

# Raising the survivor Voice in Devon

A review of services for women experiencing  
domestic abuse across Devon


by

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for the ADVA Partnership

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Hope



**Thank you to Women's Aid across Devon and their staff for all their practical support and help with this study. Most importantly a huge thank you to all of the women who contributed by completing the questionnaires and taking part in our group discussions, we are very grateful to you for sharing your experiences and views so articulately.**

**It has been a privilege working with you.**

**This piece of work is dedicated to Michaela Manvill  
who died on 25th October 2005.**

Michaela was a fabulously strong, spirited woman who had lived with domestic violence and abuse for 12 years before escaping and discovering a life free from abusive power and control. She inspired hundreds of people in Devon by speaking out in public, notably at the Domestic Violence Conference in Dawlish on 27th November 2003 in front of 200 people including the Rt Hon Harriet Harman QC, MP and Solicitor General. Her words were spell-binding and penetrating. She had survived. She wanted others to find the chance to do the same.

*The survivor*

*I've been punched, I've been kicked.*

*I've been slapped, I've been hit.*

*But I survived.*

*I've had cuts, I've had bruises.*

*Used all kinds of excuses.*

*But I survived.*

*I left home, felt alone.*

*Had no-one to phone.*

*But I survived.*

*I shed weight, I shed fears.*

*I cried buckets of tears.*

*But I survived.*

*I made a new start.*

*Fixed my poor broken heart.*

*And I survived.*

*I got a new life.*

*No more trouble or strife.*

*And I survived.*

*But now my body's repaired.*

*And I'm no longer scared.*

*Because, I am the survivor!*

*(Michaela)*

Michaela's loss is felt deeply by her family and friends. Her courage will always be remembered.

This dedication is sent with love from all those who were moved by her.

*Hope*

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# RAISING the SURVIVOR VOICE in DEVON

## Executive Summary

### Introduction

In Spring 2005, ADVA (Against Domestic Violence and Abuse in Devon Partnership) funded an evaluation of survivor views of services across Devon, this work was co-ordinated by Philippa Chapman (who had previously worked on the SEEDS project in South Somerset). The six month study aimed to engage survivors from across Devon in working on all aspects of the study. Throughout the project they were involved in developing and distributing the questionnaire, analysing the returns and being trained in presentation skills. The results will be presented at the ADVA Conference in November 2005 when we hope the challenging issues raised for local service providers will be heard and responded to.

This is only the first step in involving survivors in the planning and development of services in Devon. Work from the SEEDS study in South Somerset has shown there is tremendous scope for survivors to directly influence the delivery of services, we are optimistic that the Devon project will achieve similar support and lead to equally exciting developments.

### Methodology

During this six month study four groups of survivors in South Devon, West Devon, North Devon and Exeter met three times to: identify the issues which they wished to be included in the questionnaire; discuss the distribution arrangements and take responsibility for addressing this locally; and analyse different sections of the questionnaire. Representatives from each group also reviewed the draft report and attended a training course on presentation skills.

In total 89 questionnaires were returned, many of which contained extremely detailed and considered responses, we are so grateful to all the survivors who took the time to do this, many of whom had clearly found the process emotionally challenging and difficult. It is important to note that wherever possible support was offered via Women's Aid to survivors completing the questionnaire.

### Conclusions

The most dominant feedback throughout this study has been the invaluable role of the Women's Aid services. Although it is recognised that the majority of respondents were identified via Women's Aid and this will influence the results, all returns were anonymous and women were still able to openly criticise and honestly comment on any of the services. However the feedback for the refuges/ safe houses, outreach work and Pattern Changing courses have been extremely positive, with many affirmative comments made regarding the outreach work and excellent feedback on the power and influence of the Pattern Changing programme.

*'Women's Aid have been an absolute rock and continue to be. I have had many hours of support, through some of the most horrendous times of my life. Unstinting care and concern has continued throughout'*

For all other services, consistently positive feedback was received where individual professionals were:

- sensitive and non judgemental
- informed about services and appropriate referrals made
- aware of the impact of domestic abuse on children

With regard the initial contact this was demonstrated when professionals asked about abuse, believed what they were then told and acted appropriately with a relevant referral. Positive feedback was received about individual midwives, police and health visitors responding in this way, but unfortunately there were many examples given where key front line services such as GPs had responded to initial concerns with a lack of understanding or indeed interest.

*'One doctor said what adults get up to between themselves was of no concern of theirs – they were only interested in medical matters'*

In terms of overall experiences feedback varied significantly between agencies and within Devon. The most positive feedback was for GP services, Health Visitors, Police and the Domestic Violence Police Officers (DVOs), although within those areas Health Visitors still had lower satisfaction ratings than might have been anticipated as did the DVOs. Many women had experience of Housing departments and Social Services and the levels of satisfaction varied widely, but with the greatest proportion reporting low levels of satisfaction. Although in part the concerns reflected a lack of resources and limited availability of services, criticisms were strongest when the attitude of staff had been unhelpful or insensitive or completely lacking in understanding about the nature of domestic violence.

*'Very dismissive, patronising, believed abusers sob story – didn't want to get involved'*

One of the biggest concerns arising from this study has been the lack of support for children. The vulnerability of children due to their mother's isolation and fear of being caught up in an abusive situation was palpable, as were their deep seated fears about the long term impact on their children of living in abusive situations. Yet only 30 % of women had been offered support for their children without asking and in the vast majority of cases this was from Women's Aid services (particularly North Devon where a generic children's worker had been employed) and not the statutory sector. By contrast 64% of women had asked for help with their children and received very mixed responses. All of the Devon groups who actively participated in this study believe the lack of understanding about the impact on children and the lack of associated services, to be the most significant gap in services dealing with domestic abuse. Unless additional investment and commitment is made towards providing an effective response for these children then levels of domestic abuse will continue to increase.

*'The children are my biggest concern. My oldest son – 16 – refuses to see his father now and is very angry about the abuse he witnessed his father give me. He is also suddenly angry that no-one has listened to him, accepted his witness statements or asked him what he wanted to do about the situation. He is so angry that he is now becoming abusive...'*

One of the most significant findings from our research was the range of difficulties which women faced, not just in leaving an abusive relationship but in moving on to an independent and secure life. Over 50 % of the women had to permanently leave the family home as a result of the abuse, often away from family and friends, creating enormous turbulence for themselves and their children. In addition 61% had continued to be abused by the perpetrator resulting in deep rooted fear and anxiety and heightened vulnerability with regards the children being caught up in a complex,

manipulative relationship. Alongside these problems women experienced pressure to return (often by 'well meaning' individuals as well as the perpetrator), financial hardship and a lack of confidence. In developing their understanding of domestic abuse it is vitally important that the mainstream services recognise the ongoing pressures on women, and do not assume that once they have left an abusive relationship that no further support is needed; if anything the opposite is the case.

*'GP referred my child to the child psychologist (before I left) but cancelled the referral when I left for the refuge 12 miles away – child psychology department is the same for both areas'*

Somewhat unusually the issue of confidentiality was raised in several instances throughout this study. Three specific instances were reported where a GP, Social Services and the DSS all disclosed information which resulted in survivors either being assaulted or being extremely scared. When the question was asked in this study about how services could be improved it is therefore perhaps less surprising that several survivors stressed the importance of respecting confidentiality in order for them to feel comfortable disclosing abuse and seeking further help, one commented

*'Knowing that any information would be dealt with in complete confidence. I carried a card with a helpline number on it for years – but never rang it because it was a local number and I was worried that the person who answered might know me/ my husband'*

## **Recommendations**

Set out below are the broad recommendations based on the findings from this study, these will be discussed further at the forthcoming survivors conference in November 2005. It is hoped that these, combined with the conference feedback, will then form an action plan for the ADVA Partnership to take forward in improving and developing services across Devon.


**1.** Develop training packages for professionals for who Domestic abuse is not a specialism, involving survivors wherever appropriate, in order to:

- raise awareness about domestic abuse
- recognise domestic abuse, including the 'symptoms' and consequences
- examine and challenge myths and stereotypes
- confidently enquire about domestic abuse and respond competently to disclosures

**2.** Increase knowledge and awareness of domestic abuse amongst all agencies in understanding the 'moving on' issues and need for ongoing support.

**3.** Increase knowledge and understanding amongst professionals about the impact of domestic abuse on children, both in the short and longer term

**4.** Review the range of services available to support children living in abusive situations across Devon and the equitability of the distribution, with the aim of increasing the availability of services

- 
5. Explore areas of significant variation in service delivery across Devon with the aim of identifying good practice for replication and addressing poor practice.
  6. Develop work with survivors to: inform the planning and development of new services; act as a source for consultation; and participate as trainers.

*'Thank you for my voice – please use it'*  
(comment at the end of one questionnaire)

# RAISING the SURVIVOR VOICE in DEVON REPORT

*'I'm glad someone took the trouble to do this, it's nice to know someone  
wants to help in the long run'*

(written on the back of an envelope returning a questionnaire.)

## 1. Introduction

In recent years the terms 'Domestic Abuse' and 'Domestic Violence' have been heard more widely in the media particularly as Government begins to take responsibility for responding to this largely hidden crime. A multi-disciplinary approach is now being promoted as the most effective way of tackling domestic abuse. Devon ADVA (Against Domestic Violence & Abuse in Devon Partnership) is addressing the challenge with statutory and voluntary agencies meeting on a regular basis but there is a real determination to involve survivors much more in the review and planning of services.

Women surviving domestic abuse are 'experts' or 'professionals' by their experience but are often not formally recognised as such. Consequently, the eagerness of the ADVA members to involve service users in an evaluation of their service provision is to be applauded. Service user consultation is now commonplace in many fields of work, particularly mental health, yet a review of the literature has identified a serious shortfall in the number of agencies engaging in sensitive methods of development to consult, involve or devolve power to women service users in this field.

This evaluation commissioned by ADVA has therefore created a unique local opportunity. Not only does the evaluation identify service improvement opportunities from the perspective of women experiencing abuse, the women survivors participating in the work have begun to develop new skills and knowledge.

## 2. Background

In Spring 2005 the ADVA Survivors Forum invited the SEEDS group from South Somerset to give a presentation. The SEEDS group consists of female survivors of domestic abuse who have been running an evaluation project based on trained survivors interviewing other survivors about their experiences. Their report was published in November 2004 and the group have since received additional funding to continue with presentations, take part in consultations about service developments and participate in training events for statutory sector staff. The group have been co-ordinated by Philippa Chapman, a local consultant, since their inception.

The ADVA Partnership, already keen to increase the involvement of survivors in their work, were stimulated by the presentation to decide to conduct their own review, within Devon, based on a similar approach to SEEDS. Philippa Chapman was appointed to lead this work.

## 3. Aims

The Raising the Survivor Voice project set out to:

- Work with survivors in all 8 Districts to obtain their views about the effectiveness and value of local services for women experiencing domestic abuse

- Present the findings at the Survivors Conference in November 2005
- Generate interest amongst survivors in attending the conference
- Establish an ongoing survivors group(s) in Devon

However these aims are not an end in themselves, raising the survivors voice is only worthwhile if agencies are prepared to listen, and respond to, the issues raised. It is hoped that this work will be the first step in the development of more survivor orientated services throughout Devon.

## 4. Methodology

It is well recognised that domestic abuse is experienced by both men and women and within same sex relationships, however for this study we focused solely on women who had experienced abuse from a male partner. It is hoped that similar work will take place with male survivors in the near future.

This project had barely six months, including the summer holidays, in which to set up arrangements to both involve survivors and gather their views and we are extremely grateful to the support and practical assistance provided by the three branches of Women's Aid in North Devon, Exeter and South Devon.

The following methodology was adopted:

- identification of groups of survivors (predominantly by Women's Aid staff ) in South Devon; West Devon; North Devon and Exeter.
- initial meeting with each group to explain the study and discuss the issues which were particularly pertinent to be included within the questionnaire
- draft questionnaire circulated to all participating women for their comments
- final questionnaires taken to meetings in early July with all four groups for distribution via local networks
- questionnaires and saes also distributed via Women's Aid out reach workers, Victim Support, Mental Health organisations, Domestic Violence Police Officers and in a few cases, newspaper advertisements
- meetings with all four groups in September to review overall findings and analyse results
- training in 'Presentation Skills for the Very Very Nervous' for women from across all four groups

*Overall this process worked well but there were fewer replies than originally hoped for. However this is similar to the experience of SEEDs and confirms the value of personal contacts to encourage women to take the time and emotional effort (at a time when they will feel often overwhelmed and lacking in confidence) to complete the questionnaires. Every effort was made, with the survivors in each of the groups, to make the questionnaire as simple and as easy as possible to complete but nevertheless for many it is a daunting process both practically and emotionally. Where forms were handed out by Women's Aid volunteers or members of each of the groups personal support was always offered.*

*It is important to note here that in a few of the questionnaires that answers received were not always consistent with earlier responses; so consequently the groups occasionally had to reach a group judgement on interpretation of some data.*

## 5. Results

This study has generated a mass of interesting and powerful results across Devon and within individual Districts (please note this study was carried out within the 'new' Devon boundaries and therefore excludes Torbay and Plymouth). However the results for each District need to be treated with some caution, there is considerable mobility amongst women experiencing domestic abuse and the questionnaires have been completed on the basis of the District in which they are currently living, some may have referred to experiences elsewhere and not indicated this in their response. The number of responses from the Districts vary widely, comparisons are only included in the main report where numbers are sufficient to be significant and are calculated on percentages of the number returned. The complete set of results are included at Appendix 1.

### 5.1. Who we heard from

|               | 18-25<br>years | 26-40<br>years | 41-60<br>years | Totals    |
|---------------|----------------|----------------|----------------|-----------|
| Exeter        | 1              | 8              | 3              | 12        |
| East Devon    | 1              | 5              | 5              | 11        |
| Mid Devon     | 1              | 7              |                | 8         |
| North Devon   | 3              | 17             | 9              | 29        |
| Torrige       | 1              | 4              | 5              | 10        |
| West Devon    | 1              | 4              | 6              | 11        |
| South Hams    |                | 3              |                | 3         |
| Teignbridge   | 1              | 1              | 3              | 5         |
| <b>Totals</b> | <b>9</b>       | <b>49</b>      | <b>31</b>      | <b>89</b> |

Questionnaires were returned by 89 women living in Devon, the age and District breakdown is illustrated in the table.

The vast majority of women (85) were white British. A relatively high number of women (37 / 42%) had lived in a refuge / safe house (although our methodology of involving women via Women's Aid will have influenced this) and 75 had children under 18 years (a total of 158 children of whom 151 lived with their mothers).

