Change that Lasts: Transforming responses to domestic violence and abuse

#HearMe
Introduction

Women’s Aid (England) and Welsh Women’s Aid are the national charities working to end domestic violence and abuse. Women’s Aid, in England and in Wales, supports a network of organisations who provide local, lifesaving services to women and children - providing expert training, qualifications and consultancy to a range of agencies and professionals working with survivors or commissioning domestic abuse services, and in England, awarding the National Quality Mark for services meeting quality standards (currently being piloted in Wales).

Welsh Women’s Aid runs the 24-hour bilingual national Domestic Abuse and Sexual Violence Helpline in Wales. Women’s Aid in England runs the 24 hour National Domestic Violence Helpline, in partnership with Refuge, and a range of online services including the Survivor’s Forum helping hundreds of thousands of women and children every year.

Over the past 40 years the Women’s Aid movement has been at the forefront of shaping responses to domestic violence and abuse, through practice, including the provision of dedicated support services, and through policy, keeping the voices of survivors at the heart of our work by listening and responding to their needs.

Women’s Aid (England) and Welsh Women’s Aid have worked in partnership to develop a new, cross sector model response to domestic violence – Change that Lasts.

We have reflected on the lessons learned from our experience thus far. In partnership with local services and key national stakeholders from many related fields, and survivors themselves, we have reviewed current approaches to tackling domestic violence and abuse and the systems in place. During this process a number of key questions have been raised. These include:

- Is the current approach making women¹ and children safer in a lasting way?
- How do we support women and children to live lives free from violence and abuse?
- What changes should be made to improve the current situation to deliver better longer term outcomes and thereby actually reduce the numbers of women and children victimised?
- How can any changes be made against the continuing backdrop of austerity?
- Is there a way of better directing the available resources?
- What can we learn from other social policy arenas?

These and similar questions are being asked across many sectors as the impact of the challenging fiscal environment continues to be felt.

Change that Lasts is a strengths-based, needs-led model that supports domestic violence survivors and their children to build resilience, and leads towards independence. This model is the culmination of 40 years of learning from services delivering practical, emotional and therapeutic support to women and children and work with a variety of stakeholders. Change that Lasts has survivors and their experiences at its heart. This report sets out the model as it has developed thus far.

We’re demanding change. It’s time to stop stigmatising women who’ve suffered domestic violence. We’re not the ones at fault. Listen to us! Hear us!

[Participant South Coast Focus Group]

¹ Survivors are referred to as women throughout because they are the main victims of domestic abuse and perpetrators as men because they are the main perpetrators of domestic abuse.
The current context and approach

For the past decade, there has been an increasing adoption of a risk-based model for service responses to domestic violence and abuse. However, there is also a growing literature highlighting the limits to such an approach, and recognition of problems in service responses. The 2014 HMIC investigation into police responses to domestic violence and abuse has provided evidence of problems in the criminal justice system response, and there are also indications that the current response is not reducing the rate of domestic violence. A focus on risk has been accompanied by a reduction in needs-led responses, and a growing crisis of unmet need. In addition, some service responses have been criticised for marginalising and disempowering survivors themselves. A controlling and undermining response from a service replicates the way in which the abuser has depleted a woman’s own resources, and many studies emphasise how women need to remain in control of the decision-making process, rather than having no idea, for example, about their ‘case’ going to the Multi Agency Risk Assessment Conference (MARAC).

Rather than seeing the response to domestic violence as being solely the response by services, Change that Lasts will emphasise that anything done by services is within a wider context, including social and community support. Women’s own responses started long before any service was involved, and will continue long after; therefore a more effective service response needs to understand women’s own strategies and enable what is positive within those. Legal and policy responses have tended to define domestic violence as discrete assaults and threats – an incident-based approach – and to focus on short-term service goals of ending the violence, which is often assumed to be via the woman leaving the relationship, rather than by the perpetrator changing his behaviour. However, a recognition of the wider context of coercive control within an abusive relationship would not only inform immediate responses, but also emphasise the potential for damaging effects long after an abusive relationship has ended. Short-term incident focused responses do not deal with longer term issues of recovery, nor with ongoing contexts of control and abuse, such as over child contact.

If there’s to be a new model it must be based on effective outcomes for survivors and not just effective processes – if we did the same things with all cases we wouldn’t get the same results because we’re not making widgets. This is people’s lives.

[Participant in North-East focus group]

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2 See for example, Debbonaire, 2011; Hester, 2012
3 Walby et al., 2014
4 Taylor, 2013
5 (AVA, 2010; Wilson, 2013; Kelly et al., 2014
6 Smith, 2003; Paterson, 2009
7 Coy and Kelly, 2011
8 Humphreys and Joseph, 2004; Wilcox, 2006; Klein, 2012
9 (Kirkwood, 1993; Davis, 2002; Abrahams, 2010
10 Goodman et al., 2005
11 Stark, 2007
12 Coy et al., 2012
Policy context for current responses

The current model and approaches work within a specific policy and service context for responding to domestic violence and abuse, which includes the Westminster government’s action plan on violence against women and girls (HM Government, 2014). However, there is also an increasing recognition of the impact of domestic violence and abuse within a wider range of social issues, and addressed by a range of policy and service responses across areas such as health, housing, finances and children. A more effective response to domestic violence and abuse, including earlier and more appropriate intervention to disclosure, would therefore have a positive impact across social policy and services. In addition to responses, there needs to be more effective ways of preventing domestic violence and abuse and protecting children and families from its long-term effects.

A focus on domestic violence has been announced by the Government in Westminster in the expanded Troubled Families Programme for England, with an expectation that this will increase the proportion of families eligible for the programme. Within this programme there is also recognition that “one problem may be a manifestation of another”, with there being a greater likelihood of a truanting child or a young offender, and of child or adult mental health problems, where domestic violence was identified in the family. Domestic violence responses therefore cannot be isolated from other social policy areas, and the need for coordinated and cohesive approaches to domestic violence is consistently emphasised in strategic and policy responses. Such coordination is identified as delivering both the best outcomes for women and children and for tackling perpetrators more effectively.

