an extremely valuable understanding of how effective survivors find the agencies they approach, and further research in this area will always glean valuable information which agencies can use to improve their response to domestic violence. Thus, further work to discover the factors of an agency response which shape survivors' experience and satisfaction would be valuable.

In addition, it would be useful to examine the chronology of contacts with agencies by survivors of domestic violence so that we can develop our understanding of what influences survivors to contact a particular agencies at a particular time.

General database searches

Not having direct access to the agency databases also meant we were unable to assess the extent to which clients of each agency were identified as presenting with domestic violence. Our method of enquiry was limited to tracking specific people who had reported domestic violence to the police. Had we been able to conduct further database queries of the extent of domestic violence we would no doubt have uncovered a considerable amount of domestic violence related service being provided by the agencies. Police are possibly one of the last agencies survivors go to, yet we see the results as they are. What about all those people who don't go to police but do go to these other agencies?

Prevalence and costs estimates

Whilst initially it was our intention to be able to make estimates of prevalence and costs on a local level, we were unable to gather accurate enough data to do this systematically. Walby (2004) and Stanko et al (1998) adopt a model which associates costs with seriousness of incidents of domestic violence and in doing so demonstrate the wide range of effects and consequences of domestic violence (physical, emotional, effect on social wellbeing, etc.). This research has demonstrated how domestic violence is present in families alongside an array of other problems (e.g. problems with mental health, financial issues, underperformance and truancy of children, etc.). These issues are not directly defined as domestic violence but may well be closely correlated with domestic violence and would thus certainly reinforce the feeling that cost estimates surrounding domestic violence are grossly conservative.

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www.caada.org.uk (CAADA, Co-ordinated Action Against Domestic Abuse)

Appendices

Appendix A – Case Studies

Introduction

During the course of this research it became apparent that domestic violence was often a theme within the complex lives of families who were struggling within society and providing significant challenges to the caring agencies. Some of the examples of these families were very disconcerting and it was felt that the reality of their situations could inform the deliberations of those making decisions in the future about new approaches to old problems. No one case is typical although all have some similarities. For each of the case studies we have used there are countless more who are experiencing similar issues.

We would want to stress that there is no criticism intended, nor should it be construed by the inclusion of these examples of real lives. The research proved time and time again that frontline workers are dedicated and conscientious in their duties. The case studies merely seek to highlight the difficulties they and their organisations face daily.

The case studies were taken from a variety of different sources from the information gathered during the course of this research. The names have been changed and some other detail in relation to the subjects' personal circumstances, so as to keep them anonymous.

Case study I - Katherine

Katherine has 5 children, born within a decade of each other. Her youngest child also had a child when she was 18 years old.

Katherine suffered domestic violence at the hands of her partner for some years. He also abused Katherine's children and as a result some of Katherine's children were subject to care orders from birth. There were also concerns regarding sexual abuse of one of the children by a family member.

Katherine's children continuously presented with various issues, some of which were serious enough to result in police involvement. Her eldest was arrested for shoplifting, had reported absence from school and was reported to be 'out of control.' Another child was convicted as a youth for burglary. Children's Services had also received reports from the school of one of her children who were concerned that the child had become withdrawn and suspected it might have something to do with the family's home life.

On several occasions it was necessary for Katherine to approach Children's Services for financial assistance to pay for food, heating and electricity. She had been refused for a social fund loan from the Dept. of Social Security. She had also been refused a bank account which made it difficult for her to collect her Child Benefit payments, exacerbating her situation further.

She eventually reported the violence to the police and in 2006 her partner was prosecuted after an incident involving and weapons which he used to threaten Katherine and her teenage children. Katherine made a withdrawal statement in which she stated that she was in ill health and her partner (the offender) was her carer. The case was dropped as no further evidence was offered by the Crown Prosecution Service.

Katherine and her family went to stay with a family member at one point as Katherine reported that they were unsafe and threats had been made against her and her family (the file does not say who the threats had come from). She approached Children's Services for help getting accommodation as it was overcrowded and she was having difficulty in coping. A referral was made from Social Services to Occupational Therapy for a housing assessment to be carried out. Katherine had her housing application declined. The family subsequently moved outside London and were staying in a Bed & Breakfast the conditions of which were very poor.

Katherine started to have significant problems with her youngest child; Children's Services received a referral from the child's school teacher in relation to lateness and attendance. A report was then received from police indicating that Katherine's home had been raided and firearms were found, a result of which the child had been arrested.

Katherine then developed a tumour and started suffering from depression. Her condition was confirmed to Children's Services by her. At this time Katherine was on income support and lived in temporary accommodation with her children. Katherine's mobility became restricted and abusive partner was her carer. She was also showing lack of motivation due to her illness.

Katherine's youngest child then gave birth at the age of 18. Notes on the record of the child indicated that she too had a violent partner and a "bad life story." It was also mentioned that the father of her baby was also Katherine's partner (the child's stepfather). The child came to notice of police on several occasions, and referrals were made to Children's Services from the police Child Protection Unit due to domestic violence against the child from her partner. A strategy meeting was held where it was stated that none of the family were engaging with Children's Service. A decision is made that a Section 47 enquiry be made in relation to protection of Katherine's grandchild and domestic violence is defined as a risk factor.

