Young Women's Experiences of Intimate Partner Violence in the UK and Voices of Men who Perpetrate it

A Qualitative Study

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Message from the Commonwealth Secretariat

It is a scourge on our global society that even today, one in three women and girls experience physical or sexual violence in their lifetime. Gender-based violence (GBV) is a crisis that extends beyond national and socio-cultural boundaries, across the globe, and across our Commonwealth member countries alike. It affects people of all ages, genders, ethnicities, and economic backgrounds. It is an urgent, world-wide human rights issue.

Recognising this, national governments, international bodies such as the United Nations (UN) and non-governmental organisations (NGOs), have developed strategies to end violence against women and girls (VAWG). Appropriate national and international laws are a crucial component in safeguarding women's and girls' rights. But alone, they are not enough. From the moment they are born, millions of girls are subjected to multiple forms of violence including rape, female genital mutilation (FGM), sexual exploitation and child marriage. Survivors may experience trauma, drop out of school, suffer from mental health problems, all of which also have significant social and economic costs.

In spite of the progress made over recent decades, the statistics still tell a shocking and unacceptable story, as do the harrowing individual experiences of the survivors of gender-based violence interviewed by the None in Three Research Centre for this report.

Research in the UK has shown that one in five girls aged 14-17 have suffered physical abuse from their boyfriends. More than four in ten have experienced sexual coercion from their boyfriends[1]. Intimate partner violence like this is closely associated with substance misuse, depression and PTSD, eating disorders, suicidal thinking and behaviour in young people[2]. The None in Three UK team aims to prevent such common yet unnecessary violence, and its fall out, by educating young people about healthy and unhealthy relationships, through their research.

Media attention in countries across the globe raises consciousness of the issue in waves, from the Me Too movement, to the reported 'hidden' pandemic behind the 2020 lockdown due to Covid-19 – a surge in domestic abuse. This is not a new phenomenon, but the growing awareness is a catalyst for action to which we must respond. All countries, all societies need to work to eradicate this pandemic that affects 1 in 3 women in their lifetime.

The Commonwealth Secretariat is working alongside partner organisations on measures that will help our 54 member countries to stem the rising tide of gender-based violence, especially school related gender-based violence. Educating to actively promote a gender equal, respectful, non-violent culture with gender aware pedagogy or approaches is key. As a member of the Global Working Group to End School-Related Violence, the Secretariat aims to help practitioners and policy makers in the education sector, apply a gender lens when developing violence prevention, response approaches and safeguarding. School related gender-based violence (SRGBV) affects millions of children and young people, especially girls.

The Ni3 Centre's approach, which we in the Commonwealth subscribe to, is one of prevention through high-quality, gender sensitive education. By engaging young people as adolescents, when attitudes and opinions are forming, we stand the best chance of influencing them for good. The potential for adolescents and young people to act as agents of change and achieve the social transformation necessary to end GBV is tremendous. None in Three's approach includes developing and testing immersive, pro-social computer games, themed around issues of gender-based violence, to help young players build empathy with victims, and to prevent future violence.

We welcome this research and the accompanying three reports (from None in Three in India, Jamaica and Uganda) and the contribution that the innovative approach could make to our work. By listening to the lived experiences of both victims and perpetrators of gender-based violence in four study countries, the global research centre has built up a solid evidence base for each of its culturally appropriate, educational video games. It will therefore provide a new resource to help end GBV including school related gender-based violence.

Through renewed commitment and concerted action, we can end domestic and gender-based violence.

Layne Robinson
Head, Social Policy Development
Commonwealth Secretariat

1 Barter, C., McCarry, M., Berridge, D., and Evans, K. (2009). Partner exploitation and violence in teenage intimate relationships. London: NSPCC.
2 Barter, C., and Stanley, N. (2016). Interpersonal Violence and Abuse in Adolescent Intimate Relationships: Mental Health Impact and Implications for Practice. International Review of Psychiatry, 28, pp. 485-503.

Foreword

I want to thank the None in Three Project for inviting me to contribute to this rigorous, detailed and timely investigation of Intimate Partner Violence (IPV) in the UK, and I want to begin by highlighting some well-rehearsed but nonetheless alarming statistics. According to the UK Government, IPV claims the lives of two women every week in England and Wales and we are heading very much in the wrong direction: reported domestic abuse related incidents increased by 24% in 2019; and in the first three weeks of the 2020 'lockdown' (due to the Covid-19 pandemic), 16 women were killed by a partner or ex-partner – that's more than five per week.

International institutions such as UNIFEM and the World Bank have stated that gender-based violence (GBV) is the largest cause of morbidity worldwide in women aged 19-44 - greater than war, malaria, cancer, or death by vehicle accidents. In the UK, almost 80% of IPV victims are women and over half of all homicides against women are committed by a partner or ex-partner. IPV has more repeat victims than any other crime and on average there will have been 50 acts of abuse before a victim calls the police. The costs of GBV to the state are also huge, with the Home Office estimating that violence against women and girls costs almost £66 billion per year through costs to the criminal justice system, health, welfare, social and housing services.

The most recent Crime Survey for England and Wales estimates that 20% of women and 4% of men have experienced sexual assault since the age of 16 and IPV accounts for almost a fifth of all recorded violent crime, although issues of under-reporting and under-recording mean this is a significant under-estimate. In fact, 83% of victims did not report their experience to the police in 2019. The criminal justice system is systematically failing victims of gender-based violence. Conviction rates for rape, for example, are historically, shamefully, and persistently low, but now, in 2020, we have hit a new nadir, reporting the lowest rates of conviction for rape in the UK since records began. Prosecutions and convictions have halved in the past three years while reported incidents have increased. So, with a 1 in 70 chance of prosecution, and a less than 6% chance of conviction, is it now the case, as Sarah Green, Director of the End Violence Against Women Coalition, has stated, that in the UK rape has "been effectively decriminalised"? (The Guardian, 30 July 2020).

While these statistics should be shocking, they sadly come as no surprise to us. GBV, the broader term within which IPV is situated, is, as this report rightly acknowledges, located along a broad, socio-culturally entrenched continuum of violence against women and girls, men and boys. Indeed, violence is so embedded within our cultural productions of masculinities and femininities that experiencing some form of GBV - whether through sexually objectifying images, sexual harassment, physical or emotional violence - is almost an ordinary life experience for many women, girls, men and boys in our society.

Considering this, it's clear that efforts to address GBV can only be effective and sustainable if that violence is recognised as arising from normative processes of gendering and gender relations in a given socio-cultural context. This report produced by the highly experienced None in Three research team at the University of Huddersfield provides a critically important gender analysis of IPV, enabling a greater understanding of the contexts and experiences of IPV within people's everyday lives, along a continuum of gendered experience and stereotypical norms.

Escaping such violence is extremely difficult because to do so not only involves extricating oneself from the abusive partner, but can also lead to a dismantling of wider familial relations, losing your home, impacting children, grandparents, and friendship networks. The women who participated in and contributed to this research became more aware of the forms of IPV they lived with once they had managed to flee from the abusive situation. Support, education and reflection enabled them to articulate clearly the impact of the gendered abuse on themselves, their children, the material conditions of their lives, as well as on their sense of self and mental wellbeing. In order to challenge IPV, it is first necessary to recognise, locate and understand it, something which makes this research, and its recommendations around prevention through education, invaluable.

It is important to emphasise that, acknowledging the fact that women and girls experience far higher rates of IPV and sexual violence than men, does not downplay the seriousness of violence against men and boys. The one does not infer the other. We must understand, though, that the gender imbalance in the ratio of perpetrators to victims (or survivors) of violence is not random, it is not some kind of inexplicable and unfortunate accident. As feminist theorists have articulated for decades, GBV is a product of gender regimes and deeply embedded in hegemonic gender constructs that are harmful not only to women and girls, but also to men and boys. Thus, IPV needs to be seen as a fundamental part of gender constructs.

Victims of violence, including children, experience lifelong consequences, most commonly, anxiety disorders, depression and suicidal ideation, posttraumatic stress disorder, lowered self-esteem, body image issues, poorer health, and fear of intimacy. The personal costs are longstanding, complex and immense. The costs to society are also huge. We need to take IPV seriously by implementing effective policy and action, something in which to date we, as a society, have systematically and structurally failed. To redress this dereliction, we must see the recommendations provided in this report widely implemented now.

Professor Suzanne Clisby
Professor of Gender Studies, Coventry University
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Abbreviations

IPV	Intimate Partner Violence
CAMHS	Child and Adolescent Mental Health Services
BPD	Borderline Personality Disorder
NHS	National Health Service
CAFCASS	Children and Family Court Advisory Support Service
PTSD	Post-Traumatic Stress Disorder
CTS	Continuous Traumatic Stress
DVDS	Domestic Violence Disclosure Scheme
GP	General Practitioner
A&E	Accident & Emergency
DVIP	Domestic Violence Intervention Project
DVPP	Domestic Violence Prevention Programme
PSHE	Personal, Social, Health & Economic
IRIS	Identification and Referral to Improve Safety

Terminology

In this report we use both the term ‘victim’ and ‘survivor’ to refer to someone who has been the object of intimate partner violence. There is some debate about which is the better term to use. For example, Jones, Trotman Jemmott, Maharaj, and Da Breo (2014 p.13) suggest that it is more positive to use the term ‘survivor’ than ‘victim’.

‘Survivor’ is an empowering, active term which implies resilience and strength in the face of adversity. It also suggests that it is possible to overcome the effects of abuse and to move on with one’s life. ‘Victim’ on the other hand is a passive term which seems to ‘fix’ a person in a state of victimhood and suggests that he or she has little power to change the outcome of their lives and may therefore be vulnerable to further abuse.

However, it was very clear from our engagement with the women in this study that many considered themselves to be victims of intimate partner violence, not survivors. For some this was because they were still in relationships within which they were being victimised, but for others the effects of the violence to which they had been subjected over their lifetime meant that they were vulnerable to being re-victimised and did not regard themselves as having come through. In other words, ‘survivor’ seemed to suggest a destination point at which women had not arrived. In recognition of the ongoing states of victimhood that domestic violence can generate, we therefore use both survivor and victim in this report.

Where possible we do not use the term ‘abuser’ and instead prefer the term ‘perpetrator’. Perpetrator refers to someone who has perpetrated violence against women and implicit here is the exercise of choice and agency in committing acts of harm. This is important for two reasons. First, it firmly places the responsibility for the behaviour in the hands of the person committing it and negates the idea that violence is somehow intrinsic to masculinity and that the man has little choice over his actions. Second, it questions the notion that violence is inevitable. In line with the Ni3 message, if someone chooses to act in violent ways then, equally, they can choose not to do so. For this reason, our design specifically sought to include men who had been exposed to violence in the home themselves but who reject the idea that violence is acceptable, or normal, and who choose non-violence in their interactions with their partners. However, in line with the usage of our respondents, we have at times used a variety of other terms to refer to those who have been violent in intimate partner relationships. These include ex-partner, abuser, and abusing partner as well as perpetrator. Although this makes for better readability, we do not intend that their use should undermine the insight that responsibility and choice are involved.

Executive Summary

Intimate partner violence is one of the most common forms of ***violence against women*** and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner.[3]

Intimate partner violence (IPV) occurs in all settings and among all socioeconomic, religious and cultural groups. The overwhelming ***global burden of IPV is borne by women***.

3 WHO World Health Organization 2013

Overview

This report is based on research conducted in the UK from 2018 to 2019 which involved qualitative research based on

interviews and focus groups with 74 participants (52 female survivors of gender-based violence, 19 male perpetrators and 3 male survivors of IPV).

This was part of a global None in Three research project funded by the Global Challenges Research Fund (GCRF) through UK Research and Innovation (UKRI) and by the University of Huddersfield.

Context

Intimate partner violence (IPV) is a major global public health problem. Although men can be affected by IPV, this is an issue that disproportionately affects women (Khalifeh, Hargreaves, Howard, & Birdthistle, 2013; Reed, Raj, Miller, & Silverman, 2010; WHO, 2012), and international studies estimate lifetime prevalence of IPV between 10% and 69% among women (Krug, Dahlberg, Mercy, Zwi, & Lozano 2002). Female homicide victims are more likely to be killed by intimate partners or family members and have been estimated to make up 70% of IPV-related fatality incidents. The impacts of IPV are broad, with devastating long-term effects on the survivor's physical and psychological health. IPV also has a negative impact upon children and families, and the social and economic fallout can be significant.

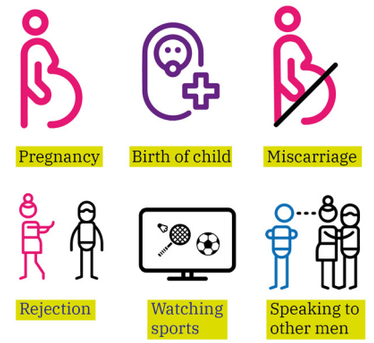
Our research focus is on young people's intimate partner violence and abuse - sometimes referred to in the literature as young people's dating violence. Those aged between 16 and 24 experience the highest rates of IPV of any age group. Young people face specific and unique challenges in their intimate relationships due to a lack of education and prior experience. They are influenced heavily by peers who share similar notions of what a healthy relationship is and have to manage advanced technologies which make controlling victims easier (Murray, King, & Crowe, 2016).

Methods

Decisions regarding recruitment and interviews/ focus groups were guided by a comprehensive ethics protocol which ensured a duty of care to participants and the minimisation of risk to both participants and staff.

Data collection with survivors of IPV explored their understandings of it, the types of violence they experienced, the role of technology and social media, their childhood experiences, disclosure,their experiences of IPV and its impact on both themselves and their families (not an exhaustive list). Similar themes were also explored with perpetrators.

Women's perceptions of why IPV increased



IPV often increased once the survivor fell pregnant – when she was at her most vulnerable – as well as shortly after the child was born. It appears that perpetrators may feel jealous of anyone (another man, newborn baby) or anything which, they feel, threatens the status quo of the relationship and, ultimately, the amount of attention that they are paid by their partners.

KEY FINDINGS

ABUSE TAKES MULTIPLE FORMS

Women are rarely subjected to one form of abuse in isolation but rather IPV involved a continuum of abusive behaviours, involving combinations of multiple forms of abuse which included physical, psychological, verbal, sexual and economic abuse.

YOUNG PEOPLE ARE PARTICULARLY VULNERABLE

Young people are particularly vulnerable to IPV given their inexperience of relationships. It was common within the women's accounts for young women to have older boyfriends. The women interviewed spoke of being young and inexperienced and, as a result, did not have a benchmark for what a healthy relationship should look like. In addition, some participants described a tendency of their peers to downplay the sexual violence that was enacted within these early and formative relationships, leading survivors to further normalise, and endure, the abuse.

GROOMING

Patterns of grooming were identifiable across the survivors' narratives. Relationships often began intensely, with abusers entrapping future victims with intense romance and charm ('love-bombing') (SafeLives, 2019b), in order to create a deep emotional connection, which victims viewed as love and care. Abusers bombarded women with texts and calls before isolating them from their friends and families which, in turn, made survivors more vulnerable. Subtle controlling behaviour was employed, often relating to the victim's appearance and who they were allowed contact with. The relationship quickly escalated, with the couple moving in together. The romantic gestures present in the beginning of the relationship became replaced by intimidation, and abuse escalated to include other forms such as physical, sexual and financial abuse. The perpetrator's behaviour was blamed on the victim who believed that she was at fault. The victim's self-esteem, self-worth, self-confidence and any sense of agency was removed through the abuse, thus making it difficult for them to leave, having become dependent upon the abuser.