In Wales, the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 is the first law of its kind in the UK to provide a strategic focus to improve the public sector response in Wales to gender-based violence, domestic abuse and sexual violence. The Act and associated statutory guidance aims to ensure consistent consideration of preventative, protective and supportive mechanisms in the delivery of services. The main provisions in the Act are:

- a duty on Welsh Ministers to prepare and publish a National Strategy aimed at ending gender-based violence, domestic abuse and sexual violence;
- a duty on Welsh Ministers to appoint a National Adviser on Violence against Women and other forms of Gender-based Violence, Domestic Abuse and Sexual Violence;
- a duty on Local Authorities and Local Health Boards to jointly prepare and publish strategies aimed at ending gender-based violence, domestic abuse and sexual violence;
- provision to focus on violence against women, whilst ensuring the Act extends to all female and male victims of gender-based violence, domestic abuse and sexual violence;
- provision for Welsh Ministers to issue statutory guidance to relevant authorities on how they may contribute to ending gender-based violence, domestic abuse and sexual violence, including on workplace policies, the commissioning of services and multi-agency collaboration; and
- the power for Welsh Ministers to publish indicators that can be used to measure progress towards achieving the purposes of the Act.

To support implementation of the Act, the Welsh Government is taking forward an ambitious and comprehensive programme of education measures, alongside other statutory guidance.

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14 Guy et al., 2014
15 DCLG, 2014
16 Cerise, 2011; Coy and Kelly, 2011)
17 (Hester et al., 2006)
Why do we need a new approach?

Despite many years of development in policy and practice within the statutory and voluntary sectors, many professional and agency responses to domestic violence and abuse are at best inconsistent, and at worst dangerously ineffective. There is a host of evidence about the ineffectiveness of statutory agency responses to domestic violence and abuse and their failing to work effectively with specialist services – for example Domestic Homicide Reviews, the recent HMIC inquiry into police responses, serious case reviews and research by academics such as Marianne Hester and Liz Kelly. This is supported and reinforced by the feedback that Women’s Aid receives from survivors about their engagement with services, through calls received on the National Domestic Helpline\(^{18}\) in England, engagement with survivors on the online Survivor’s Forum, survivor focus groups, through our national network of member services and Women’s Aid (England) annual survey. In particular, concerns about current responses include:

- A focus on ‘high risk’ victims despite the fluid nature of risk and the limited impact of interventions to manage risk
- An assumption that frontline agencies have the knowledge and skills to identify domestic violence and abuse
- An assumption in many areas that having IDVAs and MARACs in place constitutes a coordinated community response
- An assumption of engagement with the criminal justice system
- A knee jerk reaction to the increased risks of child abuse within the context of domestic violence and abuse
- A lack of understanding of the gendered nature and impact of domestic violence and abuse
- An agency-centred culture focused on ‘defensible decision making’.

Most worrying, however, are the findings of a recent report by Lancaster University which states that the decrease in domestic violence since the 1990s has stopped and that violent crime against women is now increasing.\(^{19}\)

The Risk Model

The risk model is at the core of many child and adult support services and has been a cornerstone of responses to domestic violence and abuse by the criminal justice system. The DASH risk assessment tool is used in a number of varying forms across the country to assess risk in cases of domestic violence and abuse. Women’s Aid in England and Wales, and many of our partners, have raised concerns about the reliance on this tool and the extent to which it is contributing to poor outcomes.

The risk model has the advantage of simplicity. However, this is also a disadvantage, as it has unintentionally but perhaps inevitably – particularly given the economic constraints – created a belief that a survivor can be understood through a standardised assessment against pre-ordained risk questions at a specific point in time. This approach also privileges a criminal justice system response above all others when evidence shows many women do not wish to engage with the criminal justice system at all. The criminal justice system, though evidently important, is not and should not be focused on meeting a victim’s needs for long term recovery. The result has been the evolution of a system which has made each risk the point of intervention and not the individual.

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\(^{18}\) Run in partnership by Women’s Aid and Refuge

\(^{19}\) The decline in the rate of domestic violence has stopped: Removing the cap on repeat victimisation reveals more violence. Findings from the ESRC project ‘Is the rate of domestic violence decreasing or increasing? Analysis of the Crime Survey for England and Wales. Sylvia Walby, Jude Towers and Brian Francis, Nov 2014.
The risk model has been widely criticised in other social policy arenas too. Critics have stated that the risk model has displaced the individual as the core driver of the system. …the individual is posited as a unit of risk inside of the risk and reward model agreed between provider, investor and commissioner.20 This approach places the individual as the object of the intervention and not as the subject of their own life, thereby denying the survivor’s strengths, capabilities, assets, agency and resilience which, if supported as necessary, are the key to future independence and safety. A recent report by Erin Davies21 highlights some of the pitfalls of the current UK model which she states include; victim blaming, disregard for consent, over sharing of information, paternalism, referrals without purpose and disregard for cultural safety. She advocates survivor-led, feminist and anti-racist multi-agency practice.

Research has also shown that across the country MARACs are struggling with so called ‘intractable cases’.22 These are cases that are re-referred to MARAC with no measurable reduction in risk.

The risk model has become all pervasive despite the overwhelming evidence that it fails to protect many women. This approach does not enable better interventions, long term recovery or prevention. It places survivors into a system that was not designed for them or their needs. This is not to say that there is no place for risk assessment or safety planning, but there is a need to shift to a position where safety is one of a range of needs that are addressed according to the individual service user.

It is against this backdrop that Women’s Aid in England and Wales has been developing Change that Lasts.

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20 Julian Corner (CLINKS) conference speech 1 July 2014.
22 Article in Issue 52 of Safe ‘How a needs led approach to MARAC cases delivers effective outcomes: the evidence’. Becky Rogerson
The development of Change that Lasts

Since February 2015 the following activities have been undertaken to develop the Change that Lasts model:

- Established an **Internal Advisory Group** to guide the development of the model with representatives from each of the internal teams at Women’s Aid (England), and services from the Women’s Aid federation around England. Four in-depth consultations have been held with the IAG and invaluable input and feedback continues to inform the development of the model.