Perpetrator occupation spanned a broad range of professions, 10 were unemployed

and many worked in the building trade and several were drivers of taxis, school buses etc. However they also included many highly skilled workers such as engineers, pilot, chartered accountant, retail store manager and computer consultant. One woman commented:

*'I never thought I would be in the position of where I am now. Domestic Violence is not about being poor, low cost housing etc, it affects us all. That's what I have found so humbling. I am a professional person as is my perpetrator. It doesn't matter if you appear to 'have it all' it still hurts. The stigma of Domestic Violence is hard to live with'*

Of particular concern was the high proportion of perpetrators working in the 'caring' professions, these included a GP, a hospital consultant, a social worker, an ambulance man, a CAB advisor, a teacher, a clergyman and several care support workers, of whom one survivor commented:

*'Because of his job (care home supervisor) he laughed and said that no-one would ever believe me, 'you watch me' he said'*

## **5.2. Initial Contact**

For many women, opening up in the first instance is a major challenge. Several expressed concern about the difficulties of opening up, recognising the severity of their situation in the first instance and then who to turn to for help:

*'It takes a lot for someone to tell someone else what is happening'*

*'I didn't open up at all (to GP), everyone knows everyone in a rural community'*

*'A lot of us like to keep it private, it is very degrading'*

*'When the abuse became so frightening I really did not know who to turn to. We had had problems 3 years previous when he was constantly drunk and verbally abusive. We, at that time saw a counselling service. All was fine for about 1 -1 2 years and then the abuse began again, this time like a dripping tap. The day he threatened to hit me was the turning point. I went to a solicitor and began divorce proceedings, from then in he made my life HELL. He would not let me sleep and followed me round the house, stood by me each time I was on the phone. Until in the end I phoned the Samaritans as I was at the end of what to do. They became my lifeline outside work, night after night I rang them then one evening the person I was speaking to suggested talking to someone from Womens Aid. They came to my rescue.'*

As part of this study we asked women about their views about the responses by different services (inside or outside Devon) when they first opened up to them about their abuse, but unfortunately many of the forms were completed with scores for all services and therefore it has been impossible in the vast majority of responses to determine any quantitative data. However from the comments provided it is clear that the main agencies first contacted were health professionals and the police.

Although much of our feedback about the overall service provided by GPs (see section 5.3.1) has been positive the comments made regarding opening up in the first instance have been far less positive.

*'I disclosed abuse (to GP) no-one helped. They think it's up to you, no knowledge of Domestic Violence'*

*'I wasn't asked about my relationship with my husband and didn't feel able to tell him because my husband used to be a social worker'*

*'Seemed embarrassed and reluctant to discuss, brought halt to conversation'*

*'Because of there being no physical sign of abuse felt my doctor did not believe me'*

*'He never helped me to recognise that what I was suffering was in fact domestic violence. He never signposted other agencies, he just gave me anti depressants and sent me to counselling'*

*'One doctor said what adults got up to between themselves was of no concern of theirs – they were only interested in medical matters'*

and, most worryingly

*'After speaking to a GP she then called my partner at the time to ask him, this in turn caused a further attack because I has spoken to someone about it'*

By contrast the comments about the initial contact with the police were largely positive:

*'The police were incredibly helpful and quickly referred me to the Domestic Violence Officer. They respected the fact that I just initially wanted to find information about what options I had, explaining about the Repair course and Womens Aid'*

*'The police were very helpful, they installed an alarm immediately'*

*'The police were the first people – 999 call, the officers were fantastic and very supportive'*

Similarly feedback regarding other health professionals was also good:

*'She (Health Visitor) put me in touch with Women's Aid – Thankfully, it was her that made me realise I had no life- he was controlling it'*

*'Midwife was first contact, as soon as I mentioned abuse midwife rang health visitor straight away and arranged a convenient appointment' (HV then referred onto Womens Aid)*

Overall concerns were raised about the lack of awareness amongst some professionals about domestic abuse and the services which were available and appropriate to provide support. Many comments were made which reflected the importance of agencies recognising abuse in the first instance and being prepared to ask appropriate questions and believe the answers. In common with the findings from the SEEDS study women did not expect the first contact to have all the answers or know everything about domestic abuse but they did wish to:

- talk to someone who recognised domestic abuse as an issue and would listen
- talk to someone who understood the impact of domestic abuse on children
- talk to someone who was aware of services and facilities

Survivors were also asked what would make women come forward earlier and the following suggestions were made:

- Knowing what help is available
- Being asked and believed

*'If my midwife hadn't asked me outright I wouldn't have said anything, so if GPs could ask more, health visitors, midwives etc'*

*'For everyone to notice that people like us don't tell. People should be educated in recognising the signs, especially Doctors'*

*'More people like GPs and A&E staff being more aware and asking questions in a sympathetic and non judgemental way'*

- They will be helped by empathetic agencies and not judged or stereotyped who will treat their information confidentially
- Support from women who have been through similar experiences
- Increased understanding / more publicity about the prevalence and nature of domestic abuse and where to go for help
- Knowing the outcome for the perpetrator via the police
- Option other than refuge, protection in home not just 48 hour restraint
- Less stigma abuse need not be physical

*'Clearly make out what can be done to help practically, safe arms to run to, to feel safe and secure enough to be able to trust someone with this information'*

However many survivors commented that the women have to want to come forward in the first place and will only do so when ready

*'Difficult to say as each case is so unique but I would imagine most women are too fearful'*

*'Nothing- each situation is different depends on the strength of the individual'*

*'I feel victims will only come for help when they are ready to building the courage to do so is very difficult'*

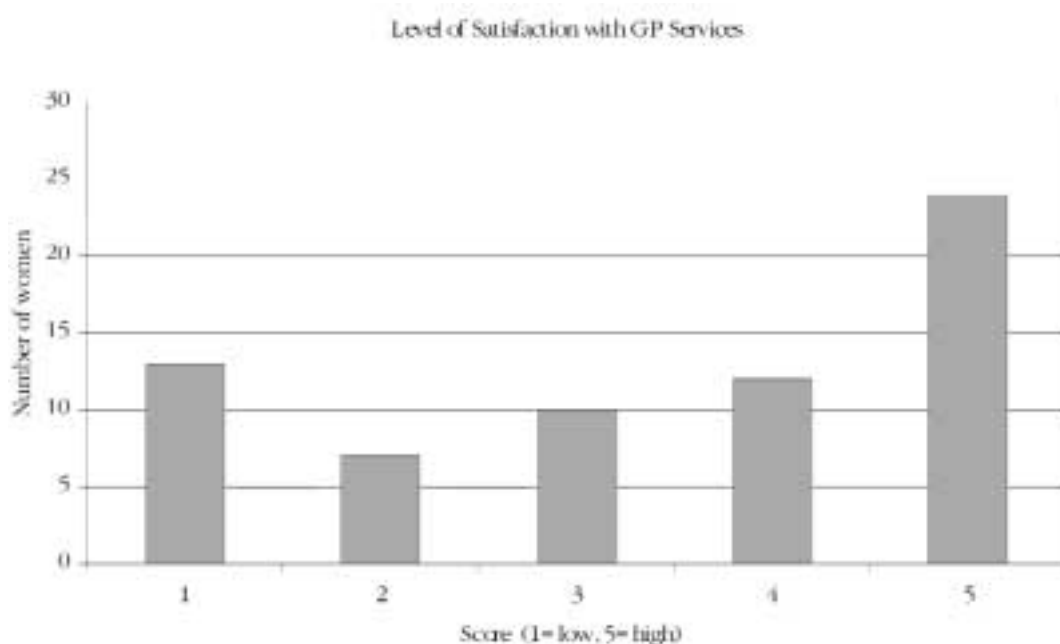
*'Difficult one. It's so individual but trying to break down barriers and get across to women that you will not be judged.'*

### 5.3. Overall Experiences

Women experiencing domestic abuse seek help from a wide range of agencies, often due to a lack of knowledge about which services are available and most able to provide help and support. In this study women had been in contact with 29 different agencies and their experiences with the main providers are described in the following sections.

#### 5.3.1. Overall experiences with GPs

66 (74%) of the women had been in contact with their GPs, with regard to their domestic abuse, with the following levels of satisfaction:



In contrast to the comments received in relation to initial contact the feedback of overall satisfaction with GP services is quite high, with 36 women (55% of those responding) reporting either high or very high levels of satisfaction. Where services worked well women valued: being listened to; ongoing concern and support; practical help and relevant signposting:

*'Very supportive, not intrusive but understanding that at times I have needed help, put me in touch with help'*

*'When I moved to Devon and saw GP about a jaw problem connected with Domestic Violence he checked my situation was now safe'*

*'Friendly, approachable and helpful'*

*'Very good, always helpful and a good listener'*

*'Very supportive he has been there for me for years'*

*Very supportive and understanding, respectful and put me in touch with Women's Aid'*

Several GPs had prescribed anti-depressants and / or counselling which by some women was regarded as a positive course of action as long as regular reviews were carried out for the anti-depressants and the counselling was helpful and appropriate.

*'Very helpful, helped me get counselling. Had regular appointments whilst on anti-depressants. Told me I could talk anytime'*

However for some women there was real sense of being 'fobbed off' with no real interest taken in their situation and the GP simply opting for the easiest course of action.

*'GP did refer me to Women's Aid for counselling (I was in contact with them anyway) but I felt fobbed off and unheard. Was offered anti-depressants – no help'*

*'Offered discussion with counsellor (who was hopeless, he suggested I was a strong person and able to cope)'*

*'No advice given, just anti-depressants (unrealistic as breast feeding)'*

In response to the lower scores many negative comments were made particularly in relation to lack of understanding about domestic abuse and a dismissive attitude:

*Made it clear he was not interested'*

*'He wasn't very understandable and he didn't have hardly any sympathy whatsoever'*

*'Failed to acknowledge domestic abuse'*

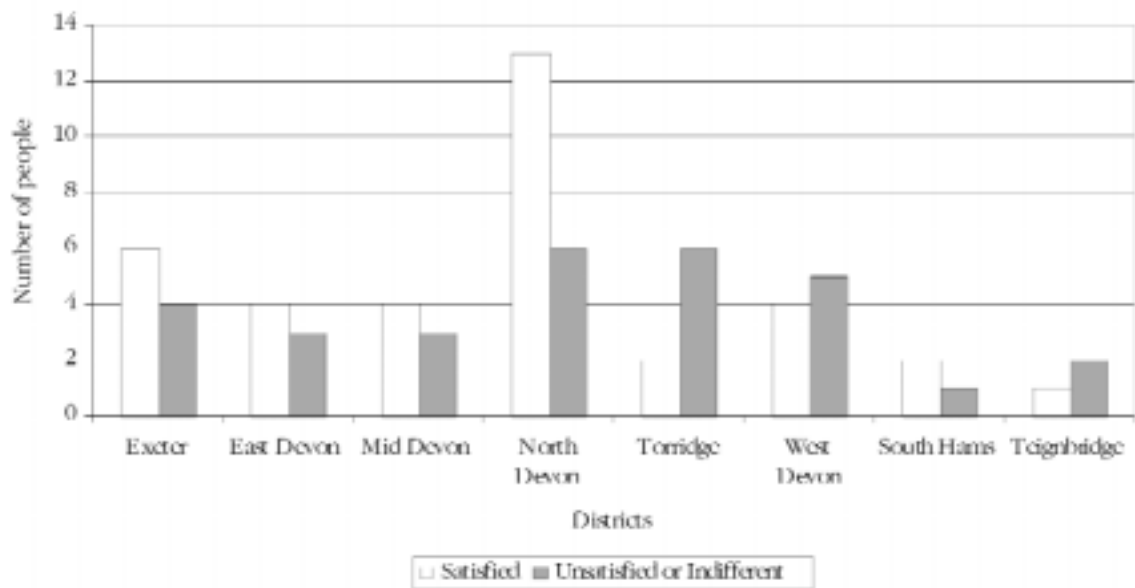
*'Talked to me as if I had done something to cause what was happening'*

*'Found they didn't understand, felt not as good as everyone else – ashamed (good medical help though)'*

*'I made the GP aware but he simply did not know what to do – I can still see the disbelief and panic in his face'*

*'My GP dismissed my request for counselling which I asked for as I was desperate for someone to talk to in confidence'*

Given the significance of GPs as a provider of services to women experiencing domestic abuse and the high number of responses, these responses have also been analysed by District, as set out in the graph overleaf, with scores of 4 or 5 being added up to convey overall satisfaction and scores 1, 2 and 3 being added up for a dissatisfied or indifferent rating.

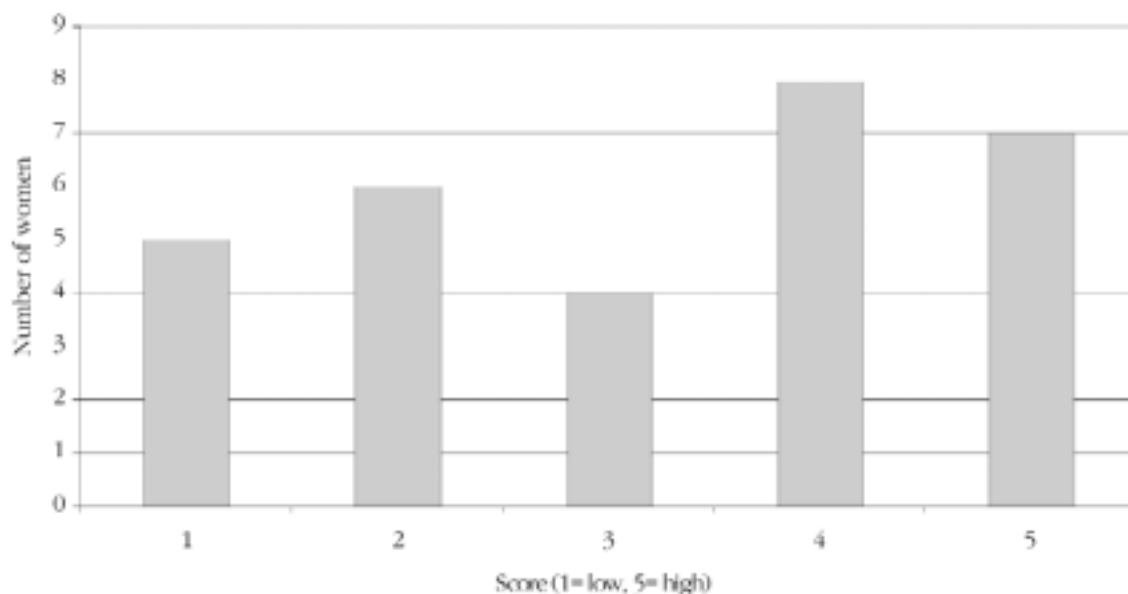


Of particular interest is the high level of satisfaction with services provided by GPs in North Devon with 13 of the women who responded saying they were satisfied with the service provided, whilst in Torrington, Teignbridge and West Devon services were rated more negatively than positively, particularly in Torrington. Primary Care Trusts may wish to review the training and information provided to GPs in different parts of Devon to explore the reasons for these disparities.