“All abusive men have grown up in abusive families”

MYTH

FACT

Whilst growing up in a violent home is a risk factor, violence nonetheless remains a choice. Many men who have grown up in violent homes do not go on to perpetrate. Likewise, many perpetrators have not grown up in violent homes. If a man blames his childhood for his violence, he is not taking responsibility for his actions.

SEXUAL ABUSE: UNDERSTANDING OF RAPE

Many women experienced sexual abuse with several experiencing systematic rape on a regular basis, which had a negative and enduring traumatic impact. However, it was rare for women when describing rape to label it as such. One of the reasons for this may relate to stranger rape as the pervasive myth most commonly linked with the term ‘rape’. Women also noted that although they had not consented to sexual activity, the fact that there was no physical coercion or violence involved meant they were hesitant to label their experiences as rape. Interestingly, one participant noted that further to her experience of rape (which she had not labelled as such), a sexual health information session in school led her to acknowledge her experience as such, highlighting the necessity of education in schools around healthy relationships and consent.

TRAUMA

It is clear from the women’s lived experiences that the impact of living with abuse and violence is traumatic, terrifying and life changing. The often daily control, manipulation and abuse faced by women inflicts continuous traumatic stress and has been compared to Stockholm Syndrome (Stark, 2007).

ROLE OF TECHNOLOGY

Technology played a huge role within young people’s abusive relationships but was often difficult for victims to recognise, given the integral role of technology within young people's lives. Mobile phones provided abusers with additional ways to control, harass and intimidate their victims, thus influencing the dynamics of dating violence. The use of technology was inextricably intertwined with face-to-face abuse, forming part of the women’s multi-layered experiences of IPV.

IMPACTS ON MENTAL HEALTH

Many women experienced significant mental health issues, often as a result of or exacerbated by their abusive relationship/s. Diagnoses of depression and/or anxiety, bipolar, borderline personality disorder and PTSD were common. Several women had self-harmed, had suicidal ideation or had attempted suicide. Sleep deprivation induced by the abuser was common and also impacted negatively on mental health. Mental health diagnoses were then used by the abuser as a weapon in further abuse (gaslighting), to confuse and undermine their victim. The ‘hidden’ cause of the mental illness can mean that women are wrongly diagnosed (Jones, Hughes, & Unterstaller, 2001) and that Post-Traumatic Stress Disorder (PTSD) is overlooked, leading to a potential mismatch of treatment which might not only be ineffective but may also make the situation worse.

LEAVING

Leaving should be viewed as a process rather than an event (Lempert, 1996). Our data highlighted the difficulties involved in exiting an abusive relationship and the barriers to help-seeking which women in such circumstances faced. The journey from recognising abuse to leaving involved interactions with many people and agencies, and often involved several attempts to leave (separating and then reuniting).

Abuse does not end when the woman leaves. Our findings illustrate the opposite, with the majority of women recounting a continued campaign of harassment, intimidation and stalking which resulted in relentless stress for periods of up to 4-5 years post-separation. Technology played a huge role in this harassment, and enabled the abuser to bombard women with texts, phone calls and photographs. This activity extended the fear felt by women long after the relationship had ended and ensured that previous physical entrapment became virtual. This, in turn, hindered women’s ability to rebuild their lives and construct a new identity as a ‘survivor’ rather than a ‘victim’.

IMPACTS ON CHILDREN

The severe negative impact of children witnessing or experiencing abuse was clear from our findings. The women’s narratives included accounts of children attempting to rescue their mothers from violence at the hands of their fathers. Living in an abusive environment normalised violence for children who were often left fearful of their fathers, resulting in reduced confidence and behavioural issues. Some male children imitated their fathers’ behaviour and, as they grew older, behaved disrespectfully towards their mothers, creating concerns for mothers that their sons would also become abusive. Mothers also expressed concerns that their female children would become susceptible to victimisation within intimate relationships as they grew older given that they had witnessed their mothers’ experiences.

REVICTIMISATION, MASCULINITY AND THE NORMALISATION OF VIOLENCE

Revictimisation was a common feature of victims’ accounts. The normalisation of violence resulting from parental IPV and/or childhood abuse served as a key factor for one in three women for IPV victimisation. Furthermore, once subjected to an abusive relationship, women were likely to experience a further abusive relationship. The impact of IPV on women’s mental health was severe, and the significant health issues created by these relationships left women lacking in self-esteem, self-worth and self-confidence, enhancing their vulnerability to further abuse.

According to both survivors and perpetrators, the normalisation of violence and, linked to this, rigid understandings of masculinity were the two main contributing factors behind men committing violence within intimate partner relationships. However, it is important to point out that whilst not all men who have been exposed to domestic violence as a child will go on to commit IPV, childhood exposure to IPV does increase the risk of potential perpetration in adulthood (Browne, 2007).

The majority of male perpetrators in this study had witnessed IPV and/or had experienced abuse during their formative years. In nearly all cases, the violence was enacted by another male (father, uncle, school teacher). Such early experiences formed a blueprint for subsequent behaviour in the relationships of both perpetrators and survivors –behaviours which went unchallenged, with devastating effects.

RECOMMENDATIONS

Education around healthy relationships, abusive behaviours and consent

Young people are particularly vulnerable to IPV given their lack of understanding and experience around what healthy relationships look like. Both survivors and perpetrators would benefit from education around healthy relationships, abusive behaviours and consent. This may in turn allow young women and some young men to identify issues earlier, potentially allowing them to exit relationships sooner, re-evaluate their own behaviour, and provide them with greater insight around healthy behaviour within relationships. These issues could be addressed by the prosocial computer game currently in development within the UK Ni3 centre.

Action: Evidence-based education on young people's dating relationships must be mandatory for all secondary school children.

Programmes to support a shift from 'victim' to 'survivor' to 'thriver'

Whilst there has been a shift from 'victim' to 'survivor', language nonetheless serves to define and categorise according to the abuse, potentially preventing individuals from moving on from their experiences. Programmes should create space for women to transition from being 'survivors' to 'thrivers' in order to help women manage their experiences with more positive outcomes. The women in our study found programmes such as the Freedom Programme[4] to be invaluable in teaching them about how abusers initially present themselves and the tactics used to gain power and control. This type of programme should be routinely offered to survivors. The widespread use of such programmes may assist in enhancing survivors' self-esteem and preventing re-victimisation whilst also allowing them to move towards 'thriving'.

Action: Post-separation interventions need to be available to all abused women, not just a few, to prevent re-victimisation and build resilience and self-esteem.

Effective, forward-looking rehabilitation of perpetrators

Similarly, the use of the term 'perpetrator' is problematic, defining men by their past actions rather than allowing them the opportunity to develop a more positive, non-offending sense of self. Although the men we spoke to claimed that perpetrator programmes were invaluable, there needs to be caution about the success of such programmes, as there was some evidence of the men minimising the extent of their behaviour. They seemed to have learned 'the right thing to say' as a result of Domestic Violence Perpetrator Programmes without learning the intended lessons.

An increasing number of offender rehabilitation programmes are underpinned by The Good Lives Model (GLM) theoretical framework, which adopts a holistic approach to change (Ward, Mann, & Gannon, 2007). This model is popular in sex offender treatment and recognises that traditional approaches to treatment which encourage individuals to look back at their criminal behaviour, serve to hinder and keep men in the role and mentality of the perpetrator which may prevent moving on and enacting genuine change. GLM-based programmes provide men with the tools to focus on in the future, guiding them towards what they can achieve rather than what they should avoid, and may prove valuable in treatment approaches to IPV offenders.

Action: Stopping offending behaviour must be a priority. More funding and research are required to develop and evaluate programmes for those who perpetrate violence and abuse.

Change in terminology

The women's narratives highlight that the impact of living with abuse and violence is traumatic, terrifying and life changing. Terminology such as 'domestic abuse', it is argued, diminishes its serious nature, allowing society to categorise experiences as 'one-off incidents' rather than a long-term pattern of unacceptable abusive behaviour within a couple's private space (Pence & Sadusky, 2009). It is argued that the term 'intimate terrorism' (Johnson, 2008; Pain, 2014) encapsulates the experiences of the women in our study. Such a change in terminology would more adequately describe the often daily control, manipulation and abuse experienced and move IPV out of the private arena into the public one to enable the experiences of women to be better understood and responded to (Pain & Scottish Women's Aid, 2012).

Action: A change in terminology is required to ensure that systematic violence and abuse moves from the private domain into the public arena. It is a public health and child welfare issue.

Research and medical interventions to inform accurate diagnosis of symptoms

Further research and medical interventions should be considered to treat the symptoms which are not PTSD, which arises from past experiences, but rather come from a victim's current, contemporary experience of living with a violent perpetrator. Such women are suffering from Continuous Traumatic Stress (CTS) (Eagle & Kaminer, 2013). Diagnosing this is understandably difficult as women struggle to disclose, but a move away from terms like 'domestic abuse' and anxiety/depression to 'intimate terrorism' for women diagnosed with CTS highlights the nature and severity of the abuse.

Action: Systematic and thorough training of health professionals is essential to ensure that the impact of domestic abuse on victims is recognised, and thus, assist in the development of trauma-based interventions.

4 *The Freedom Programme,and others such as The Power to Change and The Gateway Programme, empower women, and help with confidence skills and recognising abusive behaviours. The Freedom Programme examines the roles played by attitudes and beliefs on the actions of abusive men and the responses of victims and survivors.The aim is to help them to make sense of and understand what has happened to them.*

RECOMMENDATIONS

Education on consent

Significant sexual violence featured within women's accounts of IPV, however, women were cautious about labelling their experiences as such. Issues of informed and enthusiastic consent should be incorporated within the educational curriculum in attempts to prevent sexual violence, as our findings indicate that this carries significant psychological impacts. The prosocial computer game currently in development in the Ni3 UK centre will provide education to young people around healthy and unhealthy relationships and issues of consent.

Action: Teaching of consent needs to be mandatory within the educational curriculum; teachers should be trained and confident to deliver.

Routine enquiry about sexual violence

Linking with this issue, we know that the impact of rape may result in PTSD which requires specialist intervention (McFarlane, 2007), thus specialist services should routinely enquire about sexual violence in women presenting with IPV, to ensure they receive the appropriate intervention.

Action: Government funding is needed to provide more specialist training and services to deal with the high propensity of rape within domestic abuse and the consequent trauma.

Professionals: ask women directly about IPV

Women presenting to health care professionals with both physical and mental health issues were rarely questioned further as to the root of their issues. The women's narratives indicated that directly asking about IPV may assist with disclosure. Initiatives such as the Identification and Referral to Improve Safety (IRISi) social enterprise, which aims to improve the healthcare response to gender-based violence through the provision of specialist training for doctors in London and Bristol should be rolled out nationwide in order to identify victims of IPV and ensure the required support is provided.

All services/organisations coming into contact with victims of IPV should directly enquire about abuse (including schools, colleges, universities, employers and social services). It is necessary to provide training for such organisations to look out for the early indicative signs of IPV. Women need professionals to be forthright and brave in their questioning, in order to reassure them that they will be understood and supported.

Action: It should be a requirement for all related professionals to enquire about domestic abuse to ensure potential victims (who should be seen alone) and their children are safeguarded. IRISi should not be a postcode lottery and needs to be rolled out nationally.

Support women post-separation

Leaving the abusive relationship was clearly a process, rather than an event, often involving many attempts before being successful. However, rarely did the abuse end with the relationship. Most women experienced continued stalking, harassment, abuse and attempts at continued control for lengthy periods post-separation. It was not uncommon for women to be left with financial difficulties post-separation, often with debt created by the perpetrator. It is important that services recognise that women need support not only during the relationship, but afterwards, with practical as well as emotional issues. A number of women cited the importance of assistance with housing, finance and education. Debt advice services should be offered to women post-separation in order to help them to move on and become financially independent.

Action: Training must be delivered to ensure all professionals understand the long and dangerous process that is separation. Government funding is required to ensure services are available to support all aspects of a woman's life to enable sustainable recovery.

Provide more sustainable support services, including more refuge spaces

Women stated that it was not always safe for them to remain in the home post-separation for fear of further assault or potential death. There is an urgent need for the government to recognise this and provide more sustainable support services. It needs to be much easier for women to make a homeless application instead of being seen as making themselves 'intentionally' homeless whilst suffering violence and abuse. The government must enforce local authorities to provide housing to local councils for women escaping IPV. Linking with this, more refuges are urgently required, highlighted by a Women's Aid survey which found that only one in five women escaping abuse is secured a refuge space, with nearly one in ten giving up their search and returning to the perpetrator (Miles & Smith, 2018).

Action: Government must enforce local authorities' provision of safe and appropriate housing for victims and their children fleeing IPV. More refuges need to be government funded to ensure no women seeking help are turned away.

Invest in prosecutions and monitoring of perpetrators

A thorough package of government investment is urgently needed, as current court orders for perpetrators, including non-molestation and non-stalking orders, fail in their ability to protect, with perpetrators seemingly ignoring the requirements of the orders with little or no deterrent. More prosecutions, incarcerations and post-release monitoring is necessary for perpetrators, thus promoting a clear message that such behaviour is unacceptable.

Action: Systematic and effective deterrents are needed for perpetrators. The law must be enforceable, and women protected.

RECOMMENDATIONS

Promote awareness and greater use of Clare's Law

The efficacy of Clare's Law (The Domestic Violence Disclosure Scheme in England and Wales) is questioned as a result of the women's experiences. Most of the women were unaware of its existence. Given that few women reported positive experiences when seeking police assistance, noting a lack of emotional assistance and signposting to specialist services, we would argue that Clare's Law needs revision or more robust application, and to ensure this specialist trained police officers are needed.

Action: Specialist domestic abuse police officers are needed to deal sensitively and effectively with this endemic problem. Perpetrators need removing from the family home and powers to prevent them returning require implementation.

Promote bystander intervention

Several women noted the lack of bystander intervention during their abusive experiences. One woman described a lack of public intervention when she was severely physically abused in a public place, whilst another recalled a lack of neighbourhood reporting when abuse could be heard in adjoining dwellings. This is a symptom of wider society that sees IPV as a private matter and one in which the victim is often blamed, rather than the perpetrator. Public education is required through a government campaign including TV advertising, to insist that this is a public issue and therefore everyone's business. Bystander Intervention courses within schools, colleges and universities would enable young people to feel more confident about recognising the signs and about intervening when safe to do so (Coker et al., 2016; Pfetsch, Steffgen, Gollwitzer, & Ittel, 2011).

Action: Government awareness campaign to highlight that domestic abuse is everybody's business is crucial. National programmes to encourage bystander intervention, within educational institutions are needed to build knowledge and confidence in young people.

Joined-up approach to re-think and address ideas of masculinity

Unhealthy and toxic ideas about masculinity were found to be contributory factors to male perpetrated IPV. Programmes should engage with men in order to challenge such ideas about masculinity and explore alternative ways of 'doing manhood' and being a man, which embrace empathy, compassion and kindness. The chaotic lives of violent men and the contradictory nature of violent masculinities are also problematic and do not seem to be addressed within perpetrator programmes. Programmes should recognise that these do not work in isolation within men's lives but must be connected to the wider networks which underpin men's lives. As part of this, work around forming emotional attachments and connections with others is crucial. Male perpetrated IPV should be addressed through a joined-up approach across the realms of social work, criminal justice, child protection and health/social care. This should apply across the continuum of early intervention through to repeat offenders.

Action: A multi-agency approach to male violence is important. Perpetrator programmes and indeed learning within schools need to incorporate what it means to be a 'man', including empathy, compassion and kindness.