- Established an **External Advisory Group** to guide the development of the new model - with representatives from agencies providing expertise in children and young people, physical and mental health, substance misuse, justice and police responses, perpetrator management, housing, poverty, the needs of minority communities, local authority frameworks, research and evaluation. Four in-depth consultations have been held with the group, as well as follow up discussions with individual members, and invaluable feedback has informed each stage of development.

- A **literature review** and a desk top **review of existing model frameworks** – both within the domestic violence sector and beyond. This has enabled us to draw on elements that work well for inclusion within the new model and identify the theoretical support for a new approach.

- Widespread **consultation with survivors** in England in the north-west, north-east, Midlands, London and south coast, and with a number of focus groups in Wales. This consultation involved women at different stages in their journeys to safety and well-being, from those in refuge accommodation to those who had left the relationship several years ago but were still accessing some services and part of peer support groups.

- **Consultation with women not accessing services** through the Survivors Forum.

- Undertaking widespread **consultation with local domestic violence service providers** in England in the north-west, north-east, Midlands, London and south coast; and through regional meetings and discussion with specialist services in Wales, led by Welsh Women’s Aid.

- **Meetings with a range of stakeholders** from different sectors for detailed exploration of the approach they currently take and exploring how a strength/needs based approach may enhance current practice. These meetings have helped garner cross-sector support for the model being developed.

- **Consultation with external stakeholders** – through a series of one to one meetings, presenting at conferences, use of social and other media, attendance at and presentations to multi-agency fora, sharing the model and its principles through various sector specific mailing lists. External stakeholders have included local, national and regional representatives, local authority commissioners, voluntary sector organisations, The College of Social Work, College of Policing, CPS, Local Government Association and Association of Directors of Adult Social Services.

- The development and publication of **infographics charting the true journeys of survivors** and associated costs to the state - highlighting the difference a strength/needs led response could have made.

- Developing the **Key Principles** of the new model and a **Theory of Change** – to clarify the conditions and building blocks required to bring about the long term desired impact.

- Developing a top-line **description of the new model** and of the different elements of the new model – this has been through several phases with discussion and feedback from stakeholders assisting greatly in the fine tuning.

- Initial discussions held with some local authorities and other national agencies about **piloting the model**, or elements of it, within their regions and/or areas of work.
Change that Lasts: an overview

Change that Lasts is the culmination of 40 years working with women and children experiencing domestic violence and abuse. It is a model of service delivery that learns from good practice, and uses a consistent approach across organisations and sectors, placing the woman and her children at the centre but also taking account of the perpetrator.

Change that Lasts constitutes a fundamental shift in the way agencies view and respond to survivors experiencing domestic abuse. Currently multi-agency responses are delivered within a rigid, risk based framework that fails to meet the real needs of survivors and their children in many cases. Turning this approach on its head, Change that Lasts starts with the survivor’s needs and the internal and external resources available to them at that point in time, and builds the response around this.

Change that lasts is about the process of ending violence and abuse. It does not assume that, in all cases, the survivor ends the relationship with the person who has abused her – rather, the aim is to give survivors options and to help them to negotiate these, because staying with her partner is only an option at all if leaving is a viable option.

What am I going to do? I’m so afraid. I can’t leave. The bank said I have to stay put or I’ll be liable for the mortgage if he doesn’t pay. The council said I’d be making myself homeless if I leave. I’ve got a job, I can’t just leave. I just want somebody to help me.

[Call to the Helpline]

Change that Lasts advocates that all agencies should be working to a common aim of an independent future for survivors. Survivors achieving independence is defined as sustainable safety and wellbeing for themselves and their dependent children which can be maintained with maximum reliance on own resources (both personal and family/community), and minimum reliance on external resources, depending on individual circumstances and need.

We recognise that this model must respond appropriately to all those who suffer domestic violence and abuse, irrespective of gender, while ensuring that the gendered nature and impact of both perpetration and victimisation are understood and addressed.

The aim of the model is to provide a framework that facilitates the shortest, and/or most effective route to safety, freedom and independence for each survivor based on their individual situation and the resources available to them.

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The above diagram aims to show that a survivor might disclose abuse and seek support via a range of community and agency responses potentially available to her. She might go directly to the one she needs or she may access this via another. Equally, a survivor may achieve safety, freedom and independence of her own accord, without the need to use any formal service provision, depending on the resources available to her. The important thing is that these potential responses are strengthened to make the journey to safety, freedom and independence more accessible to her.

**Informal community responses** - Includes family, friends, peer and social networks such as sporting activities, places of worship, cultural and community groups. Change that Lasts aims to increase awareness about domestic abuse within communities, particularly about coercive control, and options available to seek help.

**Formal community and agency responses** – consists of professionals working in the community with whom a survivor has contact. This might include their hairdresser, dentist, housing officer, school support staff, etc. Change that Lasts aims to provide more opportunities for disclosure and significantly strengthen the responses given at this level.

**Dedicated agency responses** – consists of professionals within generic service provision who have a specific role to play in responding to domestic violence. Change that Lasts aims to support these professionals to provide a needs led approach and to better utilise the resources available to facilitate effective outcomes for the survivor.

**Specialist services** – consists of agencies who exist to respond to domestic violence. Change that Lasts aims to support these services to better establish the work they undertake on achieving longer term recovery from abuse.
In the consultation with survivors, a key issue for women was that service responses weren’t effective, as professionals did not understand abuse, were not adequately trained, and either shared too much information, or did not communicate when needed:

You’re as vulnerable as the weakest link in the chain. That’s really scary.

[participant in South Coast focus group]

Bank and loan companies should check the person who is applying and the details – and realise the abuse. The Bank allowed [perpetrator] to take loans in my name – didn’t ask if I agreed.

[participant in the North-West focus group]

Conditions of restraining order did not match those of bail conditions. Even police said the civil courts had undermined everything.

[participant in the South Coast focus group]

[x] Service were terrible. They wanted me to sit in the public waiting area on my own when him and his family were there.

[participant in the Midlands focus group]

My ex used social workers and the police against me and they didn’t understand what he was doing.