Whilst appreciating the time pressures facing GPs, their role in helping to identify domestic abuse by providing a safe environment in which women might feel strong enough to disclose their situation is absolutely critical. For many GPs this may just be a case of asking the question and then listening to and believing what is said and knowing who to refer her to for further specialist support. GPs do not need to be experts in domestic abuse, however further training to increase their awareness and confidence in how best to respond to situations of domestic abuse could make a significant difference for many of the women who are anxious about seeking help through their services.

### 5.3.2. Overall experiences with Health Visitors

30 women (34%) had had contact with the health visiting service with the graph overleaf showing their levels of satisfaction:



Half of the women responding reported high or very high levels of satisfaction, in contrast to the SEEDS report in South Somerset where Health Visitors 88% had high satisfaction ratings. Analysis across Districts (Appendix 1) is interesting but because of the low numbers should not be used to draw too many firm conclusions.

Where the Health Visiting service had been particularly beneficial, women valued the quality of advice and information and the ongoing support and interest:

*'Good support....visited several times and gave me information about Pattern Changing'*

*'Advised I go to a solicitor, but just listening to me she helped a great deal'*

*'Very helpful – lots of advice'*

*'Very helpful with information and the effects on the children'*

*'Good service, she listens to me'*

*'Referred me to Outreach and visited regularly to make sure I was okay'*

*'Don't know what I would have done without her'*

*'Supportive in issues re children and contact with their father, she even rang social services to argue my case'*

However concerns were raised when health visitors were felt to be disinterested and dismissive and failing to respond to the presenting situation proactively.

*'Although witnessed abusive situation she did little to signpost me or support me when needed, but would have if I had asked'*

*'She gave me Women's Aid number. No further help offered, I have 18 month and 7 week old babies!'*

*'She was interested only in the child's welfare. Because I was being sexually abused and emotionally abused but the children were ok and well cared for – it was not necessary for her to intervene'*

*'Never there when you need help, can never get to see one, they don't seem to understand either'*

*'I wouldn't have told my Health Visitor anything – no knowledge of Domestic Violence'*

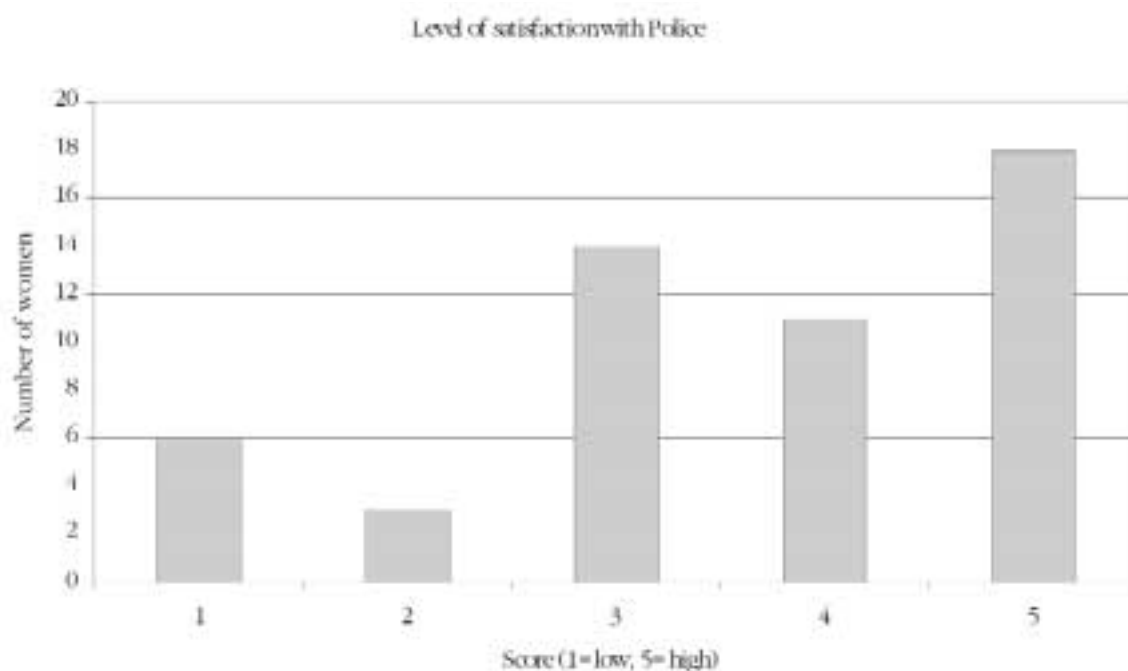
*'My children and I were ignored mostly – as I was a Health Visitor prior to stopping work'*

*'I felt patronised and as if I was stupid'*

The response rate of 36% reporting low levels of satisfaction and the associated comments are a cause for concern in a service which should play a crucial role in supporting women experiencing domestic abuse. Their statutory responsibility with regard the under fives provides a legitimacy for their engagement with the mother and their home visits should provide appropriate contact and support for women living in isolated rural areas within Devon.

### 5.3.3. Overall experiences with the Police Service

52 (58%) women had experience of the police services, with the following levels of satisfaction.



Overall women's experiences had been positive, with 56% reporting satisfaction levels of high or very high, in particular they valued:

- sympathetic, non judgemental attitude
- relevant helpful sensitive advice
- practical help

*'Responded immediately when I called, advised me on my rights. I felt safe'*

*'Because it was my word against his at times, I was grateful that the police who attended saw through his act'*

*'I thought they wouldn't believe what had been going on, but they arrested my ex partner and since then have been very understanding and supportive'*

*'Brilliant, made my ex leave and never come back. Started me on the road to becoming strong'*

*'The officer who looked after me used to call the day after I had called if he was not working to make sure I was ok'*

*'Female officer understanding, it took 18 months to have the courage to report the rape'*

*'I had a community officer visit my home, we went over security of the house and was also provided with a personal alarm'*

In addition one specific comment was made about police photographers who were:

*'Very concerned and didn't make me feel like a victim'*

Where women expressed dissatisfaction with this service this was mostly due to:

- being unhelpful
- lack of communication
- indifferent attitude

*'The lady or man who answered the 999 calls was unhelpful in a frightening situation and felt there was nobody there for me – alone'*

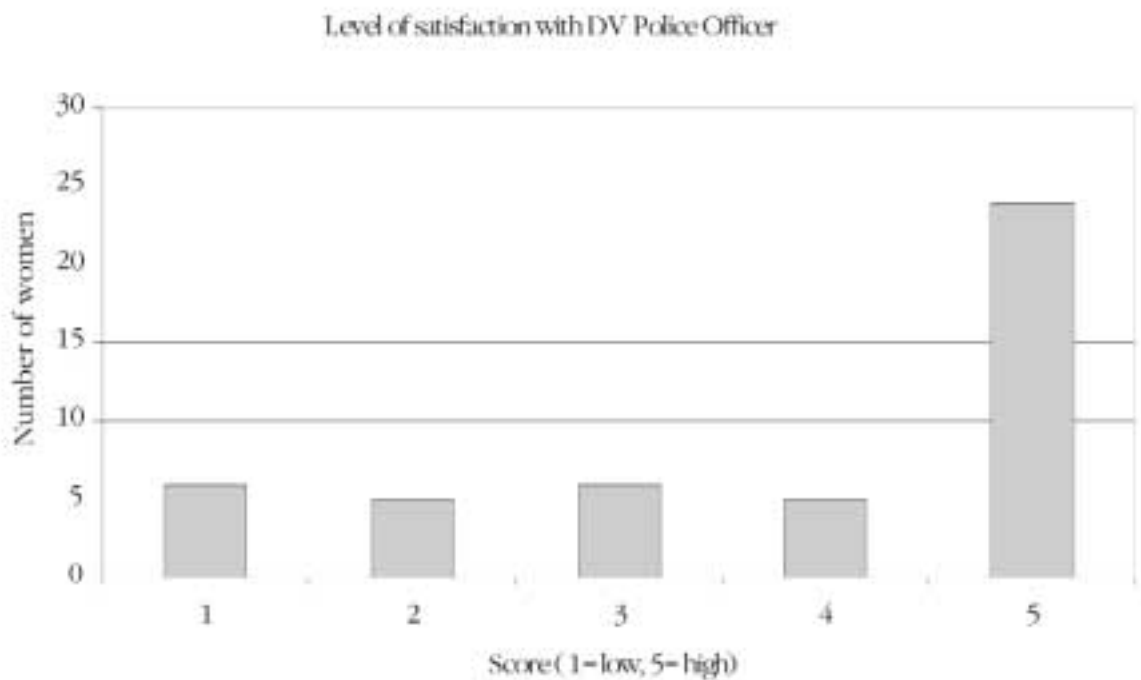
*'Following one incident they left me at home, waiting for him to return, by myself'*

*'The attitude of male police officers, their lack of respect towards women in domestic violence cases. I also found in my case the perpetrator was very good at using the police as an emotional weapon, which left me feeling I can no longer turn to the police'*

*'Police called out due to violence in home, I had severe bruising. Police officer arrived in large van and was visibly stunned to be met with my mixed white/ black Caribbean husband and totally ignored me. I was told to stay in living room and was shocked, the fact that it was MY call, yet I was ignored. I stood in shock in living room and listened to my husband's fabrication to police officer. Earlier my husband had said 'watch and see – you are wasting your time' as I waited for the police. The police officer made me feel like I was nothing , that I did not count, he just stared at me, I felt dirty'*

The police play a critical role in responding to domestic violence incidents and it is encouraging to receive positive feedback on this vital service. Many officers have clearly developed a good understanding of the nature of domestic abuse and the appropriate method of response. However there is still scope to build on this and ensure this approach is consistent across the entire service.

46 (52%) of the women had been in contact with the **Domestic Violence Police Officers** with the following levels of satisfaction:



Overall ratings, as would be expected for a specialist service, were high with 63% reporting high or very high satisfaction ratings. In particular the women valued:

- friendly, supportive, understanding attitude
- being taken seriously
- being informed about other services, particularly Women's Aid

*'Excellent and provided vital help and support'*

*'Found out things I could not and has shown me this was not my fault'*

*'She helped me in all ways I really needed and she helped me get my feet back on the ground'*

*'Put me in touch with NDWA and got me on the Pattern Changing programme, very supportive'*

However concerns were expressed where the service was :

- unable to provide sufficient personal contact
- lack of follow up and keeping the survivor informed
- insensitive

*'Sent a letter, no further contact'*

*'Not properly informed, no effort put in to make sure information for my individual case was correct. Left feeling alone and mislead'*

*'Good when she came and sympathetic but felt like they just left me to it, felt like it was just a job to them'*

*'I don't know if she meant to but I felt blamed, she told me she couldn't protect me'*

*'Talked to me in an abrupt manner, would not listen, accused me and repeatedly questioned me on why I did not respond to her letter – I never saw the letter!...told me to go to Samaritans or to church'*

*'Useful for legal advice and safety issues in emergencies. No follow up, didn't even ask my name, very impersonal'*

*'They are very hard to contact, often I leave messages and they take days to return my call'*

*'local DV Police officer both publicly and privately declares exasperation when a survivor becomes a victim again in the future with a new partner. Unless we have a domestic violence register to refer to at some point how on earth are we to know?!'*

The comments raised in relation to this service identify areas of concern which need to be considered in particular the lack of personal contact either with messages not being returned or an absence of follow up (the most consistent reason for a low score). Although these numbers are relatively small their comments raise questions which perhaps should be considered locally. Women experiencing domestic abuse clearly regard the DVOs as a vital source of specialist support and look to them for expertise, sensitivity and appropriate referrals and follow up. Even though the pressures of relatively few staff covering large geographical areas is recognised they still feel let down when this is not provided. It is also important to note here that with the changing DVO role to investigative officers there will be a decrease in the support available, which has been so positively commented on by survivors as part of their feedback in this study.

Appendix 1 details the variation in responses between Districts but the numbers are too low to draw too many firm conclusions.

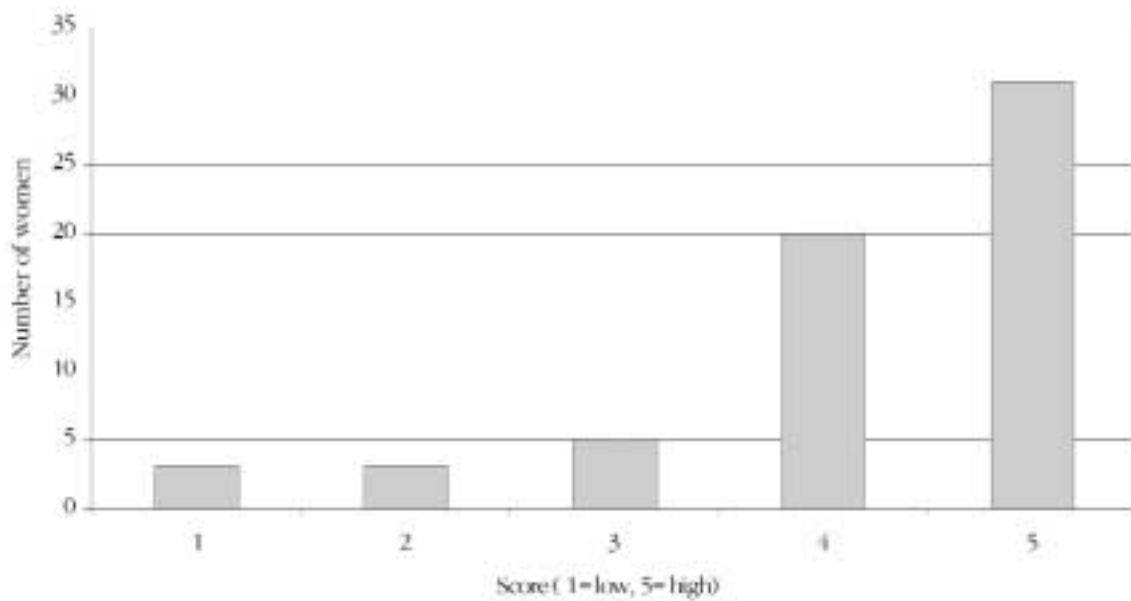
### **5.3.4. Overall Experiences with Women's Aid Services**

#### **(i) Refuge/ Safe House**

31 women had stayed in, or were still living in, a refuge or safe house in Devon within the past three years, although 37 of our respondents had lived in a refuge at some point in their lives, many of them outside Devon. For those who had stayed in Devon refuges/ safe houses the following levels of satisfaction were reported:

The refuges play a vital role in providing a safe house for women and children at a time of personal crisis. Their success in doing so effectively is illustrated in the graph below, where 81% of women rated their satisfaction in the service provided as high or very high. The most valued experiences were:

Level of satisfaction with W Aid - refuges/ safe house:



- the welcoming atmosphere
- helpful support, always there

*'Gone out of the way to help at all times'*

*'They have helped me through a difficult time, now I feel confident to carry on living my life, without being scared'*

*'If it wasn't for the refuge I would never have had a safe house, for that I'm forever grateful. It is not a nice experience as its quantity of people is vast but in itself it is essential'*

*'Kept me on the right path when I wobbled'*

*'Provided a safe environment listened to my concerns about relocating to Devon from London and helped me to be rehoused'*

But a few concerns were expressed:

*'Wasn't helpful to me, unfriendly staff, dirty and found myself tidying up after everybody all the time, but did meet a brilliant friend from being in there'*

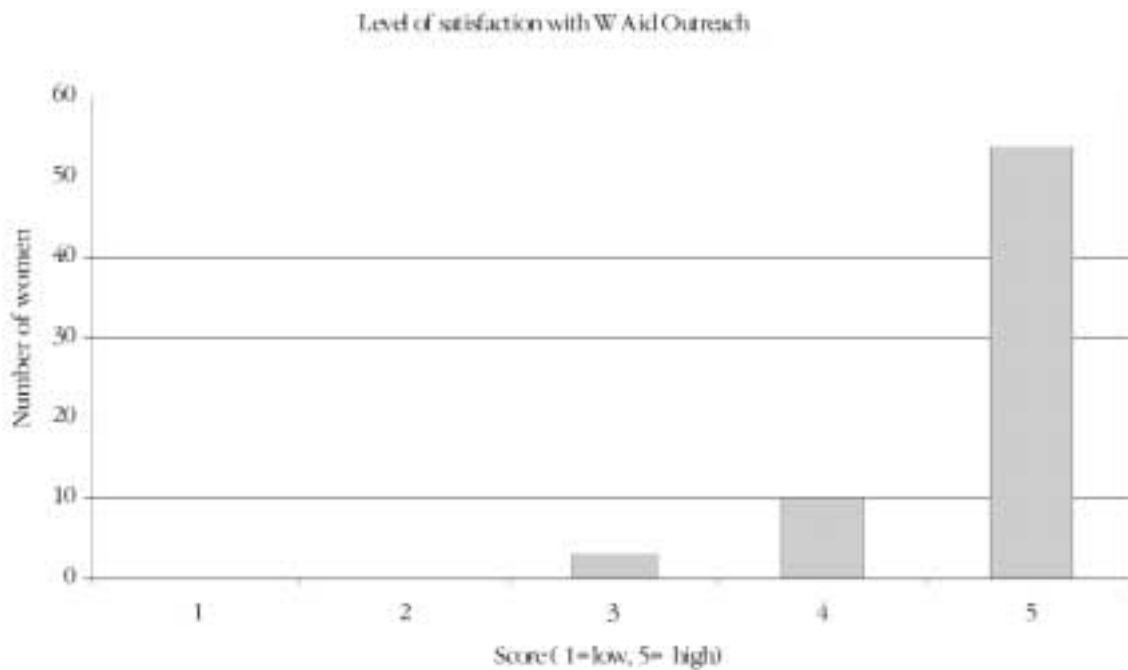
*'Scary horrible place some not nice people in there, hard faced and depressing dingy place – like a children's home'*

*'Didn't feel I was offered enough support with issues I raised or to deal with past incidents'*

*'Housing was met, not a lot of support'*

## (ii) Out Reach Services

67 (75%) women had experience of the Women's Aid out reach services with the following levels of satisfaction:



The graph demonstrates very high levels of satisfaction with the out reach service, although it should be noted that many of our respondents were accessed via this service and are therefore in contact with it which we are aware may distort the responses. However it is also clear that for the 64 women who rated their satisfaction with service as high or very high it provides invaluable support. In addition there were numerous comments praising the service (along with the Pattern Changing course- please see section (iii) ). In particular women valued:

- kind, friendly, sensitive and empathetic attitude
- being listened to and on going support
- good advice and practical help
- approachable and non judgemental
- help with the sense of direction
- companionship

*'I was given first face to face opportunity to talk of the abuse and felt comfortable to talk about some unpleasant things, also gave me a chance to realise I was not to blame'*

*'Anytime you needed them, they were there'*

*'Gave badly needed support'*

*'Helped me put my life back on track'*

*'Extremely hard but teaches you to accept your problems and move on'*

*'She was always there to listen and offer help, she truly is one in a million, without her I wouldn't have made it this far or gained as much confidence'*

*'Fantastic – sympathetic kind understanding women, always there for you, felt like they really knew what they were talking about, helped me to turn my life around'*

*'Excellent support and immediate access to a brilliant counsellor'*

*'Women's Aid have been an absolute rock and continue to be. I have had many hours of support, through some of the most horrendous times of my life. Unstinting care and concern has continued throughout'*

*'Following recent threats from my ex partner, they offered good advice and a listening ear when I was completely distraught and scared'*

*'Being believed and listened to was such a huge relief. Excellent – changed my life around, enabled and equipped now, understand that it was not my fault, boundaries firmly in place for my future.'*

*'I have changed so much since being introduced. I have done courses and am now volunteering and I feel as though I will always have someone to talk to. I'm so grateful for this service'*

*'My outreach worker was my life saver. Having suffered more from emotional and mental abuse I didn't consider what I was going through as Domestic Violence. She helped me to see how damaging that was and persuaded me – slowly – that it was not my fault. Her impartial advice helped me to see that I was being abused and was able to do something about it. Her frequent visits and telephone calls kept me sane and helped me through a horrendous 2 years until I was able to physically leave my husband.'*

### **(iii) Pattern Changing**

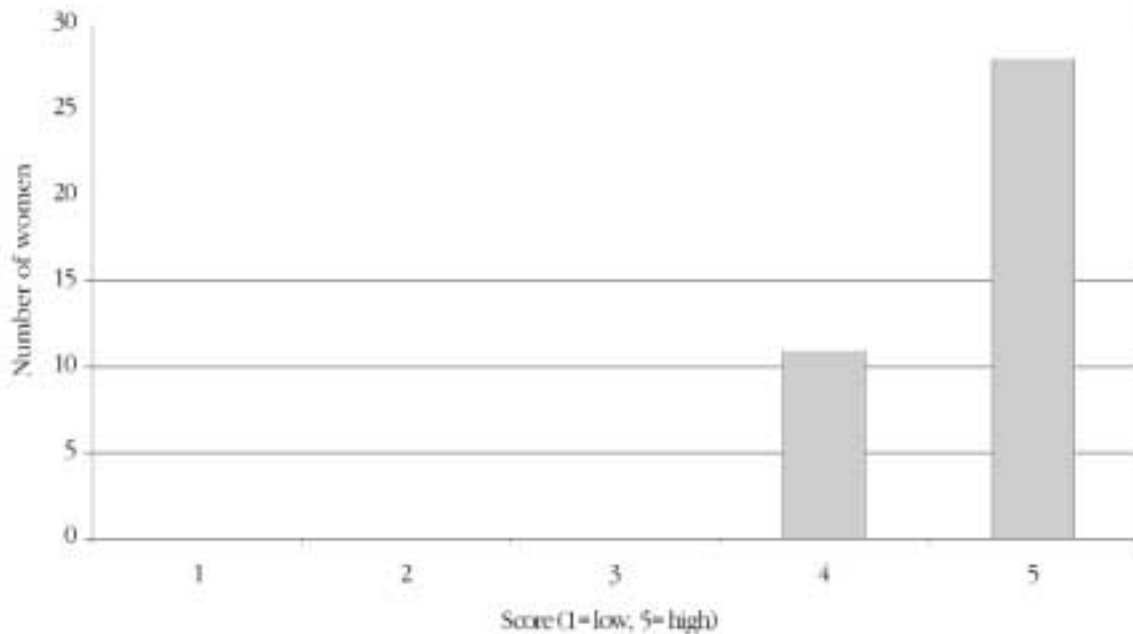
39 women (44%) had participated in the 14 week Pattern Changing programme run by Women's Aid, with the following levels of satisfaction:

The graph overleaf illustrates the overwhelmingly positive feedback to this course with 100% of women rating the service on the two highest satisfaction scores. From the many positive comments received, the aspects of this service which the women particularly appreciated were companionship and confidence building

*'Closing the final chapter on a life since 4 years of age full of abusive men'*

*'Without Pattern Changing would never have been able to move on, wonderful support'*

### Level of satisfaction with W Aid Pattern Changing



*'Worth every minute of attending, helped me understand my life and myself, thank you so much'*

*'Helped me know I wasn't alone, able to make new friends'*

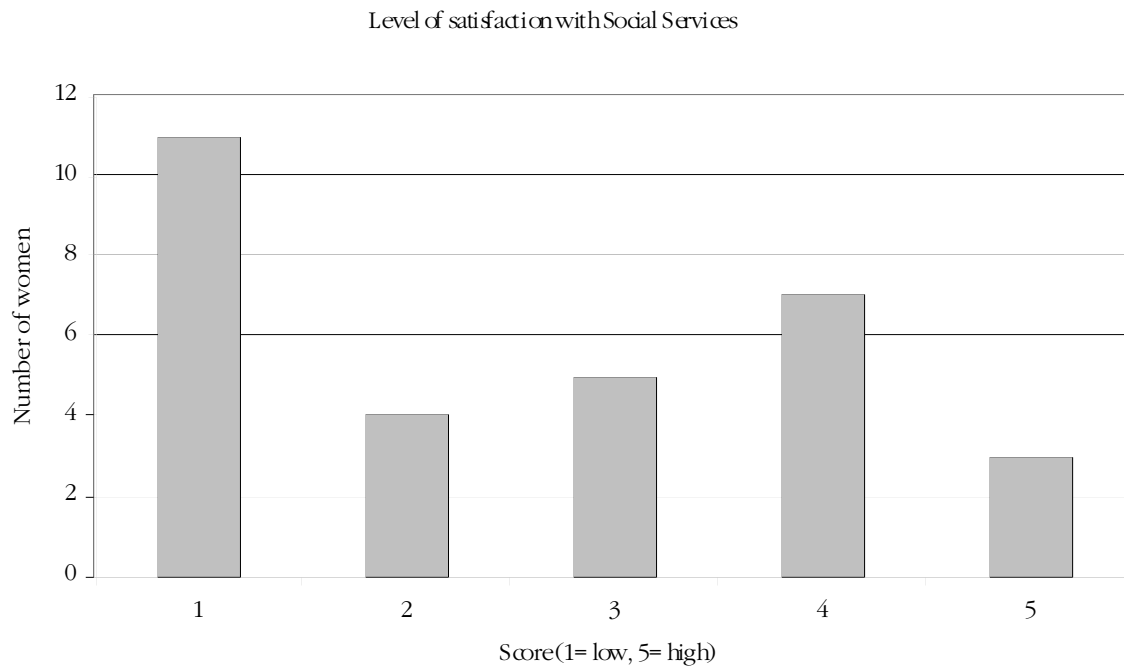
*'Excellent, supportive, empowering learnt a lot about myself and rebuilding my and my children's lives'*

*'Amazing, supported me from first phone call. Empowered me to make my own decisions and believe in myself. The course touched on every part of the pain and turmoil I had been suffering. Enabled me to rebuild my life by giving me the understanding and the tools needed'*

*'Pattern Changing changed me from a suicidal incompetent wreck back into a human being. My self esteem and confidence had been shredded by years of blame and torment. I realised I wasn't a horrendous mother and wife, my children weren't mentally impaired or bad...this information and this realisation cannot come from anyone other than Women's Aid – no-one else can appreciate the deeply ingrained guilt, the years of conditioning. Weeks of Pattern Changing at Women's Aid helped eventually to weaken my hard held beliefs- eventually I realised it was HIM not me. It helped me to learn to love myself and my children again and to resist the hold he had on me. Two years on I am free but still impressionable and naive and still in need of occasional contact with Women's Aid*

### 5.3.5. Overall experiences with Social Services

30 (34%) women had had experiences of Social Services with the following levels of satisfaction:



There is considerable variation in the satisfaction ratings for Social Services, with the highest number of responses (11) describing their experiences as highly unsatisfactory. The main reasons given for these ratings were:

- Contrasting expectations between the women’s expectations about what Social Services might be able to do to support them (as opposed to just their children) and what social services themselves were actually able to deliver:

*‘The social worker who came to see me after I was assaulted was brilliant but couldn’t keep me on her books as my son was not considered at risk’*

*‘Most concerned about the children’*

*‘They only had the interest of the child and felt as though it was my fault’*

*‘Because my partner of then left, I was unable to get any help or support from then’*

- Feeling that support was inadequate given the severity of the situation

*‘Visited re abuse to young daughter, logged that ex admitted abuse but that daughter and I too scared to take it further – dropped case’*

*‘Asked for help with children as enforced contact by court for 6 months was affecting them badly, told me (and my health visitor) that it was a legal matter and so it didn’t affect them’*

*'Useless- do Social Services actually care about children- or are they so afraid of the perpetrator that they spend their entire careers covering themselves and failing to protect children'*

- Lack of understanding of domestic violence

*'They were looking over my shoulder and had no knowledge of Domestic Violence. They were shocked that this should be happening to a white middle class woman I think'*

*'Did not understand the Domestic Violence victims views'*

*'Some are good some need more training'*

- Lack of communication

*'Useless, I spoke to a social worker explained my situation, told I would be referred, kept contacting them but never heard anything back – am disgusted'*

*'Didn't let me know what was happening before they wrote me a letter – stressed me right out'*

- Serious concerns about practice

*'Very bad experience with emergency duty team who told me' be a good girl and go home – no places in the refuge' when I called them at 3.00am wandering around streets too frightened to go home'*

*'Everything I told them in confidence was given to all parties at a meeting, including my husband which resulted in me being beaten and so I would never ask for their help again'*

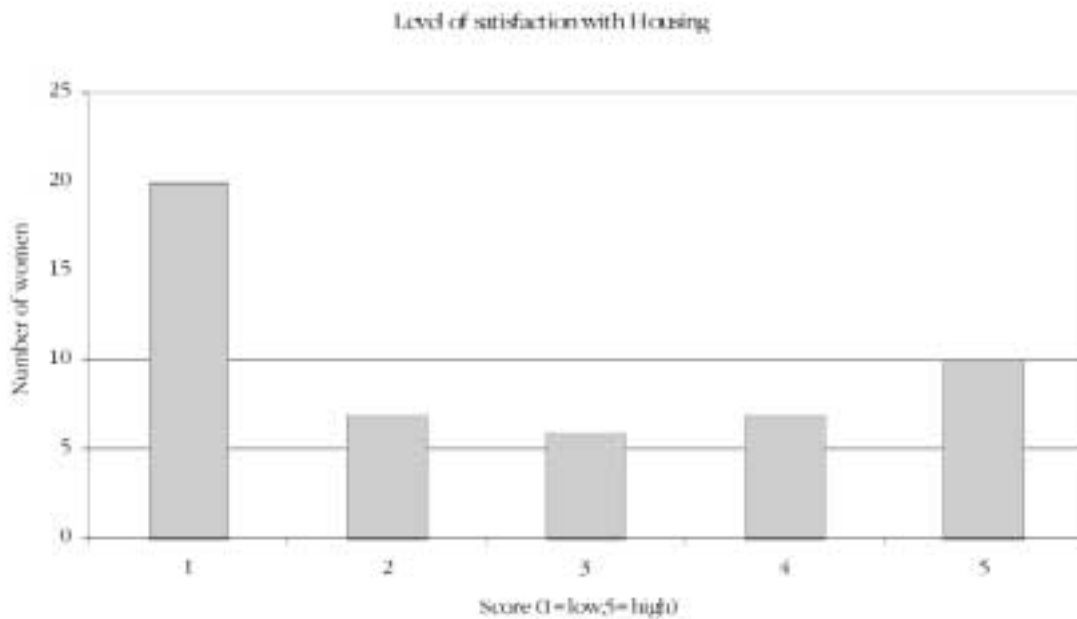
There were however a few positive comments about the service proving to be helpful and good at helping with the children.