Address legal bias towards perpetrators

Professionals are manipulated/influenced, as are friends and family, enabling the perpetrator to appear as the victim being prevented from seeing his children, often using the court in an attempt to gain custody or contact. The rights of the abusive parent seem to have overshadowed the rights of the child to be protected from abuse. The full scale of the abuse on both the mother and children does not appear to be fully acknowledged or understood. Professionals, particularly CAFCASS, need to recognise the full extent of the impact on women subject to everyday terrorism and how perpetrators are unconcerned about the harm this inflicts on their children. The court becomes another powerful weapon to gain ultimate control and to cause as much pain as possible to their victim.

Action: Professionals within family courts need to be trained in domestic abuse and the behaviours of perpetrators. Children are victims, not observers and protecting them from perpetrators is paramount.

Develop tech to help prevent, rather than enable, abuse

Our findings highlight that perpetrators' abusive behaviour was often enabled by the use of technology, which allowed them to harass, stalk and surveil their victims, blackmail them through the use of sexual images, and derogate via social media. Women told us that perpetrators had enabled tracking on their phones without their knowledge. Technology companies should have a bigger role in responding to abuse through apps/forums/software, to tackle IPV and revenge porn. The prosocial game currently in development by the UK Ni3 centre will highlight to schoolchildren the negative impact that technology can have within IPV.

Action: Technology companies need to ensure that when apps are activated on phones, a private alert to the user is provided, with information on how to disable. Apps to secretly report and evidence abuse need to be developed.

Proactively monitor children for effects of abuse

Given the negative effects on children of witnessing or suffering abuse, social services should monitor such children to identify risk factors which may be addressed and treated before they become victims or perpetrators.

Action: Extensive training on the complexities and impact of domestic abuse is required on all qualifying social work courses. Children need to be seen and understood as victims of domestic abuse, NOT observers.

Introduction

Intimate partner violence (IPV) describes any form of behaviour in an intimate relationship that causes physical, psychological, or sexual harm to a person in the relationship (WHO, 2012). This behaviour includes physical violence (e.g. slapping, hitting and beating) and sexual violence (forced intercourse or other forms of sexual coercion), but can also include emotional/ psychological abuse (belittling, threats, insults and humiliation) and controlling behaviours (invasive monitoring of a person's movements and contacts, isolation from family and friends, control over financial resources, restricting access to employment or medical care).

IPV is a major global public health problem. International studies have estimated a lifetime prevalence of IPV between 10% and 69% among women (Krug et al., 2002), with a major meta-analysis of global data estimating a worldwide prevalence of 30% (Devries et al., 2013). In the UK, a review of evidence in 2009 found a lifetime prevalence of IPV among women of 13% to 31% in community-based studies, and 13% to 41% in clinical studies (Feder et al., 2009). The higher rates of IPV in clinical contexts is to be expected, given the associated harms from IPV requiring medical attention. It is possible these figures are low estimates, however, because women have reported reluctance to seek care specifically for IPV-related injuries (Bachman & Saltzman, 1995; Campbell, 2002).

Although men can be affected by IPV, this is an issue that disproportionately affects women (Reed et al., 2010; WHO, 2012). For example, large numbers of women are admitted to emergency rooms (Biroscak, Smith, Roznowski, Tucker, & Carlson, 2006), but there is little evidence of comparable rates of IPV-related admittance among men. Additionally, women homicide victims are overwhelmingly more likely to be killed by intimate partners or family members and have been estimated to make up 70% of IPV-related fatality incidents (Catalano, Smith, Snyder, & Rand, 2009). Consequently, in this report we conceptualise IPV as one form of gender-based violence, bound up with the dominant ideologies and practices of masculinity and femininity at work in society (Khalifeh et al., 2013; see also, Reed et al., 2010; WHO, 2012).

Our research focus is on young people's intimate partner violence and abuse sometimes referred to in the literature as young people's dating violence. Those aged between 16 and 24 experience the highest rates of IPV of any age group. A recent review of current literature (Stonard, Bowen, Lawrence, & Price, 2014) demonstrated the scale of the problem, highlighting that 50-70% of all young people reported abuse through new technologies; most often controlling behaviour and surveillance. More than half of young women (16-21-year olds) have experienced controlling behaviours in relationships. One in three young people find it difficult to define the line between a caring and a controlling action. Normalisation of abuse is common, as 49% of boys and 33% of girls aged 13-14 felt it would be 'okay' to hit a partner under certain circumstances (Fox, Corr, Gadd, & Butler, 2013). Young people face specific and unique challenges in their intimate relationships due to a lack of education and prior experience. They are influenced heavily by peers who share similar notions of what a healthy relationship is and have to manage advanced technologies which make controlling victims easier (Murray et al., 2016). Experiencing such abuse when young can have a negative impact long into adulthood increasing the likelihood of revictimisation. It is therefore vitally important that an effective intervention specifically to educate young people is developed, enabling them to recognise harmful behaviour in others or indeed themselves.

Risk factors

Health impacts of IPV

The impact of IPV on physical and psychological health among victims and survivors is serious and far-reaching. One recent analysis of hospitalisation rates among IPV victims, based on a large sample in a Midwestern US-based hospital (N=2,937) found a mean number of emergency room visits of 3.44 in a year among those with a known IPV incident within the last year, compared with 1.78 visits among non-IPV patients (Kothari et al., 2015). However, and perhaps somewhat surprisingly, this same study found that IPV survivors were no more likely to present to the emergency department with an injury complaint and were significantly less likely to be hospitalised for injuries. It is likely that this finding represents difficulties in help-seeking among women experiencing IPV, however, it also indicates that the physical effects of IPV last long after the act of IPV itself.

In one review, a range of long-term physical health impacts of IPV were identified. Many of these impacts were likely to have been associated with the chronic stress associated with IPV – for example, digestive complaints, headaches/migraines, fainting, seizures, loss of appetite, and hypertension (Campbell, 2002). The same review also identified a range of long-term sexual harms linked to IPV – including an increased risk of sexually transmitted diseases, vaginal infections, and painful intercourse. Similar findings have been identified in subsequent large population-based studies, in which IPV has been shown to be associated with a wide range of health impacts such as difficulty walking, pain, memory loss, difficulty with daily activities, and dizziness (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008).

Alongside physical impacts, IPV is associated with many adverse mental health outcomes. Among the most widely researched and severe of these is PTSD (see e.g. Coker, Weston, Creson, Justice, & Blakeney, 2005; Dutton & Corvo, 2006; Machisa, Christofides, & Jewkes, 2017; Pico-Alfonso et al., 2006). The prevalence of PTSD among IPV survivors has been estimated to be between 25% and 48.2% (Coker et al., 2005; Salcioglu, Urhan, Pirinccioglu, & Aydin, 2017) compared with 3% in the general population of UK women (Mental Health Foundation, 2016). The general adverse effects of PTSD on those living with the condition have been well documented, but two aspects of PTSD specific to IPV are worth mentioning. First, it is not only women survivors of IPV who develop PTSD, there is evidence that young children who are exposed to IPV in the home frequently go on to develop PTSD symptoms, with one study reporting PTSD symptoms in almost half of the children exposed (Levendosky, Bogat, & Martinez-Torteya, 2013). Second, there is evidence that women who develop PTSD after IPV are more likely to be re-abused within a year (Krause, Kaltman, Goodman, & Dutton, 2006). Mental health difficulties and IPV appear to exist in a feedback loop, with IPV increasing the risk of poor mental health, and poor mental health in turn increasing the risks of further exposure to IPV. In our opinion, this points to a pressing need for interventions to prevent IPV from taking place in the first place.

Social and economic impacts of IPV

Much of the knowledge on the economic costs associated with IPV comes from national, aggregate-level estimates of IPV-related public expenditure (e.g. Access Economics, 2004; Laing & Bobic, 2002; Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004), and estimates vary widely depending on definitions of costs, methodology, and whether indirect costs are included (Waters, Hyder, Rajkotia, Basu, & Butchart, 2005). Research published by the Home Office in 2019 estimated the total economic costs of IPV in the UK to be approximately £66bn (Oliver, Alexander, Roe, & Wlasny, 2019). This estimate included anticipatory costs (preventive services and interventions), costs as a consequence (physical and emotional harm, health service utilisation, lost output, and victim services), and costs in response (predominantly criminal justice-related costs). However, and as the authors note, this estimate is likely to be an under-estimate due to the under-reporting of IPV-related injuries (MacGregor, Oliver, MacQuarrie, & Wathen, 2019).

Complexity of help-seeking process

Academic literature recognises help seeking to be a complex process and that it can take women a long time before they seek help (Evans & Feder, 2016). In many cases women are unaware that they are in abusive relationships, especially if the abuse is psychological (Rivas, Vigurs, Cameron, & Yeo, 2019). It has been evidenced that women encounter many barriers in the help seeking process (Lelaurain, Graziani, & Lo Monaco, 2017) and that it can take an average of over 2 years before victims of domestic abuse seek help (SafeLives, 2015). For younger people experiencing domestic abuse, help seeking is even harder than for adult victims. A report commissioned by SafeLives (Halliwell & Evans, 2016) on young people and domestic abuse found that whilst young people were entitled to the same support as adult victims of domestic abuse (as they were now covered by the cross governmental definition of domestic abuse), this was not transpiring in reality and the number of referrals to support services was much lower than their percentage make up in the population, despite high prevalence rates in this age group. The report also found that social services were aware of only 45% of young people in abusive relationships and that the number of victims under 16 who are in intimate violent relationships was likely to be higher due to the lack of specialist support available to them.

Research Design

Credits: Suzie Larke photography

This study adopted an interpretive, qualitative approach to increase the understanding of the needs of victims and perpetrators and to examine personal experiences, perceptions and meanings of intimate partner violence as these processes occur in real life situations.

The research design was a cross-sectional qualitative study - data collected at one time-point using semi-structured interviews and focus groups with purposively selected participants (see Appendix 2 for full details of the Researchers' Briefing Pack which includes the project research questions, the interview/focus group schedules used and the ethics procedures we followed). The analytic approach used was inductive and thematic. A thematic analysis at the latent level goes beyond the semantic content of the data, and starts to identify or examine the underlying ideas, assumptions, and conceptualisations - and ideologies - that are theorised as shaping or informing the semantic content of the data (Braun & Clarke, 2006 p.13).

The conceptual framework underpinning the design was informed by four factors:

1. Expertise in the social, legal, policy and cultural context (the research leaders have researched and published extensively on the topic of gender-based violence in the region and have provided consultancy, training and programme development support to governments, international development agencies, professionals and civil society organisations).

2. Excellent local knowledge - the researchers were nationals of the UK and have appropriate linguistic skills, cultural, geographical, political and demographic knowledge and were in touch with contemporary realities and the impact of current social stressors on populations. In many cases they have experience of research with IPV or of similar sensitive topics.

3. Theories on causation of intimate partner violence.

4. A narrative literature review of the issues affecting women and men, the impact of intimate partner violence on children and young people, and factors that contribute to abuse behaviours.

It is important to ensure that qualitative research is credible and does not stray into the anecdotal. In order to avoid this, the following protocols were followed:

- Authentication of claims made through the use of NVivo v.12 software to manage the analysis

- Close supervision of the research process by the co-leaders of the qualitative work package and the UK country lead

- Consistent application of researchers' briefing guidance in the data collection stage

- Ensuring the data generated are dependable and that findings are derived directly and only from the data

- In the analysis and write up of the data we ensured a clear differentiation between the voices of the research participants and the researchers

- Documentation and audit trail of procedures adopted (ensured via the use of NVivo software)

- Meticulous data management procedures

This research used convenience, purposive, non-probability sampling techniques to identify particular groups of people whose circumstances were relevant to the research questions. This approach was necessary given the sensitivity of the issue explored and the potential risks to participants of more open recruitment methods. We used several key stakeholder groups who could put us in touch with respondents (both victims and perpetrators). Key groups who assisted are listed in the earlier Acknowledgements section.

Interviews with Women

We experienced considerable initial difficulty in finding female respondents who had experienced IPV in the intended age group. At one stage we were considering interviews by telephone or via the Internet (e.g. Skype). We advertised for respondents through the None in Three social networks but were unsuccessful in arranging any final interviews. However, once we had made good contact with several stakeholder groups, we found sufficient volunteers so that all interviews could be carried out face-to-face. In some cases this involved long journeys by the researchers (or sometimes by the respondents). Seven different female researchers undertook the interviews of whom three were very experienced researchers in the area. The less experienced researchers were given training both in the procedures needed for the sensitive type of interviews to be carried out (though all these researchers were experienced in working with IPV victims) and with the ethical issues the study adopted (see Appendix 2 for details.) Respondents were women who self-identified as a victim or survivor of intimate partner violence when young (median age at interview, 26). In total, 52 women were interviewed, most in individual interviews of, on average, about 45 minutes. Two women were interviewed together and 6 were interviewed in a focus group situation.

In order to maintain confidentiality, at the start of the interviews women were asked to assign themselves a false name. These were the names used throughout the interviews, in the transcriptions and in the findings discussion that follows.

Focus Groups with Men and Youth

In addition to interviews with women, we also wanted to gather information on the views of men and youth. We were interested in hearing from males who had been convicted for acts of IPV and who had had the opportunity to reflect on their behaviour through involvement in a violence reduction programme. We also experienced difficulty in recruiting such men to the focus groups and had to drop our intention to interview 40 men in different age groups. In the end we interviewed 18 perpetrators in three focus groups and one perpetrator in an individual interview. The focus groups with perpetrators were moderated by male researchers in the team. Often the answers given reflected what they had learned on their violence reduction programme. However, we did find that other, contradictory, and less acceptable conceptions and opinions were expressed in the groups and these contrasting responses are reflected in the results discussed below.

Ethics

The research plan and all related documents were approved by the University of Huddersfield Research and Ethics Panel for the School of Human and Health Sciences. Permissions were obtained from all participating agencies and the research was conducted with strict adherence to the None in Three ethics protocol (see Appendix 2). Our duty of care to participants was assured by providing them with clear information about the purpose of the study, putting in place stringent measures to protect confidentiality,

secure data management, informed consent and the establishment of a National Response Team of volunteer counsellors and psychologists who were available to provide post-research counselling to any participant in need. An ethics audit was carried out throughout the process to ensure compliance with the high ethical principles and standards we had set for ourselves.

Data Analysis

Interviews and focus groups were digitally recorded and transcribed. Thematic analysis was carried out based on a priori themes drawn from the literature review and the research questions. The NVivo software programme was used to manage the coding in order to identify and report patterns across groups of participants.

To check content validity a sample of coding was cross checked between researchers. A good level of agreement about coding selection and coding choice was found.

As in a grounded theory approach, constant comparison between cases enriched the analysis by pointing to some negative cases where women described their various coping strategies and how they had developed resilience despite their hardships and levels of abuse they endured. A series of Boolean searches was performed to further look for overlaps and contrasts in their accounts (AND/OR etc.).

More complex matrix queries based on node attributes were limited by the demographic information available on participants but have helped to highlight valuable segments of the transcripts for further thematic analysis and inclusion in this report.

Limitations

There are several limitations to this research. We were unable to collect any information about IPV in same-sex relationships. This probably reflected the particular focus of the stakeholder groups we were able to contact and who could put us in touch with participants. Same-sex relationships was not a key focus of our study, so we made no special effort to contact stakeholder groups who offered help to those who suffered violence in same sex relationships. Consequently, we can make no definitive statements about the nature of IPV in same-sex relationships.

Also, we were unable to explore the specific issues affecting disabled women and women in exceptionally vulnerable circumstances (such as women subject to immigration controls) and we did not comprehensively explore the experiences of black and minority ethnic women (although there was representation from these groups in the study).