[participant in the North-East focus group]

Survivors, their children, and perpetrators have contact with a wide range of agencies and services, and many potentially could improve their responses. The priority sectors have been identified with important input from the focus groups with survivors, analysing the services and sectors that had been most frequently involved in women’s journeys, and those that had been most problematic in terms of whether they had helped or not.24

The combined ranking - (most frequently involved) x (most problematic if involved) - indicates the 10 highest priority sectors to address for change:

1) Police
2) Housing – including social and private landlords, mortgage, advice and homelessness
3) Family Law – including courts and solicitors, including child contact, CAFCASS
4) Children’s Services – including social workers, safeguarding, family centres
5) Health – including GP, hospitals, midwife, health visitor, CPN
6) Finances – including Job Centre, Housing Benefit, debt advice
7) Non-Police Criminal Justice – including CPS, Probation and criminal courts
8) Citizens Advice Bureau
9) Civil Law – including Legal Aid
10) Schools and Education

Women’s Aid is working with key sectors to understand what currently drives their responses, and what can be developed to implement Change that Lasts.

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24 Because the focus groups were organised via women’s services, all the women had been involved with women’s services.
Change that Lasts

A strength based model that supports domestic violence survivors and their children to build their resilience and leads to independence.

Listen – always listen to survivors and place their needs central.

Ask & Act – ask the right questions safely & act appropriately.

Specialist support – know when and how to refer to your local specialist service.

Tools – provide clear procedures, roles, information and training.

Sustained independence and freedom – work together for an independent future for survivors.

The Change that Lasts model Theory of Change

The key principles underpinning the Theory of Change are:

i. Responses should build on and nurture the internal and external resources available to individual survivors, reducing their longer-term need to draw on public resources.

ii. Every point of interaction with a survivor is an opportunity for intervention. It should not be missed, and should never add to the huge barriers survivors already face.

iii. Supporting the non-abusing parent is likely to improve the safety and well-being of children and should always be fully explored.

iv. Addressing the immediate safety needs of survivors and their children is important but should not be the sole focus of interventions.

The conditions for the TOC to succeed include:

- The central involvement of survivors in service planning and review.
- The establishment and sustainability of independent specialist domestic abuse services within all communities.
- The improvement of legal measures which enable survivors to access their rights.
- Data collection and evaluation – revealing the effectiveness of interventions in achieving independence for survivors/well-being for children/reducing abusive behaviours by perpetrators.
- Supportive public policy which promotes independence as the shared goal for all agencies – survivor’s independence defined as sustainable safety and wellbeing for themselves and their dependent children which can be maintained with maximum reliance on own resources (both personal and family/community), and minimum reliance on external resources, depending on individual circumstances and need.
- Coordinated government response which provides equal focus on all parts of the system rather than an almost exclusive focus on the criminal justice system, either by more explicit shared accountability or by a Minister of State within the Cabinet Office responsible for preventing and addressing violence against women.
The Change that Lasts model Theory of Change

<table>
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<tr>
<th>SUPER IMPACT:</th>
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<tbody>
<tr>
<td>Reduction in the number of women and children living with domestic violence/abuse</td>
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<tr>
<th>IMPACTS:</th>
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<tbody>
<tr>
<td>Services are used effectively reducing the long-term costs of domestic violence/abuse</td>
<td></td>
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<tr>
<td>Survivors achieve long-term independence and freedom from abuse</td>
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<tr>
<td>Children are safe and protected from harm</td>
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<tr>
<th>OUTCOMES:</th>
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<tr>
<td>Barriers on the journey to safety and independence are removed or reduced</td>
<td>Community-level response mechanisms are active and effective</td>
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<tr>
<td>The particular and individual needs of survivors are met</td>
<td>Survivors are empowered to draw and build upon their individual strengths and resources</td>
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<tr>
<td>Children are provided with a home and community environment within which they are able to thrive</td>
<td>Perpetrators are held to account and provided with opportunities to change their behaviour</td>
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<th>OUTPUTS:</th>
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<tr>
<td>National and local awareness raising campaigns to survivors, professionals and the public</td>
<td>Implementaton of Safe Enquiry/Ask Me scheme, supporting tools, training, simple and clear referral scheme</td>
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<tr>
<td>Resource based needs assessment tools, guidance and supporting training, including meeting specialist and diverse needs</td>
<td>Trusted professional role description, guidance, referral pathways, supporting training</td>
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<tr>
<td>Stated framework and guidance, referral pathways, supporting training</td>
<td>Provision of needs led, dedicated community based support, refuge, therapeutic services, and parenting support for survivors and their children</td>
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<tr>
<td>Clear guidance for agencies on their responsibilities relating to managing perpetrator risk. Needs assessment includes management of the perpetrator risk</td>
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<tr>
<th>ACTIVITIES:</th>
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<tr>
<td>Develop consistent key messages about domestic abuse and available support/ options</td>
<td>Establish assessments of survivors’ needs and internal and external resources available to them</td>
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<tr>
<td>Support agencies to coordinate around a single understanding of need and available resource, working to clear shared outcomes, framed in terms of independence</td>
<td>Support individual ‘trusted professionals’ to coordinate access to required services, based on need and available resource</td>
</tr>
<tr>
<td>Enhance access to support services to enable safety, recovery and independence for those who need it; and to remove barriers to access</td>
<td>Establish safe processes to manage the risk posed by the perpetrator</td>
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The following section takes each of the Theory of Change desired outcomes and describes the proposed approach and the measures that need to be in place to achieve these, relating the principles, outputs and activities where relevant.
Achieving the desired outcomes within the Change that Lasts model
Theory of Change

Desired outcomes:
- Barriers on the journey to safety and independence are removed or reduced
- Community-level response mechanisms are active and effective

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

[Participant in North-East focus group]

Survivors can live with abuse for many years without telling anyone and will often have contact with various agencies before they get the response that they need. This is because as a society we are not open to hearing that abuse is taking place, or responding appropriately without blaming the victim or increasing her danger. This has to change. We know that a survivor’s opportunities to disclose the abuse they are experiencing are usually very limited. They might always be accompanied by their abuser, when they are not they might be unsure if the professional would welcome their disclosure or fear what will happen once they have disclosed.