During home visits by Children's services, Katherine's child discloses being in fear of her partner if Children's Services become involved. Her partner was known to police for drugs and violence against her.

Ongoing contact was made between Katherine's daughter in relation to the care of Katherine's baby grandchild and Children's Services. Various home visits are made in which Katherine's daughter's relationship with her violent partner is discussed and appears to be 'on and off.' A Child In Need meeting takes place, the result of which is that there are no concerns in relations to baby's health and the family's case is subsequently closed.

Case study 2 - Susan

Susan had 5 children within a 15 year period. She suffers from a condition commonly caused by alcohol use. Several contacts were made between Adult Social Care and Susan's GP in relation to her condition and physical needs. Whilst her case was open she also underwent two serious operations. She had been a victim of robbery near her home and as a result she did not leave the house and suffered from depression.

Susan suffered domestic violence at the hands of her husband for several years. Police had been called out on a number of occasions and Susan's husband was charged with assault against her. One of Susan's children was present at the time although police had no welfare concerns.

A neighbour of Susan's contacts Children's Services with concerns about the family, reporting hearing constant arguing and strong verbal abuse towards the children from the parents. Susan's eldest son also started to become violent towards her as well. He was admitted to hospital for mental health issues and was placed on an enhanced Care Programme Approach.

Susan had mentioned to one of the nurses during a hospital visit that she was suffering from violence from her husband and that she wanted him to leave. She stated that her husband was violent towards her but not towards the children. The family live in a shared tenancy property.

The family's Health Visitor had also contacted Children's Services stating that the family are in need of a break / holiday. The Health Visitor reported that both parents are on income support and child benefit. Susan had disclosed to the Health Visitor that one of her children was molested several years ago by a family friend went to prison. The same child was being bullied at school. Susan stated that she herself was a victim of incest and attempts are being made to refer her to an Incest Survivors Group.

Several of Susan's children had become known to the police. Her eldest child had been convicted at the Youth Court for various offences and was put in touch with the local Youth Offending Team (YOT). The same child was later returned to court for and re-offending but failed to attend a training session and had not been seen for a number of days by the YOT. As a result the police were informed and their Child Protection Team contacted Children's Services requesting support for the family and a Child Protection Order was placed on the child. The child was found to be sleeping rough after being beaten by his father and locked in a small room for hours. A neighbour had brought the child to the police station and stated that the child was also beaten by Susan. The child was placed in emergency accommodation.

Her second eldest child, when stopped by police for being in the company of a missing person had expressed fear to police of beatings from his father. When Children's Services contacted the father he became very hostile towards the Social Worker and the child was placed in foster care for the night.

Susan's youngest child was addicted to drugs and had been sent to prison. On release the child was given a Drug Treatment & Testing Order (DTTO). However

the child attended on only two occasions and self discharged. Having also been excluded from school the year before, a report was received by Children's Services from the child's school that the child had rarely attended the Pupil Referral Unit since coming back to school.

Susan had made contact with Children's Services stating that her husband was claiming income support for her and the children, and that he had signed off the previous week. Susan stated that she had made a claim but no paperwork had been found and Susan had no money. The Dept. of Social Security were asked to fund the claim.

Did you contact or visit any of the above agencies as a result of domestic violence you were suffering? (please circle) YES NO

Would you say that domestic violence was the primary reason for you contacting any of the agencies? (please circle) YES NO

Did you tell any of the agencies you had contact with that you were suffering from domestic violence? (please circle) YES NO

If you did contact any agencies as a result of domestic violence, which agencies did you seek help from specifically? (please circle Yes or No)

How helpful did you find the agencies? (please circle using scale where 1 is not unhelpful at all and 5 is very helpful)

	Sought help from agency?		How helpful did you find the agency?				
	Yes	No	Not at all helpful	←————→			Very helpful
GP / Doctor / Nurse	Yes	No	1	2	3	4	5
Accident & Emergency	Yes	No	1	2	3	4	5
Other medical establishment (i.e. Walk In Centre, Family Planning, etc.)	Yes	No	1	2	3	4	5
Housing Association	Yes	No	1	2	3	4	5
Social Services	Yes	No	1	2	3	4	5
Benefits Agency	Yes	No	1	2	3	4	5
Solicitor	Yes	No	1	2	3	4	5
Police	Yes	No	1	2	3	4	5
Voluntary Group / Service (i.e. Women's Support Service, Victim Support, Citizens Advice, etc.)	Yes	No	1	2	3	4	5

Thank you for your answers. If you have any questions or comments about the contents of this questionnaire, or the research being conducted, please contact Tanya Allen at Standing Together (020 8748 5717) or email t.allen@standingtogether.org.uk.

Appendix C

Agency grid – results of database searches



Agency grid -
database searches.xl

Appendix D

Agency grid – agencies mentioned on Frameworki database (Children's Services / Adult Social Care)



Agency grid -
Frameworki.xls