Social Services play a vital role in supporting both women and children in abusive situations and although in some cases this is working well, this study has identified areas which could be improved significantly. There is scope for further training to increase understanding of the experience domestic abuse amongst social services to:

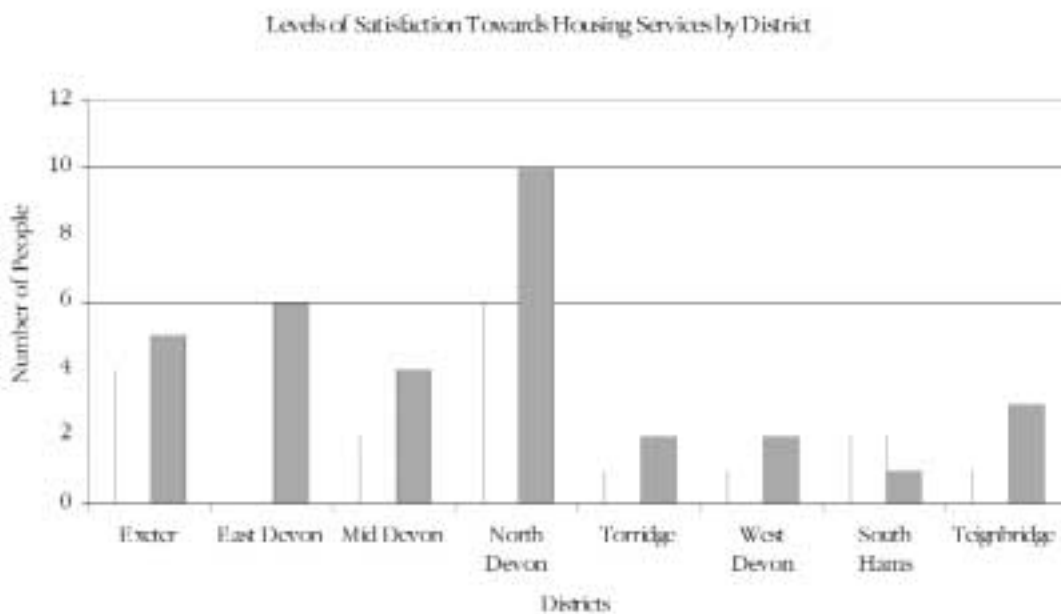
- improve day to day practice
- help them provide greater clarity about their role with both mothers and children in abusive situations
- provide a friendlier and more sensitive response

### 5.3.6 Overall experiences with Housing Services

65 (73%) of the women who responded to this questionnaire had had to leave the family home as a result of the abuse, of whom only 18 (20%) eventually returned (figures very similar to the SEEDS finding where 79% of women had left home and only 15% had eventually returned). It is shocking that over 50% of the women in this Devon wide study had to experience the trauma, for themselves and their children, of having to permanently move away from family and friends in search of safety . Housing services therefore play a vital role in both providing practical support but also understanding at a time of heightened vulnerability. In this study 50 (57%) women had experience of housing services throughout Devon with the following levels of satisfaction:



Not only are these results worryingly low but there are also specific areas of concern within Devon as illustrated in the graph below:



Although the numbers are too small for too many conclusions to be drawn these figures can be used to highlight areas of concern and to ask questions of certain services, for example all 6 women who responded in East Devon rated the service as highly unsatisfactory, whereas in Exeter a greater proportion of the women who responded were extremely satisfied with the service provided. Where housing services were rated highly this was due to:

- Practical help in finding accommodation within a reasonable time scale

*'Once they knew about my situation they moved very quickly'*

*'Put me in touch with community police officer. Allowed me to move here on transfer. Even put electric in key meter as I had moved so far'*

*'Very helpful and understanding, housed us within 3 months'*

- Good communication

*'Kept in touch weekly'*

*'Smooth process, officer supportive'*

- Knowledgeable and sensitive attitude

*'Referred me appropriately, he also had received training in domestic violence which was very helpful'*

*'Very informative and sympathetic and lots of insight into situation'*

*'Support worker for temporary housing, very good. Told me of Pattern Changing course and helped me to find a new home and raise my expectations'*

However particular concerns were expressed when:

- Accommodation was unavailable

*'I am having real problems as I have a hyperactive child and 2 children of opposite sex in an upstairs flat, even though I have lived in the town all my life they have said it will be about 7 years until I am housed...I feel housing authorities need to be taught to understand that the situation of a domestic abuse survivor is very different to that of a person on their list who is a single mother. We have become single parents for our and our children's mental and physical safety and security not because we want to be single'*

*'Although they are sympathetic, I am trying to move away but they can only offer me B&B and 4 years on a waiting list'*

- The attitude was unhelpful

*'Found patronising and unhelpful, would not listen to my situation'*

*'Didn't want to know, won't help at all'*

*'Very dismissive, patronizing, believed abusers sob story – didn't want to get involved'*

*'They have no compassion'*

*'It wasn't until I had my Women's Aid volunteer with me that anything seemed to happen'*

- There appeared to be a lack of understanding about domestic violence

*'I found them hard to communicate with and not at all understanding with the issue of domestic violence'*

*'Tried to move from my home to get away from perpetrator, they didn't help me, they couldn't understand my situation'*

*'Unable to recognise severity of my case although housed quickly, area inappropriate and not noted in danger from ex'*

*'Dreadful, no understanding of people in this position'*

*'I was told I had made myself homeless, there was nothing they could do'*

It is recognised that housing stock is limited and there are parts of Devon where this causes particularly severe problems and puts housing services under considerable pressure, but, as with so many other services, an increased understanding and a sensitive attitude could significantly improve the experience for women and their children at a time of crisis.

## **5.4. Legal Issues**

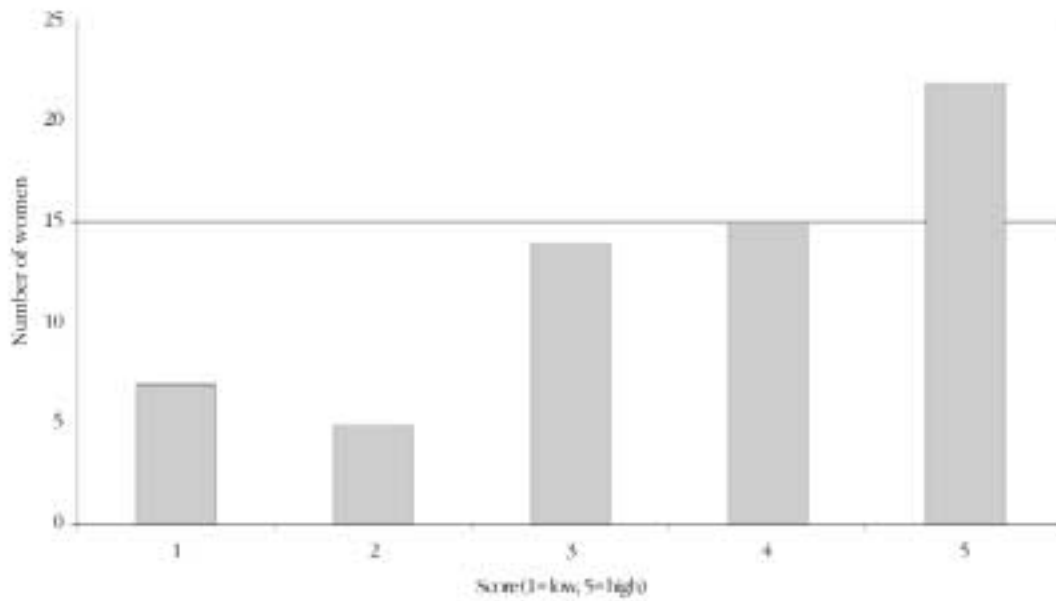
The application of law plays a significant role for all women moving on from abusive relationships. However this evaluation has focused on services within Devon which can be influenced and improved by the findings from this research. Clearly many aspects of the law are outside this scope. This section therefore concentrates on those issues which are of relevance to local service providers.

### **5.4.1. Solicitors**

63 (71%) women had been in contact with solicitors with the following levels of satisfaction:



Level of satisfaction with solicitors



For the majority this contact had been positive, with women particularly valuing:

- clear understandable advice
- efficient and prompt action
- good understanding of domestic violence issues

*'Solicitor told me all my rights that I didn't know before so put me in a better position and control of situation'*

Conversely they gave negative feedback when the solicitor appeared to have no understanding of domestic violence

*'I don't think my solicitor believed me. It was too horrendous an ordeal to possibly be true and I had no evidence'*

*'Felt a complete wreck and dysfunctional for rest of week after meeting'*

*'Useless, didn't understand domestic violence and told me I was not entitled to anything'*

In general the 'word of mouth' recommendations appear to have worked with women moving solicitors as necessary in search of one empathetic to and knowledgeable about, domestic violence.

### 5.4.2. Family Courts

20 women (23%) had experience of the family courts but it was clear from some of the comments that accompanied the ratings given that their levels of satisfaction related to the outcome and not to the service provided. Where women

gave positive feedback this related to a sensitive approach being adopted by court staff. However concerns were expressed when:

- they did not feel listened to

*'I had a silent voice'*

*'A terrible experience, very scary and I felt totally overwhelmed'*

*'Got injunction although judge cynical, accepted statement was genuine after I gave evidence'*

- they appeared to lack understanding about domestic violence

*'Always gave impression that perpetrator can't be that bad'*

*'Found it very intimidating having to relive everything and being in the same room as my ex'*

*'I feel the legal system needs a lot more insight into what this situation is really like and how it really does affect everyone, even young children'*

- prioritised needs of perpetrator

*'Cared more about his liberty than my protection and that of my children'*

*'The judges are mainly old men and are very pro fathers rights even when father has been violent towards 16 month old baby'*

*'The most denigrating, humiliating experience of my life – especially when the 'illness' and lies of the perpetrator reign supreme...the judge was visibly afraid of him due to his disability and the manner he uses'*

*'Their main concern seems to be getting the father access at all costs without looking at the implications and affect on myself and other members of the family including the children and you are always made to feel they don't believe you'*

### **5.4.3. Criminal Courts**

12 women (14%) had experience of the criminal courts but as with the family courts their views of the service appeared to be based on the outcome, which is not necessarily a fair judgement of the performance of the court services. Many of the women reported similar concerns to the family courts, relating to the intimidating process and the insensitive arrangements for survivors.

*'I had to wait in a communal area with my EX. He arrived with solicitor / barrister, family and friends. I only had my solicitor, very intimidating'*

*'I do feel quite strongly that the law is a farce when I was constantly told to stay in the home. I would have welcomed the Judge to have to have experienced my fear each day of going home with a rape alarm in one pocket and my mobile in the other, never knowing what I would walk into.'*

*'Difficult to find the strength to get through another court case'*

However one woman did comment that the 'witness people very good'.

## 5.5. Mental Health Issues

Mental health services play a role in relation to domestic abuse for both the survivor and the perpetrator. To analyse the success or otherwise of these services and who they were being provided by (specialist health services, GP counsellors or voluntary sector) would have been too complex for the breadth of this study. However we did wish to identify the number of women who had had contact with mental health services, either for themselves or their partner and obtain a broad indication of their satisfaction with the services. Overall 24 women (28%) had been in contact with some type of mental health provision and in doing so commented positively on their experiences when services were sensitive and understanding of domestic abuse. However concerns were raised when;

- services were difficult to access

*'I asked to be referred for counselling but was never given any – I'd asked my GP to refer me'*

*'Weekly counselling which eventually was beneficial, though hard to get into system'*

- did not appear to understand domestic abuse

*'Listened but focused on every other aspect of my life rather than probe the difficult issues around rape/ sexual abuse. Notes were written without conviction'*

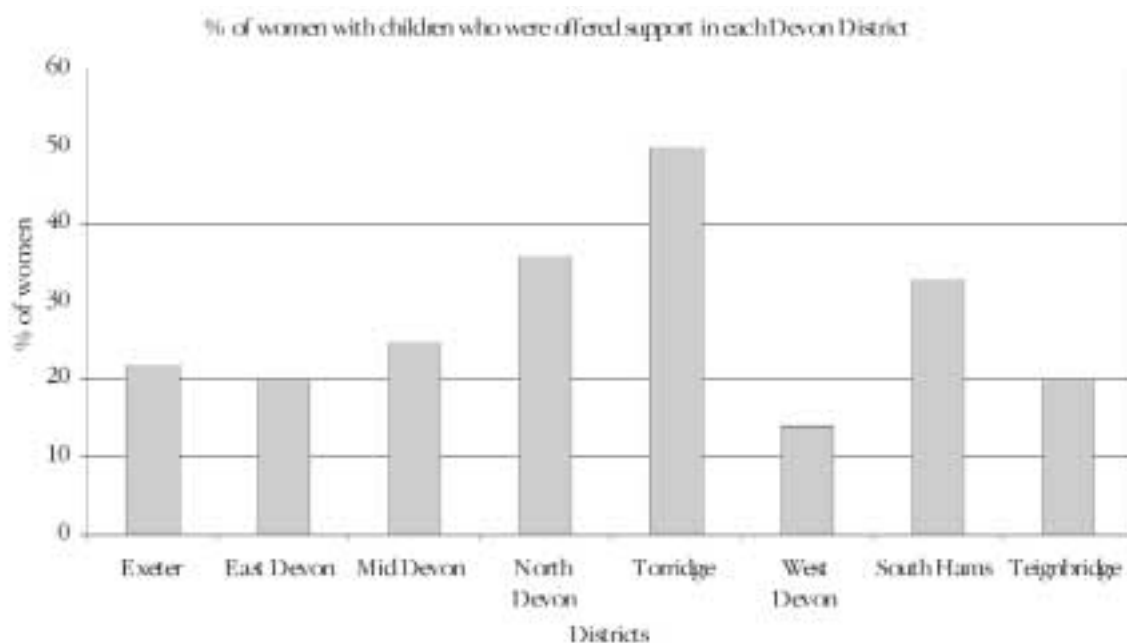
*'For him – they were concerned and believed all he said. They let him out after suicide attempts to wreck havoc on my family. No one said just because he was depressed he shouldn't be behaving like this'*

Our evidence on mental health services is insufficient to establish any firm conclusions other than to draw attention to the role these services play in relation to domestic abuse and suggest further work be carried out exploring the demand for the service and how it can be improved.