A survivor’s ‘space for action’ is therefore extremely limited but when they are in that space it is vital that they receive the right support, at the right time, to enable them to take the action that is right for them.

It is widely recognised that no single agency or institution can deal with violence against women and domestic violence alone. However, it is also vital to recognise that an effective response is not all about services. Anything done by services is within a wider context, including social and community support (Humphreys and Joseph, 2004; Wilcox, 2006; Klein, 2012). In thinking about service responses, Change that Lasts therefore proposes that community-level responses have a greater role to play in enabling survivors to seek the help that they need.

Services, but also community and family, should be a means of opening gateways to support, information, guidance, and advice to enable and empower the woman and her children to leave the relationship if and when she chooses, to stay and engage with specialist support whilst the perpetrator is referred to a programme, or any other options that are available and appropriate. Research shows that survivors are marginalised in the current responses to domestic violence and abuse. Service responses should not, in our view, be yet another means by which the woman is controlled. By disclosing, women should be able to access the support that they need and be helped to build their personal and social capital and resilience. Without this, long term independence is unlikely, at considerable cost to both the women and children directly, and to a wide range of services.

The approach taken to achieve these outcomes:

Every point of interaction with a survivor is an opportunity for intervention. It should not be missed, and should never add to the huge barriers survivors already face.

This approach is based on a shift of perspective in understanding the role of services and communities in responding to domestic violence. Rather than seeing survivors and their children, and perpetrators, as ‘cases’ for services to manage; they are seen as active agents managing their own lives – for better or for worse. At times, intentionally or unintentionally, their lives will interact with services; and these are key opportunities for intervention.

The opportunities for survivors to disclose vary greatly – for example, some may regularly see their GP for depression, others might only have very few times when they are without the perpetrator: at school, at the hairdressers, at a place of worship – all of these may provide an opportunity for disclosure and access to support. In any local area, consultation with survivors – including those from minority communities – will be able to identify opportunities for disclosure.

Such a point of interaction is therefore a junction where different directions could be taken, and these opportunities are currently often either missed, or dealt with in a judgemental and controlling way, because of professionals’ lack of understanding and confidence.

Cross sector and community response have a responsibility to:

- **Allow** – stop blocking and undermining women
- **Enable** – help women to access and use their own resources and rights
- **Assist** – when women’s own efforts are reduced, blocked or depleted, to help them in the ways and in the aspects of their lives in which they need it

You leave the perpetrator and then organisations start bullying you to make decisions.
[participant in the North-West focus group]

Housing offer lots of help – but only follow through with the minimum.
[participant in the North-West focus group]

The approach of services should respond to women’s help-seeking patterns – her own individual pathway – and her and her children’s needs. Services may need to remove barriers, for example financial or discriminatory, to allow a survivor to make her own way. They may need to provide information and advice to enable a survivor to have real options. They may need to assist a survivor in a multitude of ways to escape and recover from the abuse and rebuild a positive and independent life over the long term.

What needs to be in place to achieve these outcomes?

- Implementation of Ask Me scheme, supporting tools, training, simple and clear referral scheme.
- Trusted professional role description, guidance, referral pathways, supporting training.
- National and local awareness raising campaigns to survivors, professionals and the public.

Need to stop women falling through the cracks. As soon as it wasn’t going to court, IDVA was gone and I was left on my own.
[participant in the South Coast focus group]
In addition to dedicated services, the safe opportunities for survivors to disclose abuse and get the information and help that they need can be significantly widened in two ways:

i. The ‘Ask Me’ scheme

The aim of the scheme is to create a society in which a survivor can disclose abuse and get the help that she needs. Individuals who are employed at a range of “spaces for action” with whom a survivor has contact - this might include for example, their hairdresser, dentist, housing officer, school support staff - will be equipped with the basic skills, knowledge and tools to have a supportive conversation and provide an initial safe response. The ‘Ask Me’ scheme tells a survivor of domestic abuse that the individual in front of her:

a) Is inviting her to tell them that she is experiencing domestic abuse
b) Will give her enough information about her immediate options to enable her to take the next step towards safety, freedom and independence.

The scheme does not expect that all those registered with it will become experts in domestic abuse, or that they will become a case worker and be significantly diverted from their day to day job, just that they will, as a minimum, act as a point of safe disclosure to enable access to appropriate support and safety. The key priority is that they will be empowered to act as a gateway, not a barrier, to whatever the individual survivor needs at that point.

The scheme also aims to create more of a sense of responsibility to respond and change the culture of complicity that exists within communities around domestic violence and abuse.

ii. The role of a ‘Trusted Professional’

Survivors have paid testament to the importance of a trusted relationship with an individual professional in facilitating change for them. This relationship could potentially be any professional that the survivor’s already has a relationship with – for example, their drugs worker or other general advice worker. These professional will be upskilled and supported to enhance their response to domestic violence and abuse.

They will empower and support the survivor to access the services which can help address the needs that have been identified (eg counselling) and which can help her to preserve and build on her own resources as well. They will help her negotiate the systems she has to have contact with (eg children’s services). And they will understand where she needs intensive and specialist support, and refer her to receive that if necessary.

Opportunities to disclose abuse and receive help will be assisted by publicity schemes telling people about the above schemes, as well as generally increasing understanding about domestic violence and abuse.

The Serious Crime Bill, including Clause 76 regarding the offence of "Controlling or coercive behaviour in an intimate or family relationship" achieved Royal Assent on 3 March 2015 and the implementation of coercive control as a criminal offence is pending. Despite a considerable amount of money being spent on publicity campaigns, nationally and locally, awareness of domestic abuse at all, let alone the coercive element of it, remains limited. Change that Lasts suggests that the development of consistent key messages about domestic abuse, including coercive control, and available support/ options will significantly increase the effectiveness of such campaigns.

