Call for Evidence: National Commission into women facing domestic and/or sexual violence and multiple disadvantage

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Date: February 2018

This paper is the response from the National Expert Citizens Group (NECG) and frontline staff from the Fulfilling Lives: Supporting people with multiple needs programme to the call for evidence for the National Commission into women facing domestic and/or sexual violence and multiple disadvantage.

Background

AVA (Against Violence and Abuse) and Agenda, the alliance for women and girls at risk, have set up a new National Commission to take evidence on the issues experienced by women who have faced domestic and/or sexual violence and who have also faced multiple disadvantage (particularly problematic substance use and mental ill health). The call for evidence came in December 2017 and will be provided to a panel of experts, chaired by Baroness Hilary Armstrong. They will report on the findings in autumn 2018.

All NECG and Fulfilling Lives project leads were invited to participate in the call. Some projects elected to submit evidence separately. This report provides evidence from frontline workers from two of the funded projects. It also provides evidence from women with lived experience of the issues from the following project areas: Nottingham, South East Fulfilling Lives, Bristol and Birmingham.

Please note: for the purposes of this report 'multiple needs services' refers to services provided to address issues surrounding: homelessness, mental ill health, substance use and offending behaviour. The term 'services' is used when it refers to any service that would be beneficial to a woman experiencing multiple needs and domestic abuse or violence.

The issues

There are a number of issues that surround the successful delivery of services to, and outcomes for, women experiencing multiple needs (in particular mental ill health and substance misuse) and domestic and/or sexual violence. These issues are explored further below.

COMMISSIONING

There is a belief that there is a gender-bias within the commissioning of services around domestic violence and multiple needs. All the front line staff interviewed stated that commissioners of multiple needs services were male who they believe have little or no understanding of the needs of the client group. Multiple needs services are set up to deliver based on the experiences of those who currently are most likely to access the services (men) and therefore do not consider the needs of women and why they are not accessing the services in the first place.

It is felt that this has led to available funding being focused on providing limited or specific pathways when much greater wrap-around support is most required. The specifications of how the funding can be spent result in most services providing a 'fire fighting' crisis led service that typically leads to staff having to 'shoe horn' women into inappropriate care packages in order to get them any support.

It is believed that the impact of the current commissioning structure contributes to the issues listed below.

BARRIERS TO ACCESSING SERVICES FOR WOMEN WITH MULTIPLE NEEDS

There are a number of barriers which stop women with multiple needs accessing services. Firstly, a **woman must be in a position where she can safely seek help** in the first place. A number of women interviewed explained this would not have been possible as they were rarely allowed out of the home unaccompanied, if at all. If a woman can initially seek help, a number **are let down because they are not believed.** Ignoring or down-playing of early cries for help prevents any use of early intervention or prevention.

Some women are able to seek help and support but may not access it due to **conditionality criteria for accessing services.** Examples provided by interviewees for not being able to access services included: 'not being poorly/ill enough (in regards to mental health or level of substance misuse)' or conversely, being 'too high risk' to work with. Interviewees do not believe that the complexities of multiple needs are considered when working with individuals who have experienced domestic violence; for example, a woman may have an assault record for retaliating against her domestic violence and a multiple needs service would state the record was a reason not to work with her.

If a woman can get help and secures an appointment with a service they acknowledge that the appointment is important. However, it is believed that services are set-up on the **assumption that women access services in the same way as men**. Frontline staff respondents stated that men are more likely to attend appointments than women and so services expect women to do the same. Although both may equally be restrained by transport issues, women often have the **additional barriers of childcare** and, in the event they are experiencing domestic and/or sexual violence, may also have to contend with **coercion issues.**

Lack of childcare limits a woman's ability to attend appointments and according to interviewees it is the first thing to be cut when services are looking for savings. Respondents in one area stated that attendance at their local service dropped by 50% when provision was cut. Women are then left to build relationships with local nurseries which often prove to be difficult due to stigma and their need to drop children off at short notice. Once a woman does not attend a multiple needs service she is **penalised with warning and/or breach letters**.

In regards to children, there are additional issues surrounding domestic violence and multiple needs. Women with lived experience explained that **children are often aware of what is going on at home and either view the situation as normal or become the 'whistle-blowers' on the situation**. They need to be informed that domestic violence is not normal nor is it ok – something that they will not learn at home. In addition, female genital mutilation and honour based violence are considered to be taboo subjects so young people are not informed.