Likewise, we did not especially seek to conduct interviews on or research female violence on males. In some of our interviews and focus groups this was mentioned. But we did not follow it up in the interview sessions and did not analyse this aspect of IPV. It clearly does happen, but we are not able from our data to say anything about its prevalence in the UK and its characteristics.

Finally, as with all qualitative research, there are limitations arising from definitional, methodological and sampling issues. We were careful to build measures into the research process to mitigate these, but we were also limited by the extremely sensitive nature of the problem and this we could do nothing about. Getting women to talk to us at all about experiences that they find acutely distressing or getting men to talk about attitudes that contribute to the problem required us to tread very gently and to ensure that we did no harm.

The Presentation of Findings

We present the findings of the research by focusing first on the experiences of women and then we report our findings on the perspectives of men and male youths.

We have not produced a separate literature review, choosing instead to allow the data to determine the review of literature, akin to a grounded theory approach. We then weave the literature into the discussion.

For reasons of safety and in line with our ethics protocol, the identities of the participants have been protected and the names used are pseudonyms chosen by the participants themselves.

Credits: Suzie Larke photography

Findings

Female Survivors

Definitions of IPV

The interview schedule incorporated a question which sought the women's understandings/ definitions of domestic violence/domestic abuse/dating violence/interpersonal violence. The terms presented to the women differed across interviewers. As some women correctly identified, the terms domestic abuse/domestic violence can be used to refer to partner violence but can also encompass abuse by any member of the household (WHO, 2012). Given that the term 'dating violence' is applicable to (young) people in a relationship rather than marriage, the term Intimate Partner Violence (IPV) will be used to refer to the concept throughout this report, in accordance with the World Health Organisation's definition presented within the introduction of this report.

Some women found it difficult to define adequately and often drew on their own experience to provide examples of what intimate partner violence looked like. Katie's experiences led her to provide a definition of emotional/ psychological abuse:

> ***'Well for me it was, putting people, putting them down, making them feel bad about themselves, doubting themselves, you know causing lots of self-hate and self-confidence issues...it's like abusing someone mentally, going after their mental health instead of their physical health' (Katie).***

'Control' was commonly used within the women's' definitions:

> ***'Kind of anything that means that someone else has got control and kind of power over your life really, so physical or even mental and emotional, financial' (Alesandra).***
>
> ***'I guess just a lot of control, a lack of freedom and I think probably constantly living in fear is another big thing about that as well... He had control. He just had total control. He would click his fingers and I would just be there. I'd be there before he clicked his fingers' (Eva).***

Others were able to articulate quite comprehensive definitions, which included various forms of abuse and highlighted the multi-layered violence and abuse often experienced. The women's narratives also reflected the rarity of experiencing one form of abuse in isolation:

> ***'I think it's a very broad concept...I immediately think of things like physical abuse, although I'm very aware that it is a lot more than that, so it can include things like financial abuse, erm, psychological abuse... sexual abuse was another one for example, so also sexually assaulting' (Liz).***
>
> ***'From my experiences it can be different for everyone, I've heard people say sort of domestic violence they think automatically of you know, people getting punched and hit, but it's not just that, that's just part of it, so it's the emotional stuff that comes with it, and the control, and... to me that's worse than being sort of physically assaulted, which sounds really backwards but for me, I'd take a punch in the face every day, like, quite happily' (Shirley).***

The significant impact of non-physical abuse was a common theme, echoed in Britney's definition:

> ***'Mental torture isn't it? It's mental torture, like... it's... when they're beating you up, like, you can get over a beating, you can get over, bruises heal, it all heals, but it doesn't heal in your heart'.***

And Haley's:

> ***'I think it's more the mental abuse...people think it's the physical abuse that's worse but when you look at it, deep down, it is actually the mental abuse that has affected you more'.***

Some women felt that their definitions of IPV had changed since experiencing it themselves, as Sarah noted:

> ***'At first, I thought it was just physical, I thought domestic violence was just physical, but then it's not. It's emotional and physical'.***

Beth noted similar, and highlighted the often-unrecognised impact of psychological abuse:

> ***'Since my own experience it's changed and I think the psychological side of it, the psychological abuse is really important and... I don't think it's taken as seriously as, you know, the violence'.***

Others experienced IPV at an early age and were therefore unsure whether they had any prior understanding of the concept, highlighting the necessity of education for young people:

> ***'My experience was when I was a teenager and I don't quite know how I felt about the topic or what I knew about it before it happened...I don't think, looking back, I understood what was happening...It's only since I have matured and looked back at my experience that I have understood it now as an abusive relationship and I can now define all the different types of abuse that I experienced' (Liz).***

These definitions reflect the multiple forms of abuse which constitute the continuum of abuse and violence evident within the women's narratives. Their experiences of abuse indicate that the range of abusive behaviours to which they were subjected were often much broader than their definitions indicated.

Contributing factors to IPV

Female survivors were asked whether there were any particular incidents or triggers that escalated the violence and abuse that they received, as well as any incidents/triggers that served to lessen the abuse that they were subjected to in their relationship(s). The answers given, summarised in the sections that follow, represent the survivors' own interpretations of possible triggers behind the violence that they were subjected to by their male partners. It is important to note that this line of questioning is not designed to excuse or in any way justify the behaviour of perpetrators but, instead, serves to illuminate the circumstances leading up to the abuse, from the survivor's own perspective. As our data reveal, victim-blaming is often used by perpetrators as a means of evading responsibility for their actions and, in turn, forms part of the relentless and escalating violence to which survivors are subjected.

Normalisation of violence

The largest contributory factor for IPV, as revealed by the narratives of survivors, was the normalisation of violence by perpetrators. Here, perpetrators had either experienced abuse or witnessed domestic violence in childhood and this, in turn, had created a blueprint for their subsequent behaviour. Perpetrators were shown to follow in the footsteps of their violent and abusive fathers. According to Shirley:

> ***'...his dad...was a drunk, he used to beat the crap out of his mum...I don't think he did what he did to me by accident, because his dad was abusive towards his mum...he grew up seeing that...'***

This also extended into verbal and emotional abuse:

> ***'... his dad was just not very nice, and I think that's where he got it from. Just from what I've seen I think he got a lot of his attitudes and his behaviours and his beliefs from his father' (Katie).***

According to some survivors, even where

perpetrators recognised that the behaviour of their fathers was unacceptable, there was a degree of cognitive dissonance when it came to the perpetrator's own behaviour. Alesandra recounts how her ex-partner would describe his father and grandfather as being extremely violent and 'evil' but, according to Alesandra, despite knowing that the behaviour of the men in his life 'wasn't right' he also 'couldn't see what he was doing', that is repeating the same kinds of behaviour that he himself had been exposed to in childhood. Elsewhere, perpetrators blamed their behaviour on their own history of abuse and neglect. According to Claudia, her ex-partner would be 'very, very volatile, very aggressive, he'd kick stuff, punch stuff', and blamed his behaviour on his childhood. When he was fifteen, his mother moved away to start a new family, leaving him behind. He also allegedly experienced mental and emotional abuse from his father.

MYTH

"All abusive men have grown up in abusive families"

FACT

Whilst growing up in a violent home is a risk factor, violence nonetheless remains a choice. Many men who have grown up in violent homes do not go on to perpetrate. Likewise, many perpetrators have not grown up in violent homes. If a man blames his childhood for his violence, he is not taking responsibility for his actions.

Misogyny

There was some evidence to show that perpetrators' actions towards their female partners were shaped by their fathers' own derogatory views and behaviour towards women. According to Daisy:

> ***'...that's definitely where he [perpetrator] gets it from because his dad treats his girlfriend like...he just uses all her money, leaves her skint...It's horrible the things he does to her... but that's where, definitely where he gets it from. His dad. Definitely'.***

And Katie:

> ***'...I think a lot of it was he got, you know "boys will be boys", and his dad would always come home, even though he was married to his mum, and tell him how he would be cheating on his mum...I think that's where it came from. I think, because he grew up with a father that just disrespected women...'.***

Elsewhere, this extended into sexually predatory behaviour. Summer, speaking of her ex-partner, claimed:

> ***'...he was very sex obsessed. His father was convicted as a paedophile himself for abusing younger children...it didn't matter who they were or what they were or who they were to him..."any hole's a goal", that's, that's him'.***

The normalisation of sexual violence and, linked to that, predatory attitudes towards women also continued outside of the family context and into peer networks. Katie recounted a number of forms of sexual violence enacted by her ex-boyfriend, including an attempted rape whilst she was unconscious, which her friends had felt was normal. The combination of friends downplaying the seriousness of the sexual violence in her relationship combined with previous experiences with men led Katie to normalise the sexual abuse in her relationship. There was also an additional layer – schoolyard bullying:

> ***'...there's some things that he did that so many other guys did as well that it just kind of felt normal, you know? Like the shaming for having sex with other boys - it happened to me, I got bullied a lot in school for that... called me a 'slag'...I thought the things he was telling me were true...so I just thought when I got with him that it was all normal...because it was ingrained in my head what other guys had done' (Katie).***

Some of the women interviewed talked about how the mothers of the perpetrators were also treated in this way, being disobeyed, disrespected and seemingly afraid of their sons. The following quote highlights the patterns of disrespect, objectification and ownership that perpetrators, on a quest for power, try to assert over the women in their lives:

> ***'...he was bragging to me that he'd found er, another woman that he was gonna do it to. He was like "I'll just do it to her, as I did to you, just rinse her and do what I want with her"...then he's just laughing "oh I'm a really dangerous man am I?"...he loved that attention and loved the fact that actually he was so dangerous but nothing had stopped him...I think it just empowered him' (Louise B).***

According to some of the survivors, it appeared that the perpetrators in their lives had toxic understandings about masculinity with the view that men should be respected and have authority.

> ***'And when he rages, he paces up and down and he tenses his muscles. He basically always used to show me...that he was a big, hard lad... And I did feel like the weak one...because I never used to fight back...he's been stood there going [clenches teeth] "GET UP THEM STAIRS, GET UP THEM STAIRS" you know, but like tensing his arms' (Haley).***

However, the following quote reveals the precariousness of toxic notions of masculinity:

> ***'I think he likes people thinking that he is a big strong man...he has very low self-esteem, despite what he says about himself and despite how he portrays himself...So, if it's someone saying to me, a man saying to me 'I like your tattoos' he's taken that as they don't respect him because they've spoken to his property... so he will punch them or you know, throw a bottle at them or start screaming...' (Eva).***

And the fine line between male entitlement and insecurity:

> ***'I just think he thought the world was bad to him and...he acted as though he just had a right to every little thing...and he'd kick off and punch things, and that's the kind of thing he would do with me if he didn't get what he wanted. He would be punching things' (Katie).***

> ***'I think he got enjoyment from the power. I think he was someone who didn't feel like he had much power and control in his life, or respect' (Lisa).***

Emotional Instability

Several women felt that their ex-partners exhibited signs of emotional instability, describing them as having anger issues, being 'all over the place emotionally' (Lisa) and mentally unstable.

For Katie, seeing what she described as her abuser's 'vulnerable side' made her feel sorry for him and want to stay in the relationship in order to look after him. Elsewhere, women such as Scarlett tried to find a reason for their partner's violent and erratic behaviour:

> ***'I think that losing his relative at a young age, I think that it had caused him some form of mental disorder, maybe a bit of PTSD...maybe the weed had caused schizophrenia'.***

However, other women were less forgiving about their ex-partners. Eva described her abuser as a 'crazy narcissist' whilst, according to Mandy:

> ***'...he's horrible. He's threatened to stab me kids and me face and... burn me flat down with us all in it...he's mental in the head. It's not normal the things he's said'.***

Louise B documented her abuser's lack of remorse during a rape trial in which he was found 'not guilty' – his lack of empathy led her to believe he was a psychopath.

"It is the drugs/ alcohol that causes him to become violent"

FACT *Whilst drugs/alcohol may trigger or exacerbate an episode of violence, they are not the root cause of domestic violence. Many men who drink/use drugs do not become violent. Many men are violent towards their partners when sober. To cite drugs/alcohol as a catalyst for violence is to ensure that perpetrators evade responsibility for their actions.*

Substance Misuse

One of the biggest contributing factors to IPV was drug and alcohol dependency issues amongst perpetrators. Perpetrator addiction served to exacerbate abuse across the realm of intimate partner violence, extending into the financial, emotional and physical. Sally described how her abuser bullied her for money in order to fund his drug addiction and the resulting serious debt she had been left with.

> ***'You get to the point where you can't say no. I remember once he stole my last ten pound out of my purse. I used to sleep with my car keys, my credit card and my bank card...under my pillow so he couldn't take them, because he'd just drive round drunk or on drugs in my car. But he stole my last ten pound and that was to buy my daughter's milk and he spent it'.***

Tess' story was strikingly similar. She recounted how he had obtained cocaine using money that was needed for their baby, leaving her with only five pounds. Claudia also described being forced to fund her partner's cannabis habit, which left her unable to eat properly and losing a lot of weight. Beth said that when her abuser ran out of cannabis his behaviour escalated. She also said that things got worse the day after her abuser took cocaine – when he was on a 'comedown'. Blue recounted how addiction turned her partner from being 'the most beautiful thing ever imaginable' to 'a monster.' However, she admitted that she already 'knew the monster was inside him.' For Haley, her ex-partner's cannabis use led to increased mental abuse of her.

Eva described how her ex-partner's mood would start to change as soon as he had his first drink:

> ***'The biggest thing for me and what was used to fill me with actual fear, was when he would start drinking alcohol'.***

Chloe detailed how mutual friends who worked at the pub where her partner was drinking, would text message her in order to warn her when her partner was on his way home. She knew then to mentally prepare for the inevitable onslaught of abuse that followed as a result of her partner's inebriated state. Eleanor, who described her ex-partner as a 'binge drinker', remembered how alcohol made him 'unpredictable' and how, after a 'blowout', things would be 'horrendously chaotic'. Scarlett recalled how her abuser's behaviour worsened after drinking alcohol: 'If he drank alcohol he was really, really horribly bad'. Summer explained how her ex-partner, an alcoholic, would blame his violence on his drinking.

Whilst the normalisation of violence (stemming from childhood abuse), misogyny, and substance abuse comprised the main contributing factors towards IPV, there were other issues. A few survivors described how the behaviour of their mothers-in-law both exacerbated and contributed to the abusive behaviour of their partners:

> ***'...she's very controlling as well. I think that's where it comes from...I think she makes him worse because she encourages him in the way he is' (Scarlett).***

> ***'I think his bad behaviour was allowed by her, therefore he continued and he gave her the satisfaction of allowing her to be the way she wanted to be, so it's a very two-way thing' (Sheila).***

Cultural factors

Sarah said that the forced marriage that she and her ex-husband were pressured into, when she was 19 and he was just 14 years old, contributed to the IPV within their relationship:

> ***'He could see his life ahead through me, you know, this marriage would have been his ticket to here and everything else'.***

Sarah described how, within her family, forced marriage was culturally conditioned and existed alongside traditional attitudes around gender in which the husband is seen as dominant 'whatever man says you do'. In addition to this, she felt that her ex-husband's gambling addiction also played a significant role in his treatment towards her. Eva described how her ex-partner would use his religion as an excuse for his violent and abusive behaviour:

> ***'...he'd call me dirty and you know that I'm spending eternity in hell and all of this stuff, he would use that against me. So, he would use his religion when he wanted to'.***

According to survivors, some perpetrators had traditional understandings of gender which placed women in a subservient position to men. Liz described how her South African ex-partner used his culture to enforce the notion that women should 'stay at home, look after the kids, do the cooking and cleaning' with an onus that she 'satisfies the man, you know, whenever he wants, perhaps'. Another participant, Emily, felt that her ex-partner wanted to mould her into being a traveller's wife, staying at home, cleaning, and preventing her socialising with others. Elsewhere, according to survivors, cultural differences were used by men in more overt ways in order to harness control. According to Adele:

> ***'...he said "no I don't want you to learn English language...if you learn English language, you know the rules in this country. I don't want you to know anything about this country".***

Women's perceptions of why IPV increased

Pregnancy | Birth of child | Miscarriage

Rejection | Watching sports | Speaking to other men

IPV often increased once the survivor fell pregnant – when she was at her most vulnerable – as well as shortly after the child was born. It appears that perpetrators may feel jealous of anyone (another man, newborn baby) or anything which, they feel, threatens the status quo of the relationship and, ultimately, the amount of attention that they are paid by their partners.