It’s got to be your own choice, and your own time.
[participant in the North-East focus group]

It has to be about the women and children and our lives not the services.
[participant in the South Coast focus group]
Desired outcomes:
- The particular and individual needs of survivors are met
- Survivors are empowered to draw and build upon their individual strengths and resources

They were more worried about filling in their forms than they were about me or the kids.
[Participant in North-West focus group]

As noted above, the current pervasive focus on risk management can be disempowering for survivors and ineffective when it ignores the wider range of needs that they present. Put simply, you can manage risk without meeting the needs of survivors and their children. But as safety is a fundamental need, an approach which understands and responds to a survivor’s needs will also reduce risk.

The needs a survivor has will, of course, be dependent on the strengths and resources that are available to her.

Individuals build up and use a vast range of resources in living their lives, and need to draw on such resources to live autonomous and fulfilled lives – to thrive. Violence and abuse can both reduce personal and practical resources, and restrict access to external resources, at the same time as there is a greater need for such resources, and particular types of resources, to retain or regain autonomy.

Services are one strand of resources to draw upon – and can be powerfully enabling so that you can access other resources. So, legal rights become a more meaningful resource to draw upon if services inform you of your rights, ensure you can travel safely where you need to, arrest the perpetrator and ensure you will know if there is any chance that he will be released – so that you can feel safe. Or – if you need to move away – services facilitate safe contact with friends and family, and enable you to move to the kind of place where you can re-establish a sense of community.

An effective response therefore needs to understand all the different resources a survivor may draw on, and the fact that an action may enhance access to one particular resource, but reduce a survivors own resources in another way.

A gendered understanding of the cause and consequences of domestic abuse is essential. Change that Lasts does however, aim to provide an appropriate response to all victims of domestic abuse, regardless of gender/gender identity, ethnicity, financial capacity, ability sexuality or age. Taking an approach that starts with the individual strengths and resources of the individual will, by default, ensure that responses not be blind to the individual characteristics, social standing, and barriers to support that an individual brings with them.

They don’t know him like I do. They never ask me what I want.
[Participant in Midlands Focus Group]

Police don’t understand – they don’t listen if you’re emotional and if you’re calm they underestimate the danger.
[participant in the North-East focus group]
The approach taken to achieve these outcomes:

- Responses should build on and nurture the internal and external resources available to individual survivors, reducing their longer-term need to draw on public resources.
- Addressing the immediate safety needs of survivors and their children is important but should not be the sole focus of interventions.

Change that Lasts places the particular and individual needs of survivors at its heart. The approach begins with the individual survivor, working with her along her journey to sustained safety and independence by empowering her to draw and build upon her own strengths and resources.

Change that Lasts advocates that a range of agencies are coordinated around a single understanding of the individual’s own resources and need for external resources, working to clear shared outcomes framed in terms of independence.

Survivors achieving independence is defined as sustainable safety and wellbeing for themselves and their dependent children which can be maintained with maximum reliance on their own resources (both personal and family/community), and minimum reliance on external resources, depending on individual circumstances and need.

In delivering Change that Lasts services must ensure that even when delivering holistic services structural inequalities and potential discrimination are addressed too.

All services must pay attention to the Equality Act and the Public Sector Duty. It’s so easy to forget that even in a holistic response that addresses needs and location there can still be barriers to accessing help and support that are rooted in structural oppressions.

[External Stakeholder]

An individual needs assessment should guide service responses – this starts with the survivor’s own most immediate pressing need and includes consideration of and support for the survivor to build on their personal and social capital and resilience, as well as recognition that the safety and well-being of her children is intrinsically linked to hers.

What needs to be in place to achieve these outcomes?

- Stated framework and guidance, referral pathways, supporting training
- Resource based needs assessment tools, guidance and supporting training, including meeting specialist and diverse needs
- The provision of needs led, dedicated community based support, refuge, therapeutic services, and parenting support for survivors and their children

The role of services is to start from a recognition of resources – what an individual can already draw upon, what she can be enabled to draw upon, and what she needs direct assistance to access. Such a resource assessment includes addressing her immediate safety needs, because until you are somewhere safe you will be unable to think much further about any information you are given; or what you need, what you want, what your different options might be – or the implications of making such decisions. So, for example, at the point of interaction with a service, the initial consideration should be where she needs to be tonight – stay put / stay local / move away.

By starting with the survivor – her strengths, her needs, her resources, the context in which she is living – you will be addressing issues of diversity because you are addressing who she is and where she is at that point in her life. She is made a real person and not just a client.

[External Stakeholder]
Clearly the level of assessment and response will vary depending on the role of the professional – i.e. a dedicated domestic violence service provider will undertake a far more in depth assessment than another more generic professional – but these can be based upon the same principles and, with the right support and tools, can act as a lever for change in all cases.

With the right support, assessment tools and clear referral pathways, a wide range of agencies and professionals are able to enable access to support. Services are better used for their intended purpose and survivors are able to have their needs in relation to issues such as mental health, housing, parenting, finance etc. met quickly and before these needs become intense and more costly.

As an IDVA it can feel very disempowering as very target driven and funding focused. There is very little room to deliver creative support.

[Participant in South Coast Focus Group]

It’s about trying to fit services into what funders want and not what women want. This has to change.

[External Stakeholder]

Key to a multi-agency response is the existence of community led dedicated services for survivors and their children in every local area, so that wherever a woman discloses abuse, she is able to also access specialist support – refuge, advocacy, therapeutic services – if she needs them. These dedicated services should be commissioned to reflect the needs of communities they aim to serve. In particular, that refuge provision should be a national resource, recognising that survivors often need to relocate to be safe.

Guidance for commissioners, developed by the Women’s Aid in England and Imkaan capacity building partnership, with Rape Crisis England and Wales, sets out the case for dedicated and specialist women support services.