ISSUES WITH THE CURRENT SUPPORT OFFER

There is a lack of women-only hostels available. The current shortage means that women are often placed in mixed gender hostels. Women do not feel safe in these establishments and leave. In addition, if there is only one in the area and the women do not get on they won't go there because 'x' is there.

If a woman does access support some multiple needs services provide a **cold, impersonal approach** that is off-putting and deters women from accessing further support. Housing services were most likely to be mentioned as providing this approach, particularly Housing Aid. One woman gave an example of being relocated twice for her protection and when she was placed in a city permanently, the first thing they did was present her with a housing benefit form without even asking her name or how she was. In addition, some hostel services were noted as not providing positive stimuli or activities for the women to make it a pleasant environment to reside in.

Not all support offered is effective, with Trauma, Recovery, Empowerment and Motivation (TREM) being mentioned as an example of what doesn't work by the women with lived experience. They were told it would help; the consensus was that it didn't:

> *It was supposed to help but it opened a can of worms...I thought it would help me get rid of it [but it didn't] and afterwards there was no support.*

The women acknowledged that 'Recovery, Enrichment, Direction' (RED) was brought in to deal with trauma re-appearing but they did not feel this approach worked as they saw no correlation with the questions they were asked and activities they did and how it would help. What the women really wanted was the establishment of positive friendships and the development and support in basic life skills. Many have been in such controlling environments that they require support in areas such as cooking, budgeting, setting up bank accounts, registering with GPs etc.

Women also require support to know where and how to attend the appointments and where important services are – particularly if they are new to an area. For example, once a woman is relocated following domestic violence, there is a **lack of information provided that would assist a woman in resettling in the new area:**

> *I was put in an area, no map, didn't know the area, with two young kids. I didn't know the schools, doctors, shops...where were they? And I didn't get to see my support worker for over a week.*
>
> **Lived experience interviewee, Bristol**

The biggest question front line staff get is '**How do I prioritise all these appointments? Who do I make happy?**' The number of services and appointments required to support the needs of this client group has been described as the equivalent of 'having a part-time job' or 'looking after 6 children who are all poorly at the same time'. **Being able to sort their time around their own complex needs, their families and the services who support them is a difficult task.** For example, a woman may need to consider the requirements of her children who may all attend different schools in different areas of the town/city they live in; the locations of the organisations supporting her and areas of the locale she will need/want to avoid due to safety concerns around where the perpetrator of the violence/abuse inhabits. This latter example has led to some women being unable to access suitable support or treatment services because it is only made available in an area that she cannot access because her ex-partner uses those services.

As stated above, men are more likely to access multiple needs services than women. This means that **women are presented with the option to attend support services where often there are over 20 men accessing the service. Women who have (or are) experiencing domestic violence and abuse do not feel safe in this type of environment and are unable to 'open up' and discuss their issues and needs.** Staff stated that women often talk about being propositioned at meetings run for drug and alcohol services:

> *[These meetings] are dominated by men who are heavy drinkers and they are no longer gentlemen...*
>
> **Front line worker**

Further, staff and women with lived experience commented that **men frequently enter women-only spaces. These occurrences are not reported because organisations have learnt that there is never any follow-up and staff are unable to obtain restraining orders.**

If a woman can overcome all the issues listed above they are then faced with the two core issues within the current support structure: 1) **the provision of a limited number of sessions for support** and 2) **the lack of suitably trained staff.** Limited sessions do not provide the time required to adequately deal with complex trauma – which is what most of the women experiencing multiple needs and domestic violence have had. One woman who was interviewed has been waiting 3 years for trauma counselling and another said it took her 20 years and the only reason she got access was because she was admitted onto a medium secure mental health unit. The provision that is currently offered for counselling is a standard 12 weeks. It takes several weeks to build a relationship with someone let alone unveil the trauma experienced and begin to deal with it. If a woman is not treated properly they are likely to move from one perpetrator to another.