Factors which decrease IPV

Pregnancy

According to some survivors, the only identifiable factor which served to decrease IPV in their relationship was pregnancy. However, as can be seen above, pregnancy for many women served to increase IPV.

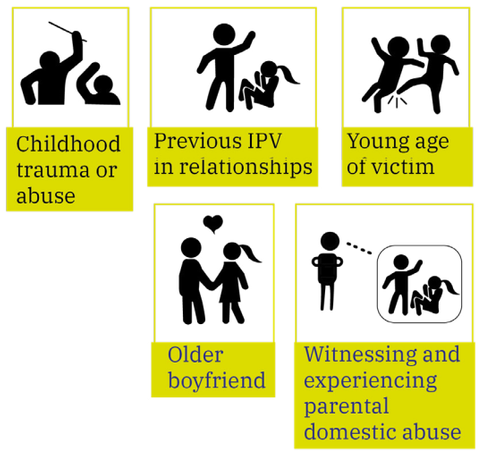
Risks, Challenges & Vulnerability factors for IPV

'They'll never ever change, they'll always, it's like they've got a radar...they act like they're not clever but they're very clever...to pick up on that you're a vulnerable person' (Karen).

'You see men actually see...they know that I must be vulnerable or I accept it...Basically I was put in this world just to get hurt...Like it sounds stupid but all the shit in my life that I've had...and I get in these relationships because I don't want to be on my own' (Jane).

Vulnerability factors for IPV

Our research identified specific vulnerabilities that often led to increased victimisation:



Childhood trauma or abuse | Previous IPV in relationships | Young age of victim | Older boyfriend | Witnessing and experiencing parental domestic abuse

Childhood Trauma or Abuse

When referring to childhood abuse, women spoke about being victims of sexual abuse by a near relative, physical abuse by a near relative, verbal abuse and neglect by a near relative and the effects of witnessing parental IPV. A significant co-existence of physical and sexual abuse in both childhood and adulthood can be identified within the literature (Coid et al., 2001; Moeller, Bachmann, & Moeller, 1993). For many women who had suffered or witnessed abuse, the normalisation of abuse had been reinforced in their psyche and so when they found themselves in subsequent relationships and abuse featured, they did not become alarmed by its manifestation, seeing this as the way to deal with conflict (Mouzos & Makkai, 2004). Abuse suffered by women in their childhoods was in a few cases being used against them in successive relationships by their abusers who would continuously traumatise them by recounting the events or telling them they deserved it. In other cases, victims were still carrying the effects of unresolved trauma, such as physical and mental health issues (Briere, 1992), into new relationships which rendered them more vulnerable to abuse. It can be seen in the narratives of a few women that the severity of the abuse in later relationships was measured against that of the childhood abuse or first abusive relationship, generally women saying that the later abuse was not as severe or that their abuser could never exceed the abuse they had suffered at the hands of their dad.

It was not uncommon to find that women had either witnessed or suffered abuse as a child. Sixteen of the women noted that their childhood had included parental IPV, parental neglect or sexual abuse.

Nicky described being a survivor of childhood sexual abuse, a risk factor for IPV. She was abused by her stepfather from the age of four through to the age of 12. When she was 16, she was thrown into a canal by her stepfather's brother who then attempted to rape her, leaving her bleeding and covered in bruises. When she told her husband about the abuse that she had suffered when she was younger, he reacted violently and repeatedly told her:

> ***'"...it's your fault, you are a slag, you know, you got child abused 'cos you opened your legs"...So thirteen years of marriage he's been making me feel guilty because this has happened to me.'***

In addition to this, Nicky reveals that, during sex, her husband would ask her about the abuse that she experienced as a child:

> ***'...he used to say "oh, how did it go in? This way then? How did it feel?" And stuff like that to me...And he just kept making me repeat it and repeat it.'***

Nicky's husband also made her make numerous video recordings about the sexual abuse that she suffered as a child, forcing her also to write books about it. If she refused to discuss it then her husband would threaten to leave her and tell the wider public about her childhood abuse. He told Nicky he would put her on BBC News:

> ***'"I'm gonna make sure that you're out on the streets naked, everybody knows you're a slag"... I would've been named and shamed...'.***

Nicky's husband used the abuse that she suffered both during childhood and adolescence against her, turning the sexual abuse that she endured over the years into a further weapon through which to humiliate, shame and, ultimately, punish her. By forcing Nicky to recount deeply traumatic and upsetting incidents, her husband added to, and likely exacerbated, the trauma and, in the process, prevented Nicky from healing or moving past these extremely shocking and horrific experiences. In addition, her husband, in

blaming her for the abuse that she was subjected to as a child, deepened the shame that Nicky felt and, in the process, used this to justify the violence (emotional, physical, and sexual) to which he had subjected her during 13 years of marriage.

Another participant, Jane, was sexually abused by a family friend from the age of seven through to eleven. She said of the abuse that she endured:

> ***'It's scarred my life, it never leaves...when things happen over and over again, it is like the norm, but it does hurt and then it leaves people damaged. It's left me damaged.'***

The abuse that she experienced early on in her life had greatly affected Jane's confidence and self-esteem which, she explained, had made her vulnerable to predation by her ex-partner. Her experiences had left her with low expectations of men.

Scarlett was sexually abused by a family member when she was 10 years old. She was also emotionally and physically abused until the age of 13 when she left home. She described feeling like she 'deserved' the abuse enacted towards her by her ex-partner.

The comments of a few women further highlight the normalisation of violence that can occur as a result of early childhood abuse. Here, however, the abuse suffered by the women came at the hands of their fathers and was characterised as psychological and physical abuse:

> ***'...part of being a victim of domestic violence erm, it became normal, so when the acts were carried out on me physically, it was just normal and that was who my father was, and I accepted that for a long time' (Eliza).***

> ***'Because I'd had the experience of my dad, I just thought that was normal in a relationship...' (Zoe).***

Jasmine's parents were abusive towards her when she was growing up. She said of the situation:

> ***'...physically, emotionally, mentally, anything you can really find to be honest. So, for a lot of my life it was just normal.'***

She subsequently found herself in an abusive relationship as an adult and due to her childhood experiences, believed that this was normal. The impact of generational cycles of abuse is captured in the following exchange between one of the interviewers and participant Florina:

> *Interviewer: Did you see any of that when you were a child? Did you know that your dad hit your mum?*
>
> *Florina: Yeah*
>
> *Interviewer: Yeah*
>
> *Florina: I have seen my mum bleeding*
>
> *Interviewer: Oh, that's awful. And so, then it starts happening to you*
>
> *Florina: And when I was bleeding for myself, I was saying 'it's the same happened' [tears roll down her cheeks].*

Participant Eva described unwittingly becoming involved in a relationship with a man who shared similar personality traits and behaviours as her cruel and emotionally abusive father. According to Eva:

> ***'My dad is exactly the same, just slightly less extreme personality type, as my boyfriend... both narcissists, emotionally incapable, very cold, very selfish...when my dad said something horrible to me, I can imagine it in my boyfriend's voice...and I think 'oh my god, they're the same person."***

Eva described seeking out the attention of an older man who could act as a father figure and protect her and give her the male affection and attention that was denied to her by her own father growing up. She felt that this emotional need had made her vulnerable in her adult relationships. Similarly, Beth described tolerating her ex-partner's abusive behaviour because she was looking for a man that she could rely on, that would keep her safe. She believed that this was a result of the lack of male role model in her life, being raised by a single mother. As a result, Beth tried to mould her ex-partner into being the kind of man she wanted and needed him to be, but without success, as she was terrified of being alone. It is interesting to note here the double-edged sword of 'protectiveness' in this context. Whilst Beth initially perceived the attentiveness and protectiveness displayed by her partner as desirable qualities, the flipside of these same qualities - emotional suffocation and possessiveness - also form part of the spectrum of coercion and control enacted by perpetrators. Whilst Eva (above) subconsciously and indeed inadvertently was drawn to a man who possessed similar negative attributes to her father, Beth stayed in the relationship because she felt that she could 'change' her partner and mould him into being the ideal male protector that she never had growing up. The notion of enduring a violent relationship in the hopes that an abusive partner will evolve into a better version of themselves is explored further in a later section – 'Wanting to try and fix them.'

Previous IPV

In addition to childhood abuse, women who had already experienced IPV were also vulnerable to further abusive relationships. Within our dataset, at least 11 of the women had experienced at least two abusive relationships. For Eleanor, all of her intimate relationships to date – spread over a total of 30 years – had been abusive. Karen experienced 15 years of abusive relationships with three men, all of whom had since been labelled (by police) as serious domestic abusers. According to Rivers, who had experienced childhood neglect:

> ***'...I was pretty much in relationship, after relationship, after relationship. I just bounced between, it was literally looking for the next one, all the time...I just attracted people that had their own demons'.***

Lizzie had also had a string of abusive relationships and described 'Picking myself up and then hitting a wall, wall, wall, wall, wall', as she ended one abusive relationship only to find herself in another abusive situation. For Claudia, being in a series of abusive relationships made her question herself. On describing a recent ex-boyfriend, she began to wonder whether it was her own fault that this was happening.

Due to the differing techniques employed by perpetrators, psychological abuse may be more difficult to identify from the outset, and hence many women may experience a number of subsequently abusive relationships. Lily described how the abuse manifested through differing types of violence throughout her adult relationships:

> ***'Then my second relationship...I was still bruised and battered from the first one...he was very much like "I will look after you, I will never hurt you like this" and he never hit me, ever. But he was more than happy to take advantage and be emotionally abusive or verbally abusive... But because he wasn't hitting me and because he was so much better than the one I'd been with before, I just allowed it' (Lily).***

Elizabeth had a similar experience and described how her most recent abusive boyfriend would reference the actions of her previously abusive boyfriend in order to make his behaviour seem decent by comparison. She described an incident when he trashed their hotel room after she had texted a male friend to wish him happy birthday:

> ***'...he was like "I'm not like him, you know". I was like "well you are, look what you've just done. That's not okay"...I guess he was quite***

> ***protective of me but that felt like in response to what the ex- had done. So, it felt like it was a good thing, that he you know, cared a bit more and was making sure I was okay'.***

The technique employed by Lily and Elizabeth's perpetrators illustrates how vulnerable women may be repeatedly targeted by abusive men.

Age

It was common within women's experiences for abusive boyfriends to be older, with 14 women describing relationships where their male partner was significantly older than them. Lauren was just 13 years old when she met her ex-partner - a 23-year-old man. Three other women were also below the age of consent when they met their adult partners. Elsewhere, the age gap increased when some women were in their late teens – for example, one participant, Jane, met her partner when she was 18 and he was 37. For these women, being groomed by much older men when they were at such a young and formative stage of their lives served to create a blueprint for normalising, and accepting, subsequent violence within future relationships.

Shirley, who was 16 when she met her ex-boyfriend (aged 22 at the time), described the thrill of being able to go to places otherwise denied to her as an underage teenager:

> ***'I was 16, he was older, he had ID, we could go out to pubs...he could buy me drinks, and that was great'.***

However, she believed that her age had made her vulnerable to the abuse that followed. She deferred to her boyfriend because he was older than her and had more life experience. What started out as 'little' things in public with him saying "I don't want you speaking to that person, 'cos you know they're not good for you", escalated into further isolating her from family and friends, and physical violence (he broke her arm). Shirley described how he convinced her to quit her college education:

> ***'He kind of convinced me "you don't need to do that...work with me, you know, we'll see each other more" and it was really stupid but I dropped out of college because he told me to...'.***

As a result, she stopped going out and put her own life on hold in order to try and please her boyfriend. As her world dwindled to comprise his needs and his wishes, Shirley knew that something was not right but felt that she had nothing left, and nowhere to go if she left him. She also felt that she was too proud to leave:

> ***'...I was too kind of proud to admit that I'd let that happen to me because I'm not the kind of person that happens to. Like, I'm not weak...I didn't have...a bad upbringing or whatever, my parents are well-off...so that kind of thing doesn't happen to people like me. So it was that shame of admitting "I've let this person do this to me", which is why it probably went on for so long.'***

This last comment is interesting and highlights the fact that a woman does not have to be vulnerable, to have already been exposed to neglect or abuse in earlier life, in order to become a victim of IPV.

For Eva, although there was not a significantly large age gap between her and her former partner (she was 18, he was 23 when they first met), she felt that she was particularly vulnerable as she craved male affection and felt that she needed an older man to protect and look after her. She described being kept in the role of a child during the course of her relationship:

> ***'I would talk like a child when I was with him...my whole personality was different...he always wanted to be looking after me or like, protecting me...how I was 18 and fresh and he was like older and I was like his baby, and...I think I just took on that persona and I did kind of act like a child, and it was just strange and I remember my sister or my friends, or like just anyone that knew me would be like "why are you acting weird? Like why is your voice like that? Why are you wearing those clothes? That's not you"'.***

Caroline was 15 when she began a relationship with a 19-year-old. After experiencing sexual exploitation at the age of 12 and gang rape at the age of 13, she was vulnerable to further abusive relationships. Caroline reflected on her experiences and felt that it was difficult for her at the time to see the perpetrator's behaviour as abusive, given her young age and lack of relationship experience. She instead interpreted his behaviour as him being protective and showing that he cared. The perpetrator was clearly dangerous with a history of convictions, including football related violence, and other violent incidents for which he had not been convicted:

> ***'He had a fight with his dad and bit his dad's nose off... his dad had surgery on his nose to have it fixed up....so he came back to me that night, erm, again that was my fault, 'cos they were arguing about me. They weren't...I don't think my name was even mentioned'.***

Caroline's account highlights the perpetrator's use of blame, a common technique used by perpetrators of IPV.

Katie was 14 and her ex-boyfriend was 15 years old when they began having sex. Although Katie had had prior sexual experiences, she described being forced to perform sexual acts which, both within this relationship and previous relationships, she was not comfortable with but dismissed at the time as just part of reaching sexual maturity:

> ***'... if I didn't want to have sex, if I was too tired...he said that I was a 'shitty girlfriend'... and the more it happened, the less I wanted to do it, but I felt bad. I felt...I should be fulfilling his needs...and then his hygiene got really bad...sometimes he would hold my head down but that happened to me a lot, I just kind of thought that was normal. I realise now it isn't...'.***

Katie recalled how previous boyfriends would hold also her head down during oral sex and even though she did not want it, she dismissed such actions as part of 'a normal sex thing'. She went on to describe an attempted rape by her ex-boyfriend which was subsequently minimised and dismissed as normal within their peer group. Although, at the time, she knew that this was not right, when she later recounted what had happened with friends, she was told what had happened was 'normal'. Stories such as this were not uncommon and many young women did not know what a healthy relationship looked like, learning at a young age to accept sexually abusive behaviour as normal. This meant that they were at risk of further abuse in their subsequent sexual relationships, and at serious risk of becoming pregnant. Their young age, peer pressure and relationship inexperience served as risk factors for IPV.

