

# Completing the Jigsaw

## *Help-seeking by survivors of domestic violence: What's the problem?*

A research study by Standing Together Against Domestic Violence

### What our research shows: The Facts

- Domestic violence is **a common factor** in the lives of large numbers of people accessing the statutory sector and is almost always allied to other significant social problems.
- Domestic violence is often **not identified** as a factor in the lives of victims who are seeking help for a variety of issues – but so often it lurks in the background as a key factor.
- The **statutory sector are not sufficiently trained** to deal with domestic violence in terms of the dynamics, identification, response, or referral pathways – where they exist.
- **Information sharing does not take place** to the extent it should amongst agencies all dealing with the same family.
- **Earlier intervention** at the pre-crisis stage is both essential and likely to be less expensive but relies on effective training, identification and information sharing.
- **Specialist services** are valued very highly but are insufficiently funded to meet demand.

### Introduction

Standing Together Against Domestic Violence believe that effective responses depend on knowing the scale and characteristics of domestic violence to inform best partnership practice. In 2007 Standing Together were commissioned by London Councils to undertake research into the extent of help seeking by known victims of domestic violence across various statutory and voluntary agencies.

This report, of which this extract is a summary, is now available on the Standing Together website ([www.standingtogether.org.uk/publications](http://www.standingtogether.org.uk/publications)) and gives 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 it has not been recognised. The research supports the assertion that 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.

There are very clear lessons to be learnt from this research which we believe would be applicable in any domestic violence partnership context. These are discussed in slightly more detail below and at greater length in the full report. Whilst there will be remarkable similarities in the problems facing such domestic violence partnerships, their structures, policies and funding arrangements will all be different. For this reason we make some broad recommendations and points which we feel must be addressed.

**STANDING  
together**  
against domestic violence

By Tanya Allen & Anthony Wills

## Executive Summary & Recommendations

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### The research

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.

**The research supports the assertion that this crime often remains hidden 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.**

### 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 response 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 enquiry 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.

**Of our sample, all of whom had been victims in police incidents of domestic violence, 36% had been in touch with other agencies who had not identified the domestic violence on their own databases...**

## 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, demonstrating 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 programme 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 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](http://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.

## Key Findings – the facts behind the recommendations

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### 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.

**90% of survivors had some form of contact with the health sector and 44% of these stated that the contact was as a direct result of the domestic violence**

### 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 culture:**

- 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.

## Methodology of study

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Several methods were used to conduct this research, as follows:

### **Searches of agency databases**

Our operational partnership with the Police enabled us 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 database. We took a random sample of 100 people from people involved in police incidents within an 18 month period.

The databases of several statutory agencies were searched by suitable personnel and in the case of one agency, Children's Services, direct access was given to the researcher for their main 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 of Hammersmith & Fulham.

### **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.

### **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.

### **Example case studies**

Using information from police data and the Children's Services / Adult Social Care database (Frameworkki), 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.

### **Problems with access**

Problems in gaining access to agency data, and in some cases to agency staff was experienced to a high degree. 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.

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. Even in the one borough where we were able to search agency databases, we were unable to access most 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 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 to have questionnaires completed by survivors from two London boroughs. This highlighted the high level of contact from victims of domestic violence with the health and other sectors, and thus the crucial role all the agencies in responding to domestic violence.

The full research report is available on our website ([www.standingtogether.org.uk](http://www.standingtogether.org.uk))

Please credit **Standing Together** when using the research.



Phone: 020 8748 5717

Email: [admin@standingtogether.org.uk](mailto:admin@standingtogether.org.uk)  
[www.standingtogether.org.uk](http://www.standingtogether.org.uk)

Fax: 020 8748 5921

Room 44D, 4<sup>th</sup> Floor, Polish Centre, 238-246 King Street, London W6 0RF

Charity Number: 1088844

Company Number: 4283131

Registered Office as above