While men and women experience domestic and sexual violence and harmful practices, the overwhelming majority of victims are women and the perpetrators men. 89% of victims of domestic violence who have experienced repeat victimisation (over 4 incidents) are women, and are victims of a repeated pattern of coercive control; women are also much more likely to be killed by their partners or former partners than men. Men who have been victims of violence have different needs and due consideration can be given to their needs without compromising the specialisms of women’s services. A detailed, balanced analysis of need should include all victims but this will not show the same demand for the same services, and it is the data from this needs analysis which should drive commissioning. (p4)

The specialist black and minority ethnic (BME) women’s sector has played an essential part in addressing violence against women and girls, yet BME organisations are often marginalised at both local and national levels. Specialist BME VAWG organisations are designed to respond to the needs of BME women who have experienced violence and will reach communities and individuals who face multiple barriers to accessing statutory and other voluntary services. Such organisations are independently developed, led and delivered by BME women for BME women, thus promoting social and community cohesion. (p5)

Everyone at the service (women’s support service) has been great but they don’t really understand. I get tired of always having to explain about culture and religion and my family and that.

[Participant in North West Focus Group]
Desired outcome: Children are provided with a home and community environment within which they are able to thrive

Both Lord Laming’s 2009 report, *The Protection of Children in England: A Progress report* and Eileen Munro’s review of the child protection system (2010) found that children living with domestic abuse have not been given sufficient priority. Children’s needs tend to be overlooked when the focus is on the needs of the parent. Equally, if professionals focus on child protection, the abused parent may be unwilling to disclose abuse for fear that their children may be removed, which in turn may mean that the impact of domestic abuse on the abused parent is overlooked.

Survivors tell us that they are routinely expected to take responsibility for the impact of the abuse on their children and feel they are punished for a ‘failure to protect’ the children from harm, despite being the non-abusing parent.

Even when survivors do leave the abuser, the post-separation arrangements for children can often provide an avenue for further abuse. Perpetrators may attempt to control the situation by manipulating family law provisions including alleging unsatisfactory care by their ex-partners. They may pursue contact or residence orders as a means of access to, or revenge against the woman, irrespective of the wishes or needs of the children. Contact arrangements can place both children and adult domestic abuse survivors at risk, not least because they may provide perpetrators with access, or the means of access, to their ex-partner’s address and phone number.

*Even if they didn’t believe me there was so much evidence of the violence and the abuse. None of it mattered. I didn’t matter and my children don’t matter. All that matters is what he wants. That’s what is important to all of them especially social services.*

[Participant in North-East Focus Group]

*Why doesn’t anyone understand or know about parental alienation?*

[Participant in South Coast Focus Group]

*He said he’d take my children away from me and he did with the help of all of them (agencies).*

[Participant in North-West Focus Group]

The approach taken to achieve this outcome: Supporting the non-abusing parent is likely to improve the safety and well-being of children and should always be fully explored.

The Change that Lasts model advocates an approach that addresses the needs of the non-abused parent and child/children integrally to deliver support and change that is effective for supporting all the vulnerable individuals according to their needs.

Children living with domestic abuse are at risk of harm and can experience both short term and long term negative cognitive, behavioural, physical and emotional effects. A knee jerk reaction, however, to the increased risks of child abuse within the context of domestic abuse is expensive and ineffective. Supporting the non-abusing parent to effectively meet the needs of their children is usually far less damaging than removing the children and, with the right support in relation to parenting and directly for affected children, most survivors are able re-establish a safe and secure home environment.

Domestic abuse can undermine and have a detrimental effect on the mother-child relationship. High levels of stress and tiredness as a result of the ongoing abuse can affect a woman’s physical and mental health and higher levels of substance abuse and mental
health problems can occur among survivors of abuse, usually because of the abuse. Research shows however, that many such women parent as effectively as non-abused mothers; testament to their strength and resilience even in adverse circumstances (Radford and Hester 2006).

In the interest of all children who have experienced the trauma of domestic abuse, we need to ensure that mothers are supported to deal with the impact of abuse on themselves in order to parent to their fullest potential within the circumstances.

*If an abuser is powerful, persuasive and plausible a woman does not have a hope in hell of keeping her children or being believed by anyone.*

[Participant in South Coast Focus Group]

**What needs to be in place to achieve this outcome?**

*The provision of needs led, dedicated community based support, refuge, therapeutic services, and parenting support for survivors and their children.*

If survivors are able to access the support they require, in the way that they require it, to enable them to achieve safety and freedom from abuse, the impact of abuse upon their children and their parenting capacity will reduce. So, as previously noted, widening opportunities for disclosure and support, focussing on their individual needs and strengths, and ensuring access to dedicated community based services are key elements in supporting their ability to support the improved safety and well-being of their children.

In addition to this, dedicated programmes that support the rebuilding of the parent/child relationship in a non-abusive environment and age appropriate therapeutic support for children and young people will support their recovery from the impact of abuse and improve their potential to thrive in the future.

*We have to start listening to the children. This isn’t about me or him but about keeping our children safe.*

[Participant in North-West Focus Group]

*I was always trying to protect the kids from it (the violence and abuse) when I was with him. Now that we’ve left I’m still trying to keep things going. Why doesn’t anyone see that?*

[Participant in North-East Focus Group,]

**Desired outcome:**

*Perpetrators are held to account and provided with opportunities to change their behaviour*

*Why doesn’t anyone do anything about him (the abuser)? He has made my life hell – beaten me, abused me and he still does. But no one wants to do anything about him. I gave the police and social services all his details but nothing happened. They treat me like I was the criminal.*

[Participant in Midlands focus group,]

*I don’t know where he is and no one tells me anything. I have to keep looking over my shoulder all the time. I’m always going to be afraid but everyone keeps saying get over it.*

[Participant in North-East focus group]
Survivors tell us repeatedly that agencies are not acknowledging the risk posed by their abuser or responding appropriately to this. Furthermore, whilst responsibility for the actual violence is the perpetrator’s alone, there are belief systems in our society that perpetuate abusive attitudes and make it difficult for women and children to get help. These include:

- Blaming the victim for the violence
- Putting the ‘family’ before the safety of women and children
- Tolerating the use of violence
- Privileging men over women and children's needs
- Treating domestic violence as a private matter
- Perpetrators of domestic violence frequently avoid taking responsibility for their behaviour, by blaming their violence on someone or something else, denying it took place at all or minimising their behaviour.