Elsewhere in the data, the majority of women wished that they had learned about healthy relationships at a young age. These women felt that if they had been taught how to spot the early warning signs of IPV, they might have been able to leave their relationships earlier. According to Alesandra:

> ***'...you're expected to know what relationships are 'cos there's this assumption that all parents' relationships are healthy...or that you'll learn about relationships from your family but if your family isn't healthy, you're not gonna have a healthy relationship and it's just gonna perpetuate'.***

Shirley described having very little dating experience before she met her ex-partner at 16.

She felt that the abuse she endured until the age of 18 might have been averted had she been taught about healthy relationships at a younger age. In addition, this abusive relationship, experienced at such a formative age, was to have a severe impact on Shirley's subsequent experience of intimate relationships as an adult, and served as an unhealthy blueprint for future toxic and destructive sexual experiences:

> ***'I'd never really had much of a dating experience, let alone you know, to form a knowledge of what is okay and what isn't okay, and what to expect, so my experiences quite young of dating were really negative, and it kind of sent me to a place where I didn't value myself enough to kind of... be with someone that treated me properly. So even though I only had that one sort of, you know, abusive relationship, every relationship I had spanning onwards from that wasn't healthy... And, I think that stemmed from what I'd experienced as my kind of first proper relationship'.***

There is an onus on schools to teach children about consent, boundaries and respect and, as part of this, to educate children and young people about the differences between healthy and non-healthy relationships. For the women interviewed, these lessons could not come soon enough. Learning around IPV would be a natural fit with sex education, or Personal, Social, Health and Economic (PSHE) classes and should be incorporated into the national curriculum. There should be an emphasis on encouraging sexual morality and non-toxic masculinity for boys and the harnessing of self-respect and self-confidence among young women and girls.

> ***'...knowing the earlier warning signs, the really early ones, so that...I didn't only start hearing alarm bells after I was already emotionally invested...I want people to know that there are warning signs and if you see them early enough you can get out' (Eva).***

The Experience of IPV

The women's narratives highlighted various forms of abuse which fell within the continuum of IPV. These were referred to as: control; physical; psychological; emotional/mental; economic; sexual; verbal; and coercive control.

The verbal abuse experienced by the women was used to create psychological distress and was therefore inextricably linked with psychological abuse. Thus, although two women described experiencing verbal abuse only, it was clear from their narratives that such abuse had caused them psychological distress and was not simply verbal abuse in isolation. The comment made by Louise B's perpetrator highlights the cruel nature of such comments:

> ***'Actually, you're a one-night stand that went horribly wrong'.***

Verbal abuse was a common theme within the women's experiences, often beginning subtly and escalating over time, taking the form of derogatory name-calling and the use of demeaning remarks and criticisms. The verbal abuse experienced by some women was also of a threatening and humiliating nature. The psychological impact of this type of abuse was significant:

> ***'[it would] make you feel this small... oh that, that is a bad feeling, it's a really horrible feeling. You do, at that stage, you think like "what am I? am I human or what?"' (Sarah C).***

Verbal abuse was often difficult for the women to define as abusive behaviour, and unlikely to prompt help-seeking. Women who were not subjected to physical abuse often struggled to label their relationships as abusive:

> ***'Like I wasn't walking round like black-eyed... and he never kind of like physically pinned me to the floor and raped me, or anything like that...he never did anything that serious for me to want to do something about it' (Shirley).***

Psychological abuse was a feature of all the women's experiences and was also referred to by some as emotional or mental abuse. Whilst all three of these terms were present in the women's narratives, the terms 'psychological abuse' or 'non-physical abuse' will be used for the purpose of this report. Elsewhere in the literature on IPV in young people, Fox et al (2014) favour the term 'psychological abuse', whilst Stonard et al's (2014) research on dating violence employed the terms 'psychological/emotional abuse' interchangeably.

"It's only domestic violence if it gets physical"

Domestic abuse does not always include physical violence. In fact, as our research shows, women experience high levels of other forms of abuse – emotional, psychological, sexual, financial. Survivors reveal that they have been most impacted by the psychological aspects of domestic violence – namely, patterns of controlling, coercive and threatening behaviour, and survivors took a long time to recover from such abuses, if at all.

As Britney noted previously when defining IPV, the consensus from women experiencing both physical and psychological abuse was that the latter was the most difficult to recover from, leaving enduring scars which also rendered women vulnerable to subsequent abuse. This type of abuse was used to blame the women, who often felt guilt or shame about their experiences. The verbal abuse served the purpose of lowering the woman's self-esteem and self-worth, isolating her and rendering her reliant upon the perpetrator. The quotes below highlight perpetrators' elevated sense of self, and demonstrate their manipulative techniques, designed to render the victim at the base of the hierarchy:

> ***'He'd say all of the time...things like erm, I was the fattest girlfriend he'd ever had, like he was some sort of charity and he was good to me for being so, erm, dismissive of my obvious faults' (Rivers).***

> ***'I was like damaged goods, no-one else would touch me, you know. He was doing me a favour staying with me' (Claudia).***

Highlighting that these techniques served to reinforce the victim's feelings of worthlessness, whilst reinforcing the perpetrator's status and control, this technique was also employed by Clare's abuser, who used her chronic illness to try to reinforce her sense of worthlessness:

> ***'"Who's gonna want you anyway?"... That's really stuck with me. That I'm "gonna be a cripple by the time I'm 40"'.***

Physical abuse was also prevalent within the women's narratives, some of which contained accounts of horrific violence. Several women described sustaining physical injuries which required hospital treatment, although were unlikely to reveal to health care professionals the true cause of their injuries and who, in turn, were unlikely to probe further. Some examples of the

violence experienced by the women included: being kicked down stairs; being beaten with hammers, bars, shoes, horse whips, golf clubs; being head-butted; suffocation attempts; knife held to the throat; vacuum cleaner thrown at pregnant belly; hair ripped out; pushed through glass doors; pushed off a stage; and being made to sleep on broken glass. The resultant injuries included: broken fingers, dislocated thumb, dislocated arm, broken arm, broken ribs, broken nose, and concussion. For one woman, the physical violence brought on early labour. Sarah C was often burned by the iron if she failed to iron her abuser's shirt quickly enough. Britney was pushed by the perpetrator out of a moving car. Both Eleanor and Karen suffered fractured skulls, with Karen's cheek bone and eye socket also fractured in the same attack. Lizzie's ex-partner attempted to set her on fire.

MYTH

"He just has a bit of a temper and can sometimes get a bit out of control"

FACT

As our findings reveal, instead of 'losing control', perpetrators are very much in control and are selective about when they might enact violence towards their partner (for example, in private) and with how much force. Many men enact emotional and psychological abuse and, in cases where physical violence is used, this is often directed only at their partner and never towards anyone else (friends, colleagues, boss etc). Although perpetrators spoke in the language of 'losing it' or 'the red mist', this was not evident in any of the survivor stories. In fact, the opposite (planning, control and manipulation) was true.

Highlighting that IPV is not simply due to loss of control, some perpetrators made calculated decisions over where, and with how much force, to hit the woman, in order to ensure that injuries were not visible. Haley described how her ex-partner was able to control himself in the presence of others, recognising that his violence towards her was not due to loss of control, but part of a calculated campaign of IPV. Other perpetrators, however, blatantly employed violence in public places:

> ***'There was one occasion where I was beat up so badly that my body just sort of gave up on me and I, erm was laid on the floor in my own blood and urine and...in and out of consciousness...I couldn't see out of one eye but I could see out of the other eye and I could see people walking past me' (Rivers).***

It was unfortunately common but nonetheless shocking to hear about both the number of violent incidents which female survivors endured, and the lack of bystander intervention or assistance.

Eight of the women reported experiencing threats to kill and/or serious harm including: threats to kill the victim if she aborted their baby, threats to kill her if she tried to leave, threats to strangle and throw acid in her face. Threats were also commonly made about harming friends, family and children.

Rivers' experience of multiple subsequent abusive relationships had raised her awareness of IPV, however, as the techniques employed by perpetrators differed, she failed to see the warning signs when entering into new relationships. For example, after leaving a physically violent relationship, she was not looking for signs of psychological abuse, which were not immediately obvious, but (as noted previously by other women) their impact was greater:

> ***'Just pure emotional abuse started, erm, but I didn't think it was so bad, cause it's not like getting a punch in the face, it's a lot slower, it's a lot sneakier, you know. I think actually I could recover from a punch in the face a lot quicker than I could recover from what he did to me' (Rivers).***

It was common for abuse to begin subtly and escalate as the relationship progressed. Women began to notice abusive behaviours between one week and 18 months into the relationship (perhaps with the benefit of hindsight), with many women noting daily frequency of abuse. It was common for relationships to progress quickly, often with insistence from the perpetrator that they move in together within weeks or months.

MYTH

"She must have done something to provoke him"

FACT

Violence is never an answer to conflict of any kind. Our research showed that the women were attacked without provocation and knew better than to provoke, they instead continually looked for ways to appease and prevent potential abuse from happening. This myth blames the victim and allows the perpetrator to evade responsibility.

Once entrapped within the home, many of the women became pregnant. One female survivor recalls the controlling behaviour beginning early in her relationship, although physical violence did not feature for 6 years.

Abusive relationships also contained good times, to which the women would cling. These good times, together with the love they had for their partner, and often their children together, made it difficult for women to end relationships. Instead, there was a tendency amongst participants to hope and believe the good times would return:

> ***'Part of me would worry in seeing what, what kind of mood he's...cos he wouldn't just be horrible all the time, there would be glimpses of really nice, and I'd think, 'oh God, that's what it was like. We can get back to that..." (Claudia).***

It was common for relationships to end and then resume. Katie noted that during the course of her abusive relationship, they separated and got back together on ten occasions. Chloe's account highlights the hope she had of changing the perpetrator, and the pattern that many women's relationships followed:

> ***'I'd take him back...I'd kick him out because I didn't want any of that around the kids and then I'd feel sorry for him because I also didn't want my children being brought up with no dad...I did think that I'd be able to change him'***

A ‘typical’ pattern of abuse commonly occurring within the women’s narratives is Beth’s, presented below:

Case Study – Beth

Beth’s experience of abuse was typical of a number of other women involved in the research. The relationship developed quickly, with the couple moving in together early in the relationship. Beth discusses the quick development of her relationship, followed by its decline:

> ***‘It was only like a month or something cos his mum had kicked him out and then when he was living with me was when it went really wrong because it was… I don’t even think he got kicked out. I just think he came so he could watch me every minute of every day and it was just… it was just…like hell on earth’***

Elements of his controlling behaviour were apparent in the early stages of their relationship:

> ***‘Looking back, I should have noticed something was not right…Because I remember even a couple of days into meeting him and saying… I said something like “I’m going out on Saturday”. You know I was a first year [university student] and I went out, I enjoyed myself and he went…“you don’t need to go out with your friends anymore, you’ve got me” and I’d only literally known him a couple of… and I went home to my friends and I went “ah” I said “bless him, how sweet is that?”***

The perpetrator quickly exerted his control by demanding money, for which she had to access her overdraft, and which he subsequently spent on drugs. If Beth refused he would ‘explode’:

> ***‘He did a lot of screaming and a lot of shouting and a lot of banging and he’d punch my bathroom door in you know he was very kind of angry, almost like a ball of anger… he would just explode at any moment … I couldn’t see what was going on’***

If Beth tried to refuse, he would make her feel guilty:

> ***‘He’d just be going “you don’t give a fucking shit…what kind of woman are you, you won’t even look after me”… I think I felt sorry for him’***

Around 6 or 7 months into their relationship:

> ***‘It just kind of gradually got worse. I’d just finished work, come home, he was there and this argument started and this argument just escalated and escalated and escalated and he always did this thing and he was like “I’m gonna go, I’m gonna leave” and it was me begging him literally “please don’t go”***

The physical violence began with him dragging her off the bed by her hair. This concerned her flatmate who reported it to the university’s on-site support team, much to Beth’s annoyance:

> ***‘I remember going to her bedroom… I said to her “you bitch why would you do that?” I was like… “do you think that’s gonna make things for me any better that you’ve gone and done that?”… I put my flatmates through absolute hell you know’***

Post separation, and with the benefit of hindsight, Beth could understand her friend’s concern. Elsewhere in the interview, Beth described how the perpetrator had taken her car and had subsequently crashed it:

> ***‘It was just very all-consuming and very… the mental, it was just the mental side of it, I was just drained’***

Beth changed the way she dressed, which became more conservative ‘I think I just shut down to it’. She also experienced sexual abuse and humiliation as the perpetrator would film her on the toilet and demand sexual favours. His controlling behaviour escalated:

> ***‘When I came home from work he used to check underneath my knickers because he said that he could check if I’d have been having sex while I was at work so he used to feel inside me to see and I remember it took me so long to speak to anybody about that because I just thought…It was going on for a while, for a few months and it just became kind of… normal and looking back if a man ever tried to do that to me now I just wouldn’t have it but… I think that was, it was the most intrusive thing and it was the strangest. I’ve never heard of it before or heard of it since… it was a way of controlling me…and I look back and I think if I was in such a position that I would let him do that to me no wonder I let him do everything else he wanted to do to me, you know’***

The account of abuse experienced by Beth is similar to the progression of abuse experienced by many of the women in this study and appears to follow the cycle of abuse often documented (Burton, 2015). However, care should be taken with labelling this progression as a ‘cycle’ as a cycle suggests a predictable sequence of events which is clearly not the case. Women were often unable to predict the types of abuse to which they would be subjected and were constantly adjusting their behaviour in a bid to avoid and to de-escalate the violence. However, what might have worked one day would not necessarily work the next:

> ***‘I would try so hard to make him happy but every time I thought I knew the rules, the rules changed’ (Eva).***

> ***‘He wouldn’t, like, beat me up every single day…he’d be verbally abusive every day, or… he’d hit me for, like, two weeks and then it would always be, like, a few days where he wouldn’t do something and then he’d do it again’ (Jessica).***

> ***‘He would spit at me a lot, in my eye and everything because he knew I didn’t like it, so that’s when the mental and the physical abuse got worse and it got worse to the point where I was waking up every day in fear about what next he was going to do to me’ (Haley).***

During a particularly violent incident, Haley’s baby began to scream as the tension in the home mounted:

> ***‘…he’s picked up my child and shook him, and he’s shook him for fifteen seconds straight and I was sat there, I couldn’t even do anything. I was absolutely heartbroken’***

This was a pivotal moment for Haley as she knew that if her baby was to survive, she would need to leave. However, the violence had already begun to escalate:

> ***‘…the rage was just unbelievable, like, you just probably can’t even imagine it because it really is…….so bad, and the fear… I was absolutely terrified, I just can’t…explain in words… I’d be begging him and begging him, but he wouldn’t care….he kneed me in the back of the leg…then I’ve fell mid-way through the stairs and I’ve started crying and what did he do? Put his hand over me mouth and he put the other hand at the back of my head, and he was squeezing his hand onto, like over my mouth so that I couldn’t basically breathe’***

The above quote reveals the often planned and systematic nature of IPV and the ways in which perpetrators are seemingly unaffected by the distress and trauma caused to their partners.

The cheating behaviour of perpetrators was another common theme within the women’s narratives. Twenty-two women spoke of their partner cheating on them with other women. Whilst survivors were controlled and entrapped by perpetrators, perpetrators in turn felt entitled to behave in whatever way they chose, highlighting the extreme double standards in permitted behaviour. Cheating served as a further technique of control to destroy a survivor’s self-esteem and self-worth. Some perpetrators blatantly cheated, unashamedly appreciated other woman, and falsely accused the victim of infidelity. Eva’s partner bragged to her about his cheating and used his promiscuity as a tool to undermine her. Claudia found out her partner was cheating whilst she was pregnant, which he excused by claiming “well I’ve done you a favour, I’m getting it all out my system before the baby’s here”.