## 5.6. Support for Children

In all of the group discussions held throughout Devon one of the greatest concerns raised was the impact of domestic abuse on children both in the short and longer term. In each and every group harrowing stories were told about children's experiences. Everyone was anxious that this should be explored further within this study and one specific

section was therefore designed to address these issues. Our findings have borne out the initial concerns of the groups. Of the 75 women who had children 22 (30%) had been offered support for their children without asking, however for the vast majority of this help was offered by Women's Aid either via the Outreach services or the Pattern Changing courses. Only rarely was support offered by any of the statutory services such as Health Visitors, GPs or Social Services, although in several instances school staff had been particularly pro active. The following graph illustrates the variation between Districts:



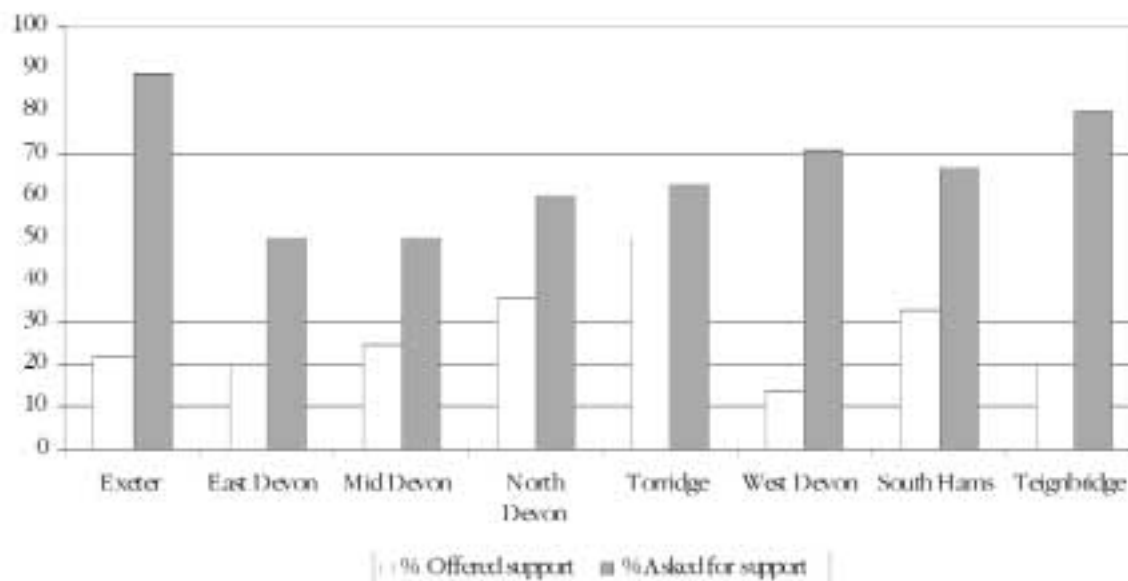
North Devon and Torridge are significantly higher than the other Districts as during 2004/05 NDWA employed a generic children's worker, which enabled them to offer a specific service for children.

*'Women's Aid offered a course in parenting for me, they ran a course for children who had witnessed abuse and had a fantastic youth worker who regularly meets my young sons and helps them and has arranged for further help and support via YISP and CASP'*

Being offered support was extremely beneficial to the women, at a time when many commented on their lack of confidence and their disempowerment as a result of the abuse they had received. For services to recognise that their children needed support and for these services to then be offered, without enormous emotional effort for the mother was greatly appreciated. In addition timely and sensitive services for children ensured some of the presenting problems could be addressed immediately and not be kept on hold for months/ years when they may prove to be harder to deal with.

Conversely women who were concerned about their children and had to seek help, often did not know who to ask and many felt the process to be daunting and unclear, with some agencies being disinterested or failing to recognise the significance of living in abusive situations on the child(ren). The following graph shows the proportion of women in each District who had to ask for help in relation to those who were offered help.

Comparison between the % of women who were offered support for their children and % of women who asked for support, by Devon District



The discrepancy between the proportion of women being offered help and those having to ask for help with their children, at a time when their lives are in turmoil is a matter of real concern. For those who did ask for help not all of the women explained what happened in response to their request, but for those that did approximately half were referred onto another service, for others no action was taken at all.

Positive responses included:

- appropriate referrals

*'Social Services (Exeter) who put me in touch with family resources team – very supportive and when I couldn't take any more abuse – got in touch with refuge where the children and I stayed'*

- recognition of children's needs

*'NDWA – brilliant people...know that it's not just me in an abusive relationship'*

However there were many other comments which reflected a deep frustration and concern with:

- inappropriate responses and lack of understanding of children's needs

*'Was advised not to have counselling for them as traumatic time and was told to keep things for them as normal as possible'*

*'Asked the doctor 12 months ago am still waiting for help despite repeatedly asking. Asked the Health Visitor who I struggle to see and they make me feel like a pain in the ass and am too much effort. Asked the school, the only person who cared – my daughter's teacher. Feel completely let down for help with my children and am still waiting for help – nobody who is there to help gives two hoots'*

*'Had to seriously seek help for the children and got it only when my youngest one refused to go to school, went to live with him, several horrific things occurred and suddenly she was on the child protection register. Even then help was tardy'*

*'For the first 15 years I kept everything hidden as much as possible but in the last 2 years I have really opened up to everyone I felt could help, family therapy, social services, women's aid etc. But although I have had a little help it has been more for my 12 year old who's not too damaged, my 15 year old son is very damaged and I feel is being let down by everyone'*

- lengthy waits for services

*'We have just started family therapy a month ago which is the result of a referral to family consultancy 20 months ago'*

*'Doctor, Paediatrician, Health Visitor, school. After 4 years still waiting for appointment with family consultancy, now finally got pre visit assessment soon'*

*'Told I would have to wait a minimum of 18 months to get help for my daughter'*

Initial concerns by the groups of women in this study appear to be well founded. Children living in abusive situations and few professionals appeared to recognize the need for support, only the Women's Aid services consistently provided support (within their available resources) and made appropriate referrals. However the services available for children are limited and do vary across Devon, with some areas experiencing waiting times in excess of a year. Many women reported worrying behaviour as their children began to copy abusive practice as they became older and with no outlet for their anger.

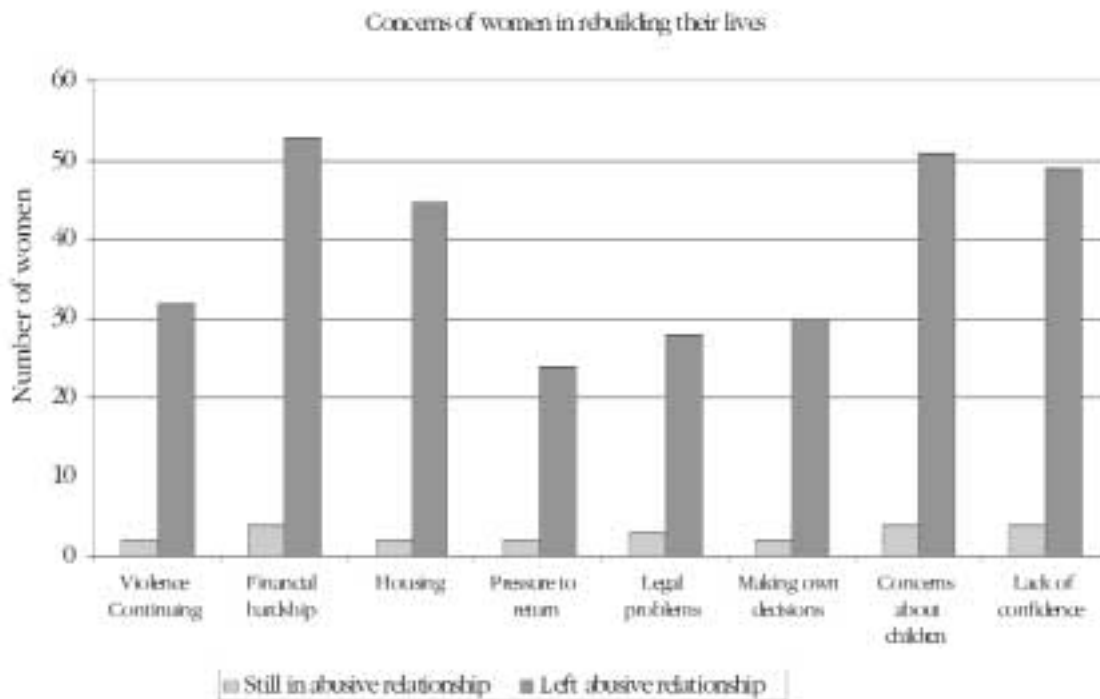
*'The children are my biggest concern. My oldest son – 16 – refuses to see his father now and is very angry about the abuse he witnessed his father give me. He is also suddenly angry that no-one has listened to him, accepted his witness statements or asked him what he wanted to do about the situation. He is so angry that he is now becoming abusive and I won't tolerate it. He is a bright articulate boy who is going off the rails. The other two children 14 and 12 are living in limbo. The 12 year old sees the manipulation, temper and waywardness of her father but admits to weakness against it. She is desperate to have the skills to resist him and his faults but reminds me she is only 12 and shouldn't have to resist an adult!'*

*'Both sons have self esteem problems, eldest (11) has been excluded from school in past and regularly in trouble...I'm positive it's all mental problems from the years of mental abuse and physical abuse at the hands of father. Both have trouble relating to adults with confidence. Elder son and eldest daughter also show signs of being controlling and abusing others'*

It is clear that if progress is ever to be made in breaking the cycle of domestic abuse then significant steps need to be taken to provide both specialist help for the children and help for the mother in managing such behaviour effectively.

## 5.7. Moving On Issues

The SEEDS research had identified the major problems women had experienced once they had left the abusive relationship. The groups we worked with across Devon echoed many of these concerns and it was therefore agreed that this issues should be incorporated into the questionnaire. Survivors were asked what worried them most about rebuilding their life, whether they were still in a relationship and anxious about leaving or whether they had left a relationship and the difficulties and problems they had, and continued to, encounter. Their answers are summarised in the graph below:



The vast majority of women (95%) in this study had left their abusive relationships, but this graph demonstrates that despite being in contact with some sort of support (i.e how we managed to contact them for this study) they continue to experience considerable difficulties, both practical and emotional in moving on with their lives. The most vivid accounts of women's experiences were in the following aspects of their lives:

53 women (61%) reported that they had **continued to be abused by the perpetrator** since leaving the relationship and 32 (36%) reported that they either had been or were worried about continuing to be violently abused. Living with the ongoing fear of abuse is impossible to imagine for those not coping with this situation but the following comments convey some of the daily anxieties that make carrying on with a 'normal' life so difficult:

*'Get over fear, nightmares, panic attacks, being found by perpetrator seeking retribution'*

*'Always having to look over my shoulder'*

*'If he ever found me...it happening again...not being heard'*

*'Suicide threats from perpetrator'*

*'I am still not sleeping, I am still very scared and ready for more trouble'*

*'Pressure in e mails, manipulation of children who then bully me, created a scene at my place of work'*

**Financial difficulties** described were complex and personal however the following two accounts convey a sense of the frustration and difficulties women experience in trying to manage financially and the limitations in finding appropriate childcare.

*'His constant threats to stop paying maintenance which is under Court Order but paid by standing order is a worry. Tax system is fantastic but still reliant on me being able to find child care to enable me to keep my job. Child care in my area is non existent and a big problem in the school holidays'*

*'I continue to feel abused financially and emotionally. I returned to work to try and support us and my ex husband had threatened to 'get the bailiffs in'. They arrived a number of times (for his debt £77,000 unknown to me). He withdrew half of the voluntary maintenance as he said that I am now better off and he is not. I am back on income support, as child care is a massive problem. I have written to the MP and questions were raised in the House of Commons about my situation. The reply I received was laughable and totally impersonal. My ex has a very high salary, yet I had to go £2,500 into debt in order to defend us on the court case. It will eventually cost me more than £5000 to have protected my children from this man (not that money is important but it is an outrage), if I had not taken action the girls would have been on the at risk register, then the costs would have been borne by the authorities. No win situation!'*

Many women described problems with feeling under considerable pressure to return to the perpetrator, however the group discussions where this issue was raised made it clear that this pressure could come from many aspects of society and not just the perpetrator themselves. These included a survivor's barrister, a child's paediatrician, the church community to which several survivors belonged as well as family, friends and often their own children. When coupled with the stigma and the practical difficulties with finding housing and staying secure financially it is not surprising that for many women this was a difficult issue to overcome.

As described in section 5.7 **concerns about the children** are a major issue for all mothers whether still in or having left an abusive relationship. In addition to the comments in the previous section women also highlighted their concerns about children moving away and children being caught between parents.

*'Unsettled children and little support to get them back on track'*

*'Whether the children can cope without their grandparents'*

*'Ex husband refuses to accept any fault or blame for break up so endeavours to make my life miserable. Constant taunts and threats via children, lies to family have caused relationship breakdown between my family and myself. His manipulation has and does still cause my children and I great hardship'*

*'I am also quite worried about what the court will decide about access when I eventually leave and*

*divorce my husband. There seems to be a lot of publicity about fathers and their rights at present, but my son has a right to safety which is not guaranteed with a man who can be drunk at 9 in the morning and who hits his wife because he's in a bad mood about something'*

One of the areas of greatest difficulty for women was dealing with their **lack of confidence** and **concern about making the right decisions**, particularly for those who felt they had made poor decisions in the past and how would they avoid doing so again in the future.