In addition, the complexities of dual diagnosis can make accessing support take longer. For one woman, she feels this lack of timely support contributed to her experiencing domestic violence:

> *I started substances due to undiagnosed schizophrenia. It was whilst I was on substances that I entered a cycle of abusive relationships.*
>
> **Lived experience interviewee, Eastbourne**

Both frontline staff and women with lived experience identified that **there is a lack of suitably trained staff who are able to address the issues faced by women who have experienced domestic violence and multiple needs**. It was acknowledged that

staff positions are generally low paid and therefore attract low skilled/entry level personnel. These individuals are then involved in high volumes of complex case loads without the skills to deal with the demands of the role – in particular, the ability to identify, understand and treat complex trauma.

> *No-one wants to get into or take drugs...[a client goes] to the CLG and there is no psychologist and an 80 client caseload...how can they deliver? How can you understand the 'why' to help the client?*
>
> **Front line worker**

This leads to stressed, over-worked staff members who are more likely to deliver a uniform approach to the women they support – something that all interviewees agree, does not work. Further, when women have had access to support on complex trauma these trained professionals have often been men and they do not feel comfortable discussing their experiences with them.

Interviewed frontline staff had received mixed experiences in regards to training**. The most common form of training was in-house provision by a more senior member of staff. However this was often viewed as too basic and out-dated.** Staff wanted training from higher level practitioners with experience in complex trauma – however they acknowledged this was expensive and was probably why it wasn't delivered.

Cultural awareness training was considered to be lacking and much required. Half the women interviewed were Muslim and they explained that domestic violence was frequent in the culture and this led to a lot of hidden mental health and substance use issues.

Compounding the staff training and caseload issues is the fact that **services often do not co-operate together.** Austerity, heavy workloads, competition for funding and different organisational priorities mean that women can often 'fall through the gaps' and do not receive the support they need. In one case it took 36 hours with emergency services to get the help required. In another the police explained it was another organisation's responsibility to inform the woman where to go. All services should know what is available for women.

UNREALISTIC MOVE-ON PATHWAYS

The current care pathways often stipulate unrealistic move-on plans for the client group – staff discussed pathways that **require clients to undertake volunteering or work whilst still in recovery** and yet at the same time, many are on long waiting lists for the NHS (1-2 years).

Finally, there is a **lack of aftercare provision** with temporary accommodation for 1 bed flats being hard to acquire and consequently women can be stuck in hostels for 3-4 years. Knowing this, some women, who are ready to receive support such as rehabilitation or detox are turning down the opportunities because they know they will be returned to the hostel they are currently in. The same hostel where the individuals, issues and substances are that enabled their substance use.

What works well

This section explores what works well for women facing domestic and/or sexual violence and multiple disadvantage. Some of these address the issues listed above.

Headline findings: Women require a service that provides assertive outreach, peer support and has a venue that is a 'women only space'. Support should be pastoral in approach, non-judgemental, not time bound, persistent, holistic and person-centered.

1. **Women only spaces**: Those that provide multiple services under one roof are seen as particularly effective – this is due to the element of anonymity they provide – both in terms of protecting the identification of her needs to others in the space, and in terms of protecting her accessing a service she needs but may be prohibited from accessing by a controlling partner. These spaces also provide a relaxing environment where women can talk at their own pace.
2. **Peer mentors:** the importance of peer support and talking to someone who has had similar experiences was seen as imperative by both frontline staff and those with lived experience. It was felt this would be particularly helpful when in court. The power of #metoo. Women would like peer support/empowerment groups that focus on building up esteem and confidence – not sessions that work on revisiting trauma. For one, a Crisis Skylight worker offered this and it really helped.
3. **Services that provide ongoing, persistent support:** Services that 'don't give up' on helping an individual or discharge them because they have failed to attend an appointment. Services should find out 'why' a woman is unable to attend and work with her for solutions. This is the Fulfilling Lives philosophy and is provided in the 12 funded areas[1]. Statutory services often do not do this as time is seen as money. In addition, support should not be time-bound, it requires time to build relationships, develop trust and address the trauma the women have experienced (many services offer 6 sessions only which is insufficient).
4. **Holistic approach:** multi-agency support is essential. It was suggest that teams should include: a link worker, a psych nurse, a social worker and a psychologist.
5. **Non-judgemental staff:** Organisations that work from the assumption that the woman is trying the best she can and works with her to build up trust and a good working relationship.

[1] Birmingham, Camden & Islington, Blackpool, Nottingham, Bristol, Stoke-on-Trent, Manchester, Liverpool, West Yorkshire, the South East Partnership (Brighton & Hove, Eastbourne and Hastings), Lambeth Southwark & Lewisham, and Newcastle & Gateshead.