Coercive control has recently become a criminal offence in the UK marking ‘a huge step forward in tackling domestic abuse’ (Women’s Aid, 2019), and is defined as:

> ***‘An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim. This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour’***

What is coercive behaviour?

Experts like Evan Stark liken coercive control to being taken hostage. According to Stark: 'the victim becomes captive in an unreal world created by the abuser, entrapped in a world of confusion, contradiction and fear' (as cited in Women's Aid, 2019).

Women's Aid (2019) also list some common examples of coercive behaviour:

With the resulting effects:

> ***'Coercive control creates invisible chains and a sense of fear that pervades all elements of a victim's life. It works to limit their human rights by depriving them of their liberty and reducing their ability for action'.***

The majority of the women interviewed described relationships involving coercive control, the dangerous nature of which was evident in their narratives:

> ***'Without realising he'd almost infiltrated every aspect of my life....and I don't think I even realised at that point how far into it I was... if we went out everybody would love him, absolutely everyone would love him... he was a very skilled manipulative liar' (Louise B).***

Eva's disturbing narrative illustrates the perpetrator's control and the humiliation to which he subjected her:

> ***'Cruel is like not a strong enough word. It was just he knew exactly like the threads to pull that ...would just make me crumble...one time we were having an argument...we were outside in public...and he said "if you crawl around on the floor like a dog I will accept your apology..."...and I did it. And it was the worst, most terrible, like degrading thing I've ever done, but the feeling of when I stood up and he gave me a hug...like that was so euphoric that I didn't care...I would have walked around on the floor like a dog for ten more minutes if I thought that I would get like that bit of... love... it was like a science for him, he knew exactly how to do it'***

Perpetrators often went to great lengths to exert their control. Mandy described how her ex-partner attempted to prevent her becoming intimate with another male whilst he was imprisoned by trying to get her pregnant.

The women's narratives illustrated how common it was for their partner to change after their relationship had begun. Relationships would begin with perpetrators pretending to be the 'model' boyfriend, full of charisma and charm. Survivors described how their friends would be envious because they too were deceived into believing that the perpetrators were the embodiment of the 'perfect' man. This mask would often persist when they were with friends but slip once they were alone together. The change often began with subtle controlling behaviour - questioning where the women were going and who with, with perpetrators then switching from being charismatic to abusive.

Perpetrators' techniques also included using the woman's biggest insecurities against them, for example: taking them shopping and picking up clothes they knew were too small in order to humiliate and decrease the woman's self-esteem. False accusations of infidelity were also common (often when the perpetrator himself was cheating)

"Arguing is just what couples do"

Whilst disagreements do occur in healthy relationships, arguments and abuse are not the same thing. Domestic violence can be physical, sexual, financial or emotional and revolves around the need to control and hurt the other person.

and jealousy was prevalent. Most women were prevented from speaking to other men. Eva's ex-partner was arrested for using violence against other males who he thought had looked at her.

Survivors' narratives often made reference to the 'gaslighting' techniques which perpetrators employed, leading victims to question their sanity. Alesandra's abuser used her mental health issues as a weapon during her pregnancy, and even tried to convince her doctor that she suffered from additional mental health issues:

> ***'He did say because of my depression... social services would take the baby away... he even tried to get the midwife to confirm it...but obviously after you've been told so many things... you believe that...so as soon as like I've gone to the doctor's he's trying to convince the doctors that I have bipolar'***

Caroline's abuser constantly reiterated to her that she was mentally unwell and it was therefore unlikely that anyone would believe her victimisation: "Nobody will give you a second thought because you are crackers". Scarlett's ex-partner attempted to use her mental health against her, claiming in court that she was not fit to care for their son. Victoria provided a shocking account of how her husband would encourage her to drink alcohol and once she was intoxicated, would encourage her to self-harm, which led her to question her mental health. Haley's abusive partner also encouraged her to kill herself. Such techniques serve to reinforce the victim's vulnerability and the perpetrator's control. The victim ultimately believes that she is mentally unwell. In the words of Eleanor:

> ***'I'd get a beating for not even saying anything, so at that point I thought he could read my mind'.***

Perpetrators employed attention-seeking techniques to create psychological distress for the victim. One survivor noted how her partner would often text her while she was at work to

say that he had attempted suicide because of her. However, when the survivor managed to leave work, she found him in the pub. Another perpetrator would message his victim to tell her that he was self-harming, which caused her such distress that she did the same. Such psychological manipulation would begin very subtly but would often escalate over time and, as a result, became difficult to identify as abusive behaviour.

The power and control that the perpetrators wielded was apparent in the majority of the women's narratives. Elizabeth stated:

> ***'Back then he could convince me to do anything'.***

Chillingly, Shirley noted:

> ***'I couldn't breathe without him knowing, without him being there'.***

The following quote from Rivers reveals the ultimate control that perpetrators wielded – namely, the power and control over the survivor's life, independence and sense of self:

"Rape is committed by strangers"

FACT *Only 10% of rapes are committed by 'strangers'. Around 90% of rapes are committed by men known to the woman (Rape Crisis, 2020). McFarlane (2007) highlights that intimate partner rape is common; 40-50% of abused women are also raped (Bergen, 1996; Campbell & Soeken 1999). Consent must be given and received every time two people engage in sexual contact (Rape Crisis, 2020).*

> ***'I was frightened of him breaking up with me, which was weird because he made, I basically became so reliant on him....and he made me believe that everything I had was because of him... and that I had a place to live because of him' (Rivers).***

Economic abuse was commonly present within women's experiences. Perpetrators stole money from survivors, often for drugs/alcohol when the money was required to support children and run the home. They took control of the victim's bank account, stole her possessions and sold them, and destroyed phones and other belongings. Perpetrators checked what survivors spent money on and did little to contribute to the household. Many perpetrators were out of work or lost their job early in the relationship and expected the survivors to fund their addictions. Clare's ex-partner claimed he had no money to pay for food for her and the children, but she later discovered he had £2000 in his bank account. Other women resorted to stealing or begging for food for themselves and their children.

Sexual abuse also featured in many of the women's accounts to varying degrees, and included rape, blackmail, or the use of sex as a tool of control. As a young girl, Liz moved abroad with her mother, where she was subjected to horrific abuse at the age of 13, including sexual abuse:

> ***'This relationship turned into him forcing me to do very horrific things, such as him forcing me to have anal sex with him, whilst I screamed and begged for him to stop'.***

Whilst Liz was in the early stages of pregnancy at the age of 14, the perpetrator also forced her to have sex with another (older) couple. It was shocking to hear that older adults were complicit in her sexual abuse.

Perpetrators' jealousy and concern over their partner being unfaithful were also controlling techniques to engage them in sexual activity. It was clear from the women's narratives that many of the perpetrators were dangerous men and thus it became easier and safer for the women to comply:

> ***'I knew if I didn't [have sex], he would think I was seeing somebody else...which would result in violence. So, you've got no choice...' (Victoria).***

Other perpetrators used force and physical violence to ensure their victim complied with their sexual demands. Alesandra described how this aspect of her abusive experience was the most difficult to deal with. Several women recounted waking to find their partner raping them. Jane was prescribed medication which caused drowsiness and realised the following morning that the perpetrator had raped her. Whilst some survivors only realised that they were raped once the relationship had ended, others – such as Lily - had recognised and labelled their experiences as rape during the course of the relationship:

> ***'The first time I had the confidence to say "You've just raped me. I said 'no' to you and you did it anyway" and I was crying and I was uncomfortable and...I vividly remember it, feeling like absolute shite and running, running up the stairs away from him and locking the door...and a couple of times after that, that was uncomfortable and I'd said 'no' and it happened anyway' (Lily).***

"He was just stressed, that's why he did it"

FACT *Men experiencing stress are still making a choice to be violent. It is their responsibility to deal with the stress in their lives in a healthy way, not take out their stress on their partner – the person they supposedly care for and love.*

Louise B was raped several times a week, despite her protestations, with the perpetrator claiming, 'I just like rapey sex'. Liz was raped shortly after giving birth:

> ***'So, I'd just turned 15 essentially and three days after coming home from the hospital...he forced me to have sex with him. Considering I had stitches... that was a very horrific experience' (Liz).***

It was rare for the women when describing rape to actually call it that. When pointed out by the interviewers that this is what they had suffered, there was some thought and reflection evident and a realisation that to them they had viewed it as just something they had to do. For these women, there was no choice and saying 'no' meant that they feared that something worse would happen. Women had been worn down and made fearful to such an extent that pleasing their abuser and having no rights became a way to survive.

Sometimes women felt that they could change their partner if only they showed understanding and love; it took considerable time for the women to fully understand that their partner could not be fixed, and that the behaviours were often premeditated. A number of women were clear, on reflection, that they thought they could change their partner. They were now aware, post relationship, of the impossible nature of this as the purpose behind their partners' behaviour was to have complete power and control over them - something that they were not prepared to relinquish.

Unlike the perpetrator accounts towards the close of this report, there were no accounts from survivors of men 'seeing red' or losing their temper. The violence enacted was controlled and systematic. Often the violence would be a

daily occurrence and perpetrators would blame the victim for their behaviour, ignoring pleas and screams (and obvious injuries) to stop. The tightening of control was visible throughout the accounts and if a perpetrator was physically violent, this violence became more dangerous and life-threatening as the relationship progressed. Britney recounts being beaten with bars and hammers yet still wanted to be able to make a difference to the perpetrator and hoped that she could help him change:

> ***'I got up then and I left him because the beatings that he used to give me wasn't like a normal beating, and it was just the horrible stuff as well that he used to say to me... like I got beat with hammers, I got beat with bars... I got beat with scart leads, I got beat with shoes, I got beat with leads, I got beat with horse whips, I got scarred with keys for a car, like... I got strangled, I got all me hair taken out, I got me fingers broke with a hammer... like it was just...I went through that much...I loved him and I wanted to change him'.***

Technology mediated abuse

When asked about the ability of social media to be used as a tool to perpetrate abuse we initially found that it played a smaller role than anticipated. Further examination of this issue however revealed widespread evidence that the role of technology was greater than explicitly acknowledged. The young women participating in the research had never known a life without technology and social media therefore they appeared unable to fully recognise the amount of abuse taking place in the online world until explicitly asked.

The majority of women lost control over the use of their mobile phones. Before relationships began most of them used social media apps extensively, this reduced significantly once it was realised how much of a catalyst to arguments, a control mechanism and a monitoring device it had become. The majority of perpetrators accessed their victim's phone and knew their password, either because he demanded she gave it him, or he watched closely when she accessed her phone. Some perpetrators 'covertly' checked the women's phones when they were asleep or showering, whilst others did so more blatantly:

> ***'He used to message boys off my accounts as me to try find out if I had slept with them...He had all my passwords and he used to take my phone' (Beth).***

Jessica acknowledged the role of social media in her abusive relationship, explaining how her ex-partner allowed her to use some social media apps and not others:

> ***'He was controlling me with my phone. I wasn't allowed to have Instagram, but I had Facebook. Snapchat, he used to control who used to follow me. So, he controlled my friends as well... a lot of my school friends I wasn't allowed to be friends with'.***
>
> ***'It was the case of him checking who I've got on there, who I spoke to...I wasn't allowed to have...boy mates' (Emily).***

The women's narratives highlight how perpetrators controlled them through their phones in order to isolate them further:

> ***'He would make me text people in front of him things to see what their response would be... if someone followed me on Instagram... "who's that? Block them instantly", my erm, my sister's ex-boyfriend...we were amazing friends...my boyfriend made me text him saying like "fuck off, I don't want anything to do with you...never contact me again" and block him on everything, and as far as he knows, that came from me' (Eva).***

Technology allowed perpetrators alternative methods of isolating their victim and ensuring she lacked a support network. The phone was an additional tool of control and manipulation through which perpetrators checked that women were not conversing with other males or maintaining contact with friends and family. Shirley recognised the role of her phone in her abusive relationship:

> ***'He'd get to that point if I had spoken to anyone that was male, that wasn't him... it was a lot to do with this phone and then it was just, I kind of knew if I'd done something to upset him and... it was like training a dog. Like if a dog pees on the carpet and you get mad at the dog, the dog knows not to pee on the carpet. It was just a sense of kind of me learning what I was and wasn't allowed to do, just by the way that he'd kick off about it. It was a lot to do with the phone and it was a lot to do with me speaking to other people. He just did not trust me at all. I never gave him a reason not to trust me, he just didn't'.***

Social media apps such as WhatsApp display to the user when the person they are messaging is (or was last) online. Perpetrators would question who their victim was in contact with when they were last online. For this reason, Sarah asked her friends and family to contact her via text message in order to avoid the constant questioning associated with her use of social media.

Mobile phones were used as a tool to harass victims, with many perpetrators texting and calling the victim incessantly. Some women were instructed to use FaceTime to communicate with the perpetrator, enabling him to check their location, or instructed to take photographs to confirm their whereabouts. Phones also provided perpetrators with the opportunity to conduct surveillance, through both monitoring who the victim was in contact with and also checking their physical location, through both the use of Snapchat location services and other such platforms. Some women became alarmed, believing that they were being physically followed by the perpetrator, unaware that a tracker had been set on their phone. These findings support those of Draucker and Matsolf (2010) who identified multiple methods in which young people use new technologies to abuse partners.

Shaming through social media was also experienced as perpetrators posted photographs of the women on social media, including derogatory comments regarding their appearance, with the aim of reducing their self-esteem. Karen's ex-partner had received a prison sentence for revenge porn, a recently introduced (2015) offence category in the UK within the Criminal Justice and Courts Bill. Revenge porn is defined as

> ***'the sharing of private, sexual materials, either photos or videos, of another person, without their consent and with the purpose of causing embarrassment or distress' (Gov. uk, 2015).***

Social media platforms were also used by perpetrators in an attempt to turn others against the victim. For some women, the abusive scrutiny that social media created led them to delete their accounts, thus enabling the perpetrators to achieve their goal of isolating the women further. The majority of the women experienced prohibited use of social media or had limited access to a phone.

Rather than exploring the role of 'social media' in IPV, it is perhaps more accurate to refer to the role of the 'technology' within it. This is a more all-encompassing term which highlights the significance of technology as a tool of control. Barter et al. (2017) in their trans-European study note the endemic role of new technologies in understanding young people's experiences of IPV. Our findings demonstrate that online and offline abuse are inextricably intertwined, to the extent that when directly questioned, women were often unable to identify the role of technology in their abuse as distinct from offline abuse. This highlights the integral role of new technology within young people's lives and possibly the extent to which it is ingrained within their day-to-day living.

Effects of IPV on self

Survivors described the negative impacts of IPV on both themselves and their families and friends. It impacted their ability to parent, to work or complete education, and resulted in feelings of entrapment and fear. This often resulted in a broad range of mental health issues, financial difficulties, self-blame and social isolation. Analysis of the women's narratives also highlighted the significant loss of their sense of self/identity, discussed in the post separation section of this report.

Living in Fear

The impact of intimate partner violence on the women interviewed was a factor we were keen to explore and understand. The enormity of the effects on their lives and those of their children was staggering, with almost all of the women understandably reporting issues around mental health. The sense of living in perpetual fear was profound, with the women interviewed demonstrating how such terror assaults their psychological health and wellbeing. The language used to describe the absolute terror and the day-to-day anguish of trying to survive was incredibly powerful across many of the stories:

> ***'You're scared for every single thing..... you're just waiting for something you know will happen' (Adele).***

It was clear that many of the perpetrators were capable of serious violence and some women had to find alternative ways to protect themselves, by jumping out of a window (Blue); grabbing a knife (Eleanor); or running away (Haley). The real fear of being killed was apparent in many of the women's narratives. Zoe's perpetrator threatened to kill their unborn child, whilst Karen received threats that he would take their children.