*'Not being able to trust men or my own judgement'*

*'Confidence low as abusive relationships seem to follow me'*

*'Trusting again, being hurt, not just physically'*

*'I was always told what to do, when to do it and how to do it'*

Many women commented on the **loneliness**, **fear of facing life on their own** and the **difficulties in trusting another man**:

*'Restarting my life again, being on my own'*

*'Being able to have a normal healthy sexual relationship with respect and boundaries'*

In addition women also described other problems they experienced as illustrated in the comments below:

*'Hurt – I don't ever want to be hurt again. It revives itself on every occasion he causes us grief eg work, money, housing, criticisms, school events – the children hate him going to school as he has threatened all the teachers etc'*

*'Having to tell everyone that the abuse is sexual not violent. Can't bear family and friends knowing, I think they won't believe me but him'*

*'I had to sell my home to be able to pay my ex husband his portion. I have moved to an area where I do not know anyone. At least I am safe and he does not know where I am. He has totally destroyed my confidence and I now realise how much damage he has done to me. '*

However on a positive note, one woman did comment 'most of these worries have been dealt with through taking Women's Aid Pattern Changing course last year'

Many women felt that mainstream services failed to recognise that both they and their children continued to experience considerable distress and difficulty having left the abusive relationship, for example:

*'GP referred my child to the child psychologist (before I left) but cancelled the referral when I left for the refuge 12 miles away – child psychology department is the same for both areas'*

There appears to be an assumption from many services that once the survivor has left the abusive partner that everything will be alright and little follow up support is required, whereas in fact for many women they would say their problems are just beginning. One of the main exceptions to this lack of understanding is Women's Aid whose outreach team and Pattern Changing programme are focused on providing ongoing support and enabling women to move on securely and confidently.

## 5.8. Services which survivors found most helpful

In identifying what had helped survivors the most in dealing with their situation women most consistently identified:

- Women's Aid Refuge / Safe House

*'Support from staff, other residents...having the time and space to think'*

*'I would have left sooner if I had known that there really was a safe place to go with all the support that you could ever need...it is scary when you have to face the world and all your support has gone and no one around to talk to about how you are feeling'*

- Women's Aid Outreach – for companionship, advice, support, listening

*'Knowing someone understands that what I feel is normal... that I am not alone'*

*'I wouldn't have made it without the outreach service'*

*'Practical help and information from them, knowing they will go with me to appointments if I ask them'*

*'If it hadn't been for Women's Aid I may well have gone back, no-one else I saw made me feel I was worth the effort or that I could do it'*

- Women's Aid Pattern Changing

*'Made me realise I can get on with my life and make it a brilliant life for me and my children'*

*'Helped me with my confidence, rebuilding my life and coming to terms with things'*

- Support of Family and Friends
- Supportive professionals, good signposting and practical help from agencies

*'Support from agencies – being free'*

*Needing to stay strong to support their children*

*Seeing my son with a smile'*

*'I believe my resolve not to have my daughter in that environment gave me strength to leave and start again'*

## **5.9. Improvements in Services**

Survivors were asked to identify improvements in services for themselves, children and perpetrators. The following sections summarise their responses .

### **5.9.1. Survivors**

- More practical support – financial, housing, police

*'More help from police- nothing can be done till you've been attacked by then it would be too late. When someone is threatening your life you feel like bait waiting to be eaten'*

- Immediate support from GPs, Health Visitors etc when situation arises
- Greater protection from perpetrator and understanding of importance of confidentiality

*'I would like to see all agencies involved with better confidentiality as in my case DSS told my husband where I was and as a result I am still looking over my shoulder'*

- Help to regain self respect and confidence
- More help to speak up
- More understanding
- More support after leaving relationships/ more follow up
- More support to be able to stay in own home and be free from harassment there
- More local support groups/ drop in centres
- A buddy system for those new to an area
- More information about the Outreach service at the early stages
- A complete service- legal, emotional, form filling etc

*'People with language problems need more help because very difficult for them to explain their problems, even difficult to fill in forms'*

- Be able to contact one person and they would contact everyone else
- Development of legal equivalent of Domestic Violence Police Officer
- Greater integration of services with refuge and outreach service working with a multi disciplinary team with social services, police, legal representatives , child psychologists etc

*'When a woman admits to or is witnessed receiving abuse, for all Social Services and Women's Aid to 'hit heavy handed' on the abusive couple and provide help to all (including children) in the household. Help must be compulsory and accepted, hopefully with such heavy handedness domestic violence would be lessened and the scars minimised, especially to children who witness the abuse.'*

- More courses in Pattern Changing and Parenting
- Follow up to Pattern Changing

*'After the weeks of Pattern Changing I felt a terrible loss, could there be meetings maybe once a fortnight. I needed that regular meetings- something to focus on'*

### **5.9.2. Children**

*'For people in a position of power to realise how much it affects the children witnessing violence and aggression, they've been through war – they need help (adults understand what's going on to an extent children don't understand at all)'*

- More stability/ security
- Support to deal with their future relationships
- Someone to talk in schools ('take Women's Aid movement into schools/ colleges to raise awareness')
- Counselling / Therapy – safe , neutral where they can talk about feelings without upsetting either parent , help with understanding why parents have split.

*' My youngest son is going on a course for boys who have lived through domestic violence, but it is my eldest son who has been most damaged and they say he is too old for the course at 15'*

Taught assertiveness, their rights and how to disengage from manipulative parents etc

Stress counselling for children who witness abuse

Schools and nurseries to be more aware of safety and what is happening

Meeting other children with similar experiences

Holiday activities

Pattern Changing courses

Groups for younger children to help their recovery from it

Advice and information on affect on children, what to look for, how to deal with it, how to help them cope

*'I am worried my son might turn out like his dad, I would like to understand how to help him keep his temper under control and also to know if there would be any lasting effects on my children'*

Protection through the courts

Dedicated youth worker in each Women's Aid centre

### **5.9.2. Perpetrators**

Unsurprisingly there was a lot of anger in these responses, some of the more moderate general comments are as follows:

*'They should be disciplined and punished – they should not be able to behave in this way. They should be denied access to children, they are not decent and loving and caring enough to be allowed in the company of vulnerable children'*

*'No hope as the perpetrator does not see a problem from his side – what services can you offer without wasting money'*

*'Tougher sentences, my abuser got put on an anger management group and has the life of Riley, you'd think he'd done nothing wrong, while destroying mine and my kids'*

*'The men just seem to get away with it and the women and children have all the upheaval and have to go on the run. Prison only seems to happen with extreme violence and doesn't seem to make any difference'*

However several survivors did make suggestions about changes they thought might be helpful in addressing the behaviour patterns of the perpetrator:

- Courses to make them realize what they have done, to accept the truth and *'to let him know that his children are his life , they are not PETS'*
- Support to deal with anger management
- Compulsory counselling / therapy (and no access to children until completed)

*'He went through bullying as a baby and was abused by his father, so I know that evil has a past also. So I do not totally hate him for what he has done to me'*

- Post course counselling for perpetrator and survivor together
- Education and what abuse actually is, not just the physical kind
- Make them attend and stay in the REPAIR project

*'Not let them stop part way through if they felt like it, he could now go on and do the same to another woman, I was number two!'*

## 6. Conclusions

The most dominant feedback throughout this study has been the invaluable role of the Women's Aid services. Although it is recognised that the majority of respondents were identified via Women's Aid and this will influence the results, all returns were anonymous and women were still able to openly criticise and honestly comment on any of the services. However the feedback for the refuges/ safe houses, outreach work and Pattern Changing courses have been extremely positive, with many affirmative comments made regarding the outreach work and excellent feedback on the power and influence of the Pattern Changing programme.

*'Women's Aid have been an absolute rock and continue to be. I have had many hours of support, through some of the most horrendous times of my life. Unstinting care and concern has continued throughout'*

For all other services, consistently positive feedback was received where individual professionals were:

- sensitive and non judgemental
- informed about services and appropriate referrals made
- aware of the impact of domestic abuse on children

With regard the initial contact this was demonstrated when professionals asked about abuse, believed what they were then told and acted appropriately with a relevant referral. Positive feedback was received about individual midwives, police and health visitors responding in this way , but unfortunately they were many examples given where key front line services such as GPs had responded to initial concerns with a lack of understanding or indeed interest.

*'One doctor said what adults get up to between themselves was of no concern of theirs – they were only interested in medical matters'*

In terms of overall experiences feedback varied significantly between agencies and within Devon. The most positive feedback was for GP services, Health Visitors, Police and the Domestic Violence Police Officers (DVOs), although within those areas Health Visitors still had lower satisfaction ratings than might have been anticipated as did the DVOs. Many women had experience of Housing departments and Social Services and the levels of satisfaction varied widely, but with the greatest proportion reporting low levels of satisfaction. Although in part the concerns reflected a lack of resources and limited availability of services, criticisms were strongest when the attitude of staff had been unhelpful or insensitive or completely lacking in understanding about the nature of domestic violence.

*'Very dismissive, patronising, believed abusers sob story – didn't want to get involved'*

One of the biggest concerns arising from this study has been the lack of support for children. The vulnerability of children due to their mother's isolation and fear of being caught up in an abusive situation was palpable, as was their deep seated fears about the long term impact on their children of living in abusive situations. Yet only 30% of women had been offered support for their children without asking and in the vast majority of cases this was from Women's Aid services (particularly North Devon where a generic children's worker had been employed) and not the statutory sector. By contrast 64% of women had asked for help with their children and received very mixed responses. All of the Devon groups who actively participated in this study believe the lack of understanding about the impact on children and the lack of associated services, to be the most significant gap in services dealing with domestic abuse. Unless additional investment and commitment is made towards providing an effective response for these children then levels of domestic abuse will continue to increase.

*'The children are my biggest concern. My oldest son – 16 – refuses to see his father now and is very angry about the abuse he witnessed his father give me. He is also suddenly angry that no-one has listened to him, accepted his witness statements or asked him what he wanted to do about the situation. He is so angry that he is now becoming abusive...'*

One of the most significant findings from our research was the range of difficulties which women faced, not just in leaving an abusive relationship but in moving on to an independent and secure life. Over 50% of the women had to permanently leave the family home as a result of the abuse, often away from family and friends, creating enormous turbulence for themselves and their children. In addition 61% had continued to be abused by the perpetrator resulting in deep rooted fear and anxiety and heightened vulnerability with regards the children being caught up in a complex, manipulative relationship. Alongside these problems women experienced pressure to return (often by 'well meaning' individuals as well as the perpetrator), financial hardship and a lack of confidence. In developing their understanding of domestic abuse it is vitally important that the mainstream services recognise the ongoing pressures on women, and do not assume that once they have left an abusive relationship that no further support is needed; if anything the opposite is the case.

*'GP referred my child to the child psychologist ( before I left) but cancelled the referral when I left for the refuge 12 miles away – child psychology department is the same for both areas'*

Somewhat unusually the issue of confidentiality was raised in several instances throughout this study. Three specific

instances were reported where a GP, Social Services and the DSS all disclosed information which resulted in survivors either being assaulted or being extremely scared. When the question was asked in this study about how services could be improved it is therefore perhaps less surprising that several survivors stressed the importance of respecting confidentiality in order for them to feel comfortable disclosing abuse and seeking further help, one commented

*'Knowing that any information would be dealt with in complete confidence. I carried a card with a helpline number on it for years – but never rang it because it was a local number and I was worried that the person who answered might know me/ my husband'*

## **7. Recommendations**

Set out below are the broad recommendations based on the findings from this study, these will be discussed further at the forthcoming survivors conference in November 2005. It is hoped that these, combined with the conference feedback, will then form an action plan for the ADVA Partnership to take forward in improving and developing services across Devon.

1. Develop training packages for professionals for who Domestic abuse is not a specialism, involving survivors wherever appropriate, in order to:

- raise awareness about domestic abuse
- recognise domestic abuse, including the 'symptoms' and consequences
- examine and challenge myths and stereotypes
- confidently enquire about domestic abuse and respond competently to disclosures

2. Increase knowledge and awareness of domestic abuse amongst all agencies in understanding the 'moving on' issues and need for ongoing support.

3. Increase knowledge and understanding amongst professionals about the impact of domestic abuse on children, both in the short and longer term.

4. Review the range of services available to support children living in abusive situations across Devon and the equitability of the distribution, with the aim of increasing the availability of services

5. Explore areas of significant variation in service delivery across Devon with the aim of identifying good practice for replication and addressing poor practice.

6. Develop work with survivors to : inform the planning and development of new services ; act as a source for consultation; and participate as trainers.