Many perpetrators of the coercive controlling behaviour that typifies domestic violence and abuse do not take responsibility for their actions, manipulate and lie about any violence that has happened. Unless care is taken, agency responses can increase the risk perpetrators poses, including enabling perpetrators to further manipulate or control their partners and influencing other professionals’ decisions (e.g. Social Workers, CAFCASS officers, Courts) to the detriment of the survivor and her children.

It’s like a pyramid. He’s at the top ‘cos he’s calling all the shots. Making the agencies do his work too. That’s why he’s at the top. He’s in control and the agencies are in control. We’re at the bottom and no one’s listening. It’s time to invert the pyramid.

[Participant South Coast Focus Groups]

**The approach taken to achieve this outcome:**

The focus on risk assessment and management needs to shift from the survivor to the perpetrator. Holding perpetrators to account for their actions and moving the focus of risk on to perpetrators will help to increase the safety of women. All agencies need to be asking where he is and what needs to be done in each case to hold him to account and prevent him from further abusing his current, ex or future partners and children.

Factors that influence perpetration have been found on four levels: societal (gender inequality, impunity, media), environmental (education, entitlement, social exclusion), social (peers, myths, stereotypes) and individual (emotional and cognitive deficits, stimulus abuse, childhood exposure to DV).26 Approaches to prevent perpetration or avoid further victimisation need to address all four areas and therefore need to include:

- Legal reforms and media regulation – to challenge gender inequality and stereotypes
- Criminal justice – to address high attrition and low conviction rates and poor sentencing
- Perpetrator programmes and associated women’s safety work – to increase the safety of victims
- Awareness raising – to challenge attitudes that condone and foster domestic violence

Change that Last recommends that responses to domestic violence and abuse should recognise the impact that a significant imbalance of power will have on survivors’ ability to participate equally. Domestic violence is an imbalance of power; the abuse is designed to exert power and control by one individual over another. Hence couple’s work, anger management, mediation and restorative justice are not appropriate responses to domestic abuse. Such interventions neglect the controlling nature of domestic violence and may create opportunities for further manipulation and abuse. Such interventions and are not supported by Police or Crown Prosecution Service policy.

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26 The four levels identified are Macro, Meso, Micro and Ontogenetic. Model of factors at play in the perpetration of violence: Factors at play in the perpetration of violence against women, violence against children and sexual orientation violence. A Multi-level Interactive Model, European Commission, 2011.
What needs to be in place to achieve this outcome?

- Clear guidance for agencies on their responsibilities relating to managing perpetrator risk.
- Needs assessment includes management of the perpetrator risk.

Professionals need guidance and assessment tools that will make them think about the perpetrator – where he is, what action might be necessary to contain the risk he poses – as well as considering the way in which he is part of the survivor’s and children's thinking. Such guidance should be part of an established safe multi-agency processes aimed at the management of the risk posed by the perpetrator.

Good quality evidence-based perpetrator programmes, following recommended principles that are Respect accredited and incorporate women’s safety work, play a role in addressing violent and abusive behaviour alongside a criminal justice response. However they should run alongside criminal sanctions and never be an alternative to effective investigation, evidence gathering and prosecution.

Guidelines have been developed in Europe and are included in national standards for perpetrator programmes. The key principles Change that Lasts recommends all perpetrator programmes follow are based on these, are aimed at ensuring the safety of survivors and their children and can provide a basis for all cross sector approaches to perpetrators.

- Ensure the safety of the women and her children is always their priority. The responsibility for the safety of the survivors is placed with the organisation running the perpetrator programme
- Ensure all violence has stopped and the survivor and her children have been given a needs assessment and safety plan before the programme begins.
- Work closely and in coordination with domestic violence services supporting survivors to ensure simultaneous support for survivors.
- Recognise that not all perpetrators are alike and their motivations to participate differ
- Ensure any funding they receive is additional to and not at the expense of services for survivors
- Be based on explicit theoretical understandings (gender theory, causes of violence etc.)
- Continually review their procedures to strengthen survivor’s safety.

I kept saying he’s got guns. He said he’ll shoot me. I was told to get an injunction. What good is a piece of paper going to do? I wanted the police to arrest him but they didn’t. Now I’m here in the refuge and I don’t know what’s going to happen. I don’t know where he is or if he’s looking for me and my son.

[Participant in London focus group]

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The different elements of Change that Lasts:

The above diagram outlines the different elements of Change that Lasts and supporting elements, some of which we have limited control over but that inform our campaigning activities.

Women’s Aid (England) and Welsh Women’s Aid have long campaigned for survivors’ voices and experiences to be at the heart of practice and policy responses to domestic violence and abuse. Survivors are the experts.

Recognition of the service user as expert is an approach also being adopted by many in the health sector and can be seen in the development of initiatives such as the Expert Patients Programme, upon which Change that Lasts has drawn. It is also informed by extensive research and experience of delivering services in other policy areas, such as the services that have been developed for women involved in the criminal justice system through Women’s Community Projects and women’s centres across the country. Women centred approaches are important to understand for policy and service plans designed to improve life outcomes for women with multiple disadvantage, whether these relate to criminal justice, health, housing and homelessness, substance misuse or abuse.

“I want to tell professionals what it’s really like. Maybe if they heard from women they’d understand better”

[participant in the Midlands focus group]

See http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/expert-patients-programme.aspx
Next steps

Phase one of developing Change that Lasts has focused on survivors and their strengths and needs. Phase two will build on this work and take forward work (already begun) on children and perpetrators. In the next phase we will:

- Conduct ongoing consultation with children and young people and survivors.
- Work with external stakeholders to support ongoing development of work with perpetrators.
- Further develop the approach of Change that Lasts for specific sectors which will include holding a series of roundtables to support the implementation of this approach in relevant service areas.
- Continue to build, sustain and maintain work with an extensive range of external stakeholders across sectors and with our members.
- Finalise the model detail and tools.
- Pilot the implementation of Change that Lasts in several areas across England and Wales and within different sectors (with Wales also focussing on addressing violence against women).
- Monitor and evaluate the findings from the pilot areas to inform the ongoing development of Change that Lasts.

“Stop judging, stop making us repeat our stories, LISTEN. HEAR US”

[participant in the South Coast focus group]
References