6. **Services that offer pastoral support, particularly with an outreach model:** many mainstream services expect a woman to come to them and this is often impossible for those suffering domestic violence and abuse. Providing options for home visits and a flexible approach to support is a must to ensure access.
7. **Person-centred:** Women should be involved in their own care plans and making decisions about their own recovery journey.
8. **Refuges with visible security (gates, cameras)**: These refuges made the women feel safe:

> *You knew they couldn't get you, no man is allowed. There were cameras, gates and [we were] taken seriously if we called the police from the refuge.*

9. **Evidence-based practice training for staff**: Training that staff enjoyed and/or sought the most was that which was evidence based, provided by a reliable source (so they trusted it) and was delivered through work with both professionals and women with lived experience. An example of such training was the Adolescent Parental Violence course delivered by AVA.
10. **Providing solutions to known barriers**: In order to engage women in to services some provide taxis to attend appointments. Staff in some projects work with women to plan their diaries as the number of appointments required to provide support to someone experiencing domestic violence and multiple needs can be overwhelming.

What is required

The table below illustrates gaps in services and recommendations from the interviewees.

Area	Actions/requirements
Improved staff training	• Training is required around: neglect, trauma, physical abuse. • Staff in refuges, hostels, the police and hospitals should be trained to identify signs of domestic abuse and violence. • Staff should also be trained to identify when women are using substances – several women felt it was easy to use in refuges and that staff did not notice, intervene or stop such activity. • More female psychiatrists should be made available.
Working with children & young people	• Support should be provided to children in families experiencing domestic violence and/or multiple needs. Trauma informed counselling should be made compulsory. • Awareness raising should occur at schools. It was suggested that a campaign like 'Mum I need to talk about pants' should be created in regards to domestic violence: https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/

Peer Support	• A focus on improving self-esteem and confidence • Creation of a peer support helpline – similar to support systems such as Samaritans and Childline. • Identify what the person 'can' do and what they enjoy NOT what happened to them. A successful example cited was a crochet class run by a local church – it focused on creating positive relationships and new skills rather than the experienced trauma.
Review the discharge rules	• It is appreciated that the rules are usually in place due to waiting lists. However, the issues and barriers to accessing services experienced by the women are often the same and so implementing them becomes a 'revolving door' without addressing the problems. If services build trusting relationships women will open up and communicate and explain what barriers are causing them to be unable to attend and then staff can work with them to overcome these.
Non-specific funding	• Provision of funding that allows providers to stipulate the care pathways they would deliver with the money. This would be seen to allow resources to focus on long-term solutions and preventative interventions. • Having a specific funding and policy officer would provide a valuable resource to source funding and develop more effective policies. This could be conducted on a regional level.
Provision of training/support on daily living skills	• Cooking, budgeting, setting up as bank account, registering with a GP
Crisis/immediate support availability	• Crisis and immediate support should be made available in services/locations that women are typically often allowed to visit even if they are in a controlling relationship – nurseries, schools, GP surgeries. Peer support should be made available in these locations: > *Only a small room would be required, with tea, biscuits and peers to talk to.* > **Lived experience interviewee, Birmingham** • Plain clothed police officers would be more likely to be accepted on approach than uniformed officers. Women felt this was less intimidating

	and many had been told not to trust the police.
Legal changes	• Women would like **false imprisonment charges** to be brought to men who lock them up and restrict them from leaving the home • **Creation of a Domestic Violence registry** – all the women interviewed wanted this and they all discussed how their partners had been previous and subsequent perpetrators of domestic abuse and violence. *I found out he had been married NINE times before me…pattern just keeps being repeated.* **Lived experience interviewee, Birmingham** • Having the opportunity to revoke fixed penalties: Currently women can continue to receive penalties after they have rebuilt their lives and have been in recovery for extended periods of time. Women would like to see a legal change that allows them to appeal fixed penalties, particularly around their capacity to have children: *[She] had 6 children taken. She fixed her life, got in a new positive relationship and fell pregnant. They took that child away…she was still paying [for her past mistakes]* **Lived experience interviewee, Eastbourne**

Finally, it is important to note that whatever the national commission recommends, it must provide realistic models and be locally specific:

> *[We] cam talk about best practice but it means nothing if it is not tied to the available resources in the local area.*
>
> **Front line worker**