*'Thank you for my voice – please use it'*  
(comment at the end of one questionnaire)

## 8. Appendix 1: Results from Raising the Survivor Voice questionnaires

NB Not all respondents completed every section

Age of participants

|       | Exeter | East Dev | Mid Dev | North Dev | Torrige | West Dev | S Hams | Tgnbridge | Devon Total |
|-------|--------|----------|---------|-----------|---------|----------|--------|-----------|-------------|
| 18-25 | 1      | 1        | 1       | 3         | 1       | 1        | -      | 1         | 9           |
| 26-40 | 8      | 5        | 7       | 17        | 4       | 4        | 3      | 1         | 49          |
| 41-60 | 3      | 5        |         | 9         | 5       | 6        | -      | 3         | 31          |
| Total | 12     | 11       | 8       | 29        | 10      | 11       | 3      | 5         | 89          |

Ethnicity of participants

|               | Exeter | East Dev | Mid Dev | North Dev | Torrige | West Dev | S Hams | Tgnbridge | Devon Total |
|---------------|--------|----------|---------|-----------|---------|----------|--------|-----------|-------------|
| White British | 12     | 10       | 7       | 29        | 8       | 11       | 3      | 5         | 85          |
| White Irish   |        | 1        |         |           |         |          |        |           | 1           |
| White Other   |        |          |         |           | 2       |          |        |           | 2           |
| White & Asian |        |          | 1       |           |         |          |        |           | 1           |

Whether participants had ever lived in a refuge?

|     | Exeter | East Dev | Mid Dev | North Dev | Torrige | West Dev | S Hams | Tgnbridge | Devon Total |
|-----|--------|----------|---------|-----------|---------|----------|--------|-----------|-------------|
| Yes | 6      | 5        | 4       | 15        | -       | 3        | 2      | 2         | 37          |

Participants with Children under 18 years of age

|                    | Exeter | East Dev | Mid Dev | North Dev | Torrige | West Dev | S Hams | Tgnbridge | Devon Total |
|--------------------|--------|----------|---------|-----------|---------|----------|--------|-----------|-------------|
| Yes                | 9      | 10       | 8       | 25        | 8       | 7        | 3      | 5         | 75          |
| Number             | 21     | 23       | 15      | 55        | 15      | 15       | 6      | 8         | 158         |
| No living with you | 21     | 22       | 15      | 51        | 14      | 14       | 6      | 8         | 151         |

Occupation of Perpetrator

|                  | Exeter | East Dev | Mid Dev | North Dev | Torrige | West Dev | S Hams | Tgnbridge | Devon Total |
|------------------|--------|----------|---------|-----------|---------|----------|--------|-----------|-------------|
| Professional     | 1      | 3        | 1       | 4         | 1       | 3        |        | 1         | 14          |
| Drivers          | 1      |          | 2       | 2         | 3       | 1        | 2      |           | 11          |
| Unemployed       | 1      | 1        | 3       | 3         | 1       |          |        | 1         | 10          |
| Builders         | 2      | 1        |         | 5         | 1       |          |        |           | 9           |
| 'Care' workers   | 1      | 3        |         | 3         |         | 2        |        |           | 9           |
| Skilled Manual   | 1      |          | 1       | 3         |         | 1        |        | 2         | 8           |
| Managerial       |        |          |         | 1         | 2       | 1        | 1      | 1         | 6           |
| Unskilled manual | 1      |          | 1       | 2         | 2       |          |        |           | 6           |
| Office worker    | 1      |          |         | 2         |         | 1        |        |           | 4           |
| Self Employed    | 1      |          |         |           |         | 1        |        |           | 2           |

| Scores between 1 & 5 where 1 = very dissatisfied, 5 = very satisfied |   | Exeter | East Devon | Mid Devon | North Devon | Torrridge | West Dev | South Hams | Teign-bridge | Devon Total |
|--|---|--------|------------|-----------|-------------|-----------|----------|------------|--------------|-------------|
| GP Scores  | 1 | 1      | 1          | 1         | 2           | 2         | 4        | 1          | 1            | 13          |
|  | 2 |        | 1          | 1         | 1           | 3         | 1        |            |              | 7           |
|  | 3 | 3      | 1          | 1         | 3           | 1         |          |            | 1            | 10          |
|  | 4 |        | 1          | 1         | 6           | 2         | 1        | 1          |              | 12          |
|  | 5 | 6      | 3          | 3         | 7           |           | 3        | 1          | 1            | 24          |
| H V Scores   | 1 |        |            | 1         | 1           | 2         | 1        |            |              | 5           |
|  | 2 | 2      |            |           | 1           |           | 2        | 1          |              | 6           |
|  | 3 | 1      | 1          |           | 2           |           |          |            |              | 4           |
|  | 4 |        | 3          |           | 3           | 1         |          |            | 1            | 8           |
|  | 5 | 1      | 1          | 2         | 3           |           |          |            |              | 7           |
| Police Scores  | 1 | 1      |            | 1         | 2           |           | 2        |            |              | 6           |
|  | 2 |        |            |           | 1           | 1         | 1        |            |              | 3           |
|  | 3 | 2      | 1          | 2         | 5           | 1         | 1        |            | 2            | 14          |
|  | 4 |        | 4          |           | 2           | 3         | 2        | 1          |              | 11          |
|  | 5 | 3      | 1          | 4         | 8           |           | 1        |            |              | 18          |
| DVO Scores   | 1 |        |            | 1         | 1           |           | 4        |            | 1            | 6           |
|  | 2 | 1      | 1          | 1         | 2           |           |          |            |              | 5           |
|  | 3 | 1      |            | 1         |             | 2         |          | 1          | 2            | 6           |
|  | 4 |        |            | 1         | 2           | 1         | 1        |            |              | 5           |
|  | 5 | 5      | 3          | 2         | 9           | 1         | 2        |            |              | 24          |
| W Aid Refuge   | 1 |        |            |           |             |           |          |            |              | 0           |
|  | 2 |        | 1          | 1         | 1           |           |          | 1          |              | 3           |
|  | 3 | 1      |            | 1         | 1           |           |          |            |              | 3           |
|  | 4 | 2      | 1          |           | 1           |           |          |            | 1            | 5           |
|  | 5 | 3      | 2          | 1         | 11          |           | 1        |            | 1            | 20          |
| W Aid Outreach   | 1 |        |            |           |             |           |          |            |              | 0           |
|  | 2 |        |            |           |             |           |          |            |              | 0           |
|  | 3 | 1      | 2          |           |             |           |          |            |              | 3           |
|  | 4 | 2      | 1          |           | 4           | 2         | 1        |            |              | 10          |
|  | 5 | 5      | 4          | 5         | 20          | 7         | 9        | 1          | 3            | 54          |
| P Changing   | 1 |        |            |           |             |           |          |            |              |             |
|  | 2 |        |            |           |             |           |          |            |              |             |
|  | 3 |        |            |           |             |           |          |            |              |             |
|  | 4 | 1      | 1          | 1         | 3           | 2         | 2        |            | 1            | 11          |
|  | 5 | 3      | 2          | 2         | 15          | 5         | 1        |            |              | 28          |
| Social Svce Scores   | 1 | 1      | 2          | 1         | 3           | 1         | 2        | 1          |              | 11          |
|  | 2 | 1      |            |           |             |           | 1        |            | 2            | 4           |
|  | 3 | 1      | 1          | 1         | 2           | 1         |          |            |              | 5           |
|  | 4 | 1      |            | 1         | 2           |           | 2        |            |              | 7           |
|  | 5 | 1      | 1          |           | 1           |           |          |            |              | 3           |

| Scores between 1 & 5 where 1 = very dissatisfied, 5 = very satisfied | Exeter                | East Devon  | Mid Devon            | North Devon                | Torridge  | West Dev                                    | South Hams                                   | Teign-bridge           | Devon Total              |
|--|-----------------------|---|----------------------|----------------------------|---|---|--|------------------------|--------------------------|
| Housing Scores   | 1<br>2<br>3<br>4<br>5 | 3<br>2<br><br>4   | 6<br><br><br><br>    | 2<br>1<br>1<br>1<br>1      | 7<br>1<br>2<br>3<br>3   | 2<br><br><br>1                              | <br>1<br>1<br>1<br>1                         | <br><br>1<br><br>1     | 20<br>7<br>6<br>7<br>10  |
| Solicitors Scores  | 1<br>2<br>3<br>4<br>5 | 2<br>1<br>2<br>1<br>3   | <br>1<br>2<br>1<br>3 | 1<br><br>1<br>2<br>3       | 2<br>1<br>4<br>3  | 1<br>1<br>1<br>5                            | 1<br>1<br>2<br>2<br>1                        | <br><br>1<br>1<br>2    | 7<br>5<br>14<br>15<br>22 |
| Family Courts Scores   | 1<br>2<br>3<br>4<br>5 | <br>1<br>1<br><br>1   | <br><br>2<br>1<br>1  | <br><br><br>1              | <br>1<br>1<br>1   | 2<br>1<br><br>1                             | 3<br><br><br><br>                            | <br><br><br>1          | 8<br>5<br>3<br>4         |
| Criminal Courts Scores   | 1<br>2<br>3<br>4<br>5 | <br><br><br><br>  | <br>1<br><br><br>    | <br>1<br><br><br>          | 1<br><br><br>2  | 1<br><br>2<br><br>                          | 2<br><br><br><br>                            | <br><br><br>1          | 4<br>3<br>2<br>1<br>2    |
| CPS Scores   | 1<br>2<br>3<br>4<br>5 | <br><br><br><br>  | <br><br><br><br>     | <br><br><br>2              | 1<br><br><br>   | <br><br><br><br>                            | <br><br><br><br>                             | 1<br>1<br><br><br>     | 2<br>1<br><br><br>2      |
| M Health Scores  | 1<br>2<br>3<br>4<br>5 | <br>1<br><br>2  | 1<br><br><br><br>    | <br><br><br>1              | 2<br><br>2<br>3<br>2  | 1<br><br>2<br><br>                          | 3<br><br><br>1                               | <br><br>1<br>1<br><br> | 8<br>1<br>6<br>3<br>6    |
| A&E Scores   | 1<br>2<br>3<br>4<br>5 | <br>1<br>1<br><br>  | <br><br>1<br><br>    | <br><br><br>1<br>1         | 1<br>1<br>2<br><br>2  | <br><br><br><br>                            | 1<br>1<br><br><br>                           | 1<br><br><br><br>      | 2<br>3<br>5<br>1<br>3    |
| Other  |                       | CAFCAS<br>S 5<br>Drama<br>Therapist<br>Family<br>Therapist<br>5<br>SHOT 3 |                      | Counselling<br>1x<br>5;1x3 | Midwife 5<br>BPAG 5<br>Police<br>Photographer 5<br>Contact<br>Centre 5<br>Employers<br>(NHS) 1<br>Perpetrator<br>course 5 | Relate<br>1<br>Sexual<br>Health<br>Clinic 1 | Psych-<br>therapy<br>1<br>Job<br>Centre<br>1 |                        |                          |

Whether abuse has continued since separation?

|     | Exeter | East Dev | Mid Dev | North Dev | Torridge | West Dev | S Hams | Tgnbridge | Devon Total |
|-----|--------|----------|---------|-----------|----------|----------|--------|-----------|-------------|
| Yes | 7      | 6        | 4       | 17        | 6        | 8        | 2      | 3         | 53          |

Ever OFFERED support for your children without asking for it?

|                 | Exeter            | East Dev | Mid Dev               | North Dev | Torridge     | West Dev | S Hams | Tgnbridge | Devon Total |
|-----------------|-------------------|----------|-----------------------|-----------|--------------|----------|--------|-----------|-------------|
| Yes             | 2                 | 2        | 2                     | 9         | 4            | 1        | 1      | 1         | 22          |
| If YES by whom? | W Aid Victm Spprt | W Aid    | Schools W Aid S Svces | Schools   | W Aid School | Friends  | ?      | W Aid     |             |

Ever ASKED for support for your children?

|                  | Exeter        | East Dev | Mid Dev         | North Dev  | Torridge                       | West Dev                  | S Hams   | Tgnbridge                          | Devon Total |
|------------------|---------------|----------|-----------------|--|--------------------------------|---------------------------|----------|------------------------------------|-------------|
| Yes              | 8             | 5        | 4               | 15   | 5                              | 5                         | 2        | 4                                  | 47          |
| If YES who from? | S Services GP | HV W Aid | GP School nurse | W Aid S Services Child Psycgy GP YISP GOYA H Visitor | HV GP School W Aid Hospital Dr | GP Housing support School | GP W Aid | S Srvices GP Pre school Parentline |             |

Did you have to leave the family home as a result of the abuse?

|                            | Exeter | East Dev | Mid Dev | North Dev | Torridge | West Dev | S Hams | Tgnbridge | Devon Total |
|----------------------------|--------|----------|---------|-----------|----------|----------|--------|-----------|-------------|
| Yes                        | 9      | 9        | 6       | 22        | 6        | 7        | 2      | 4         | 65          |
| If YES where did you go?   |        |          |         |           |          |          |        |           |             |
| Refuge                     | 5      | 1        | 2       | 12        |          | 1        | 1      |           | 22          |
| Parents                    | 1      | 1        | 2       | 3         | 1        | 1        |        |           | 9           |
| Rental                     |        | 2        |         | 4         | 1        | 1        |        |           | 7           |
| Tempy accmdtn              | 2      |          | 2       |           |          | 2        | 1      |           | 7           |
| Homeless                   | 1      |          |         |           |          |          |        |           | 1           |
| Friends                    |        | 1        |         | 2         | 2        | 2        |        |           | 7           |
| Did you return ? Yes       | 1      | 1        | 2       | 9         | 1        | 3        |        | 1         | 18          |
| Had he moved out ? Yes     | 1      | 1        | 2       | 9         | 1        | 2        |        |           | 16          |
| Did you return to him? Yes |        |          |         |           |          | 1        |        | 1         | 2           |

**Moving on – if you are still in an abusive relationship what worries you most about rebuilding your life?**

|                             | Exeter | East Dev | Mid Dev | N. Dev | Torrige | W. Dev | S Hams | Tgnbridge | Devon Total |
|-----------------------------|--------|----------|---------|--------|---------|--------|--------|-----------|-------------|
| Violence Continuing         |        | 1        |         |        |         |        |        | 1         | 2           |
| Financial Hardship          |        | 1        |         | 1      |         | 1      |        | 1         | 4           |
| Housing                     |        |          |         |        |         | 1      |        | 1         | 2           |
| Pressure to return          |        |          |         |        |         | 1      |        | 1         | 2           |
| Legal Problems              |        | 1        |         |        |         | 1      |        | 1         | 3           |
| Making your own decisions   |        | 1        |         |        |         |        |        |           | 1           |
| Concerns about the children |        |          |         | 2      |         | 1      |        | 1         | 4           |
| Lack of confidence          |        |          |         | 1      |         | 2      |        | 1         | 4           |

**Moving on – if you have left an abusive relationship what have you found most difficult about rebuilding your life?**

| 1                           | Exeter | East Dev | Mid Dev | North Dev | Torrige | West Dev | S Hams | Tgnbridge | Devon Total |
|-----------------------------|--------|----------|---------|-----------|---------|----------|--------|-----------|-------------|
| Violence Continuing         | 5      | 5        | 2       | 10        | 4       | 3        | 1      | 2         | 32          |
| Financial Hardship          | 7      | 6        | 6       | 15        | 7       | 8        | 2      | 2         | 53          |
| Housing                     | 7      | 7        | 3       | 13        | 6       | 4        | 2      | 3         | 45          |
| Pressure to return          | 4      | 2        | 2       | 9         | 3       | 3        |        | 1         | 24          |
| Legal Problems              | 6      | 2        | 1       | 6         | 5       | 5        | 1      | 2         | 28          |
| Making your own decisions   | 6      | 3        | 3       | 8         | 4       | 4        |        | 2         | 30          |
| Concerns about the children | 7      | 7        | 6       | 15        | 5       | 5        | 3      | 3         | 51          |
| Lack of confidence          | 8      | 5        | 7       | 11        | 7       | 5        | 3      | 3         | 49          |

Please note that in addition to the above data the study gathered extensive quotes which have been used selectively throughout the report. Anyone requiring additional feedback for specific sections is invited to contact Philippa Chapman on 01935 815851 or [philippac@dsl.pipex.com](mailto:philippac@dsl.pipex.com)



**adva**

against domestic violence and abuse  
in Devon

...and the effects on the children

...to me

...and wanted regularly to make sure I was okay

...effects on the children

Because of there being no physical

...abuse felt my doctor did not believe me

...helped me to recognise that what I was suffering

...extra violence. He never signposted other agencies.

...me anti-depressants and sent me to counselling

*'Thank you for my voice - please use it'*