Louise B described how it was safer and easier to oblige the perpetrator's demands, as the fear of what he would do otherwise was worse. She described taking the path of least resistance, learning that it was safer not to respond to him, aware that his anger and violence could easily escalate. The constant 'treading on eggshells' and trying to anticipate moods, appease and cajole were tactics consistently used by survivors to try and manage, resist and ensure their safety and that of their children. For Louise, her partner's behaviour within their social circle was deliberately embarrassing, leading her to remove herself and become isolated.

All of the women suffered multi-layered abuse with many experiencing near death occurrences. Britney felt she had narrowly escaped death on several occasions and described having been pushed out of the car he was driving at 30 miles per hour: 'I thought I was dead. I could see stars'. Threats to kill and strangulation until unconscious were common, with Haley providing a vivid description of the terror she experienced:

> ***'It's like being in a horror movie, I've never seen rage like it...I was scared everyday wondering what he'd do to me'.***

The emotional and psychological persecution for all the women was deemed the worst in terms of its long-term damaging impact, as Beth recounted:

> ***'...it was just very... all-consuming... it was just the mental side of it. I was just drained and I remember just... I know it sounds dramatic, but I remember lying in bed some nights and just putting my head on the pillow and thinking "if I don't wake up tomorrow I don't mind" because I was just so... I was absolutely exhausted'.***

The threat of violence combined with other forms of psychological abuse was described as harmful by survivors due to the deep-rooted fear evoked. It is important that fear is not seen and understood as a symptom or by-product of everyday terrorism, but rather a key ingredient, ensuring that the abuse continues (Pain & Scottish Women's Aid, 2012). The high and constant levels of fear produced hyper-vigilance in the survivors, the constant need to be functioning on high alert. This, in turn, increases cortisol levels and induces deep-seated fatigue and exhaustion.

It was hardly surprising that the majority of women reported being unable to sleep, or having a disturbed sleep pattern, their minds and bodies too alert to sufficiently relax. Controlling the amount of sleep that women were allowed was a further technique of control exercised by abusers, as sleep deprivation reinforced the victim's vulnerability. Haley described how the perpetrator only allowed her little sleep at particular times. Being asleep when the perpetrator was awake was an incredibly dangerous situation with women disclosing rape and sexual assault, physical assault and threats particularly if children awoke.

Sleep deprivation can indicate underlying symptoms of trauma and many studies suggest that hyper-vigilance, numbness, emotionally shutting down and sleep disturbance are normal responses to living with abuse and violence, with many women now being diagnosed as suffering from PTSD (American Psychiatric Association, 1994; Humphreys & Joseph, 2004; L. Jones et al., 2001). Rates of PTSD within these studies range from 31%-84%. One can perhaps draw similarities to prisoners of war or hostage situations whereby sleep deprivation is used as a technique to assert power and control and, in so doing, establish a numb and obedient victim (Hearst, 1982; Lowe, Humphreys, & Williams, 2007; Timerman, 1988). These symptoms within the women's stories add significant weight to the need to alter our view and to see this as intimate terrorism not domestic abuse.

Survivors often described being compliant and obedient in an attempt to avoid further abuse. However, after being subject to such consistent violence and abuse, some survivors had retaliated with threats of violence, but generally did not carry this out. Lizzie and Katie described how their perpetrators pushed them to their limit, until they 'snapped' and retaliated with violence. Lizzie had been arrested after taking a knife to her ex-partner, while he stood and laughed - perhaps a sign that he was confident about his physical ability should she try and assault him.

When women spoke about the impact of the abuse on themselves, understanding the level of emotional distress and trauma was vital. The trauma and physical pain that the women had to endure was unimaginable; they lived with broken bones, broken teeth, cracked jaws, hair ripped out and bodies covered in bruises. The recounting of the incidents could appear matter of fact, a sign perhaps of how it had to be managed, but the women were clearly not passive victims, they were at all times trying to protect themselves and/or their children, attempting to dilute the anger and placate.

What is evident from these abusive encounters is that nothing women did reduced the longevity of the attack - no crying, pleading, hiding or running prevented the men from continuing until they decided to stop. Those who abuse seemed unshaken by the significant distress of someone they purport to love, by the sight of her blood, her broken bones or even her unconsciousness. The women's vivid accounts of their abuse represent a powerful and necessary retort to the oft-cited and extremely misguided question - 'why doesn't she just leave?' - as the daily challenge to survive was powerfully obvious.

Mental Health

Mental health issues suffered by women were unsurprisingly common. Twenty-four of the women were diagnosed with anxiety and depression, with a further five women diagnosed with depression. The medication which women received had done little, if anything, to relieve their symptoms. GPs were unaware of the abuse, as the women felt unable to disclose, meaning that causes underpinning symptoms were unknown. Understanding the extent of the women's abusive experiences has led researchers to believe that some of them were perhaps suffering from CTS whilst in the family home. The accounts of constant fear and terror were regular themes within women's narratives and only when they had left, sought help and were beginning to feel safe did their mental health begin to improve. With hindsight, the women came to understand why: whilst they were still living with their abuser, their wellbeing would not improve.

Anorexia, or controlling food intake, was also a theme for a number of women, as this allowed them one area of their life which they were able to control. However, in Alesandra's case this was also used as a tactic of control by her partner. He claimed she was too fat and began to control her food intake, resulting in her weight loss of over 30 pounds in four months.

Several women described engaging in harmful and self-destructive practices as a means of coping with the abuse both during and after the relationship. According to Shirley:

> ***'I'd just like scratch myself, I'd pick at my skin and I'd pull my hair out, and then, there was a lot of binge drinking afterwards and I think that was just (Interviewer: That was your way of coping) yeah'.***

and Zoe:

> ***'I didn't know what else to do, because that was my only option…I self-harmed for quite a while cause obviously it was like the flashbacks and stuff like that'.***

The women's narratives often contained references to suicidal ideation and self-harm, with a number of women either considering or having attempted suicide. Several women had made suicide attempts and many others had considered it but concern for their children had prevented it. Jane took an overdose and was left alone overnight by her partner afterwards. Sienna described the 'mental torture' her partner subjected her to with his threats to self-harm and suicide. This led to her overdosing. Summer had made two attempts at suicide and suffered with extreme anxiety:

> ***'I actually had a bald patch where I was picking my hair out. From my anxiety'.***

Lizzie developed psychosis and believed that this was a symptom of her partner's gaslighting techniques. He would hide her shoes and imply that she was going mad. She began hearing voices and developed a stammer but her perpetrator prevented her from obtaining medication by locking her in the home:

> ***'I couldn't speak. I was stuttering. I picked all holes in my face…my legs…I was scarring all myself from it' (Lizzie).***

Self-harming provided Liz with a sense of relief from the hate and anger she felt towards herself, although she had to ensure that the perpetrator would not see the evidence of this. Caroline described suffering a breakdown following separating from her abusive partner. Four women had post separation been diagnosed with PTSD, whilst others described PTSD-type symptoms such as flashbacks.

> ***'The flashbacks are horrible, the nightmares of him coming back and reminding me of how fat and ugly I am…It's put me in a place where I've been so mentally messed up that I have been suicidal at times' (Scarlett).***

Haley described the flashbacks that she experienced as re-living the occasions where she feared for her life as her ex-partner held a knife to her throat. The rage evident in his face also returned to haunt her. The majority of women's stories highlight the torment of suicidal thoughts and self-harm, along with numerous mental health issues as a result of their abusive experiences. Such issues continued to persist for varying amounts of time post separation.

Mental health issues also impacted on women's parenting abilities, resulting in some children being cared for by relatives, the perpetrator, or being taken into care. Eleanor's mother took over the care of her daughter as she described neglecting her due to mental health issues arising from trauma. For Jane, the negative impact of the abuse on her mental health resulted in the adoption of her son; whilst for Victoria the impact of the abuse meant her mental health deteriorated so badly she had to be sectioned, which she recognised was necessary, however it was incomprehensible to her as to why the court system could allow their abusive father to have custody of the children. Alternatively, Hannah described her abusive relationship as an 'obsession' with her partner, which meant that she failed to bond with her daughter, often leaving the baby with her mother.

Impact on Education and Employment

Their experiences of abuse had also affected many women's ability to work, or to pursue education, for several reasons. For some women, the trauma experienced impacted on their health, which in turn prevented them working. Some partners would demand that the victim cease work or would employ constant surveillance whilst she was at work. These techniques formed part of the perpetrators' plans to ensure the women were socially isolated and thus dependent upon them. The physical injuries suffered by some women meant time off work, which placed jobs in jeopardy. Attempts to seek employment or education were often thwarted by perpetrators who would use varying tactics to prevent success sometimes even threatening to kill their partner and/or her children.

Women would be viewed by their employer as unreliable due to the difficulties in their attendance at work imposed by their abuser. Alesandra described how she ended up losing her job due to her ex-partner, who made it increasingly difficult for her to leave the house. Summer's ex-partner also managed to achieve his goal of isolating her when she became too ill to work. Victoria also had to give up her job, which she loved, due to her partner's manipulation. Lizzie's mental health issues meant that she was too ill to work long after the relationship. The impact can continue post separation, with Louise B having to change jobs in order to avoid her abuser tracing her. As a solicitor she found it embarrassing having to explain to her employer about her abusive and criminal ex-partner. He was continuing to harass and stalk her long after the relationship had ended. Her employer took the matter very seriously and the repercussions had a huge impact in her new workplace, where panic alarms were installed into the reception area and offices.

Shirley was employed within the same company as her perpetrator and was encouraged to drop out of college in order to spend all her days with him. Their work colleagues were aware of his manipulation, control and violence yet did not intervene which made Shirley think that no-one cared about her, so she remained silent. It was only when she required time off due to a broken arm (which he had caused) that a manager attempted to intervene, but Shirley felt too ashamed to admit the abuse. Her manager refused to let the matter drop and was instrumental in offering Shirley a way to leave the relationship. She moved her to another store

and warned the perpetrator about his behaviour. This intervention brought about the realisation for Shirley that her partner's behaviour was wrong and that she no longer needed to remain silent.

The women's educational opportunities were also often thwarted through their controlling partners. Zoe's partner prevented her from studying for her A-Levels and from pursuing her apprenticeship:

> ***'I started an apprenticeship when I first found out I was pregnant and then I did have to stop it due to health reasons, but he'd never been so happy about the fact that I was now not working. Erm, and then a couple of years later, I had an interview with one of the places I'd really, really wanted to work for, got through to...the interview stage... he told me if I went, he'd kill me... didn't go. And then I applied for the job again when I left him and got told "no you're not reliable"...So I lost out because of him....'.***

Other women were also forced to quit their education or were hindered in pursuing this through the perpetrators' refusal to assist with childcare. Sarah struggled with the studying required for her university degree as she was unable to attend evening lectures or revise for exams at weekends, due to childcare responsibilities that her partner refused to assist with. The women's ability to concentrate was also impacted upon due to the fear and terror experienced and the need to be on high alert or through constant messaging whilst they were studying.

Entrapment

Feelings of entrapment were commonly experienced by women in abusive relationships. Shirley found that entrapment began subtly and gradually escalated, under the guise of 'I just want to see you, stay at mine, it's closer to work', which isolated her quickly from her family. Women felt trapped as they felt they had no choice but to stay, being estranged from family and friends or too ashamed to be able to disclose or ask for help.

> ***'I was scared and I had no confidence, so I felt like "if I did leave him, what would I do?" It's like quicksand, before you know it you're up to your eyes in it and you don't even know how you got there, and then you just need to make sure you stay that tiny bit above, and then it's about survival rather than trying to fix it' (Louise B).***

Several women were kept prisoners in their own home, locked in the property and not allowed out, denied internet and their phones. Summer's abuser attempted to prevent her from celebrating her children's birthdays with them (they were in care) by locking her in the bedroom. Some women would 'imprison' themselves as attempts to leave the home were fraught with questions and harassment and it was therefore easier to stay home. Liz was locked in the house throughout her pregnancy, the perpetrator telling her: 'Something might happen to the baby... somebody might rape you'. This was especially ironic given that the perpetrator was the rapist. Women felt not only physically trapped but also psychologically trapped.

> ***'He just made me feel... like, I was trapped inside, I don't know how to describe it, like I couldn't get out' (Katie).***

Social isolation

The surveillance to which the women were subjected contributed to their feelings of entrapment. The fact that perpetrators controlled women's phones meant they were often unable to seek help through this mode of contact. Saba described how her ex-partner would read all her messages, including those between her and her mother. She noted that the only time she was able to dress normally and wear make-up was when she went to visit her mother, to ensure that her mother did not suspect that anything was wrong.

Perpetrators went to great lengths to ensure that their victim was isolated. They would often move her away from her home town, ensuring that she was unable to see family and friends, thus leaving her lacking support and increasing her vulnerability. Friends and family were manipulated in two specific ways:

- either they were groomed by the charming persona of the abuser leaving them incredulous at the prospect of him being a perpetrator. Elizabeth described how her ex-partner told their friends that she had cheated on him and that her stories of abuse were lies. They rejected her and remained friends with him.
- or he would isolate the victim from them. Florina was allowed only to be friends with the perpetrator's female cousin, used by the abuser to monitor Florina. As an immigrant, Florina had left her family overseas and was told by the perpetrator that she must live with his mother. Sheila described how her mother ceased visiting when her ex-husband was present as he had almost brought her to tears. Other women would discourage family and friends' visits as their ex-partner would cause embarrassment. Perpetrators would ensure that they prevented their victim from socialising with friends and employed various techniques to do so. Rivers' ex-partner claimed that he wanted to meet her friends but made excuses when she made arrangements for them to meet:

> ***'So, I stopped seeing my friends... He wanted to control what other people thought about him, and what I said about him' (Rivers).***

Daisy found that similar techniques were used as her partner would sit right next to her when friends came to visit, thus making conversation difficult and restricted. Other methods employed by perpetrators included ensuring that they were not home to look after the children when the woman had planned to go out; destroying the clothing she had purchased to wear; or starting an argument, accusing her of cheating. Abusive men would ensure that socialising became so challenging that the woman chose to stop doing so. Adele's narrative highlights the impact that social isolation can have on mental health:

> ***'So I stay in the house without TV, internet, anything, just by myself with four walls around me...he said...this is not a safe area and you have to stay in the house...sleep and wake up, sleep and wake up, that's it's like I'm, nearly go crazy to be honest'.***

Other effects

The anger felt by Rivers following her sexual exploitation as a young teen and subsequent abusive adult relationships had led her into dangerous situations:

> ***'I was so...angry...there's guys that have just groped me in nightclubs that have very much lived to regret it...situations where they could have had a knife or anything, and I just beat the crap out of them...I was becoming empowered...but there's a couple of situations looking back...there was a difference between empowered and dangerous' (Rivers).***

Eleanor also acknowledged how her abusive experiences had led her to become physically violent:

> ***'It were almost like he'd took all the good points of me for himself and left me with his traits, because I'd started becoming physically violent'.***

The women documented how narcissistic these abusive men were, often exhibiting a grandiose sense of self and demonstrating a complete lack of remorse for their behaviour. The survivors' need to escape during their abusive relationships

led to attempts at suicide, or even considering brutal alternatives such as prostitution. Many could state, with the benefit of hindsight, how 'pathetic' and 'weak' they felt the perpetrator was, and the hatred they felt towards him.

> ***'I think if I had never had met him, I would've finished college, I'd have probably gone to university, I'd have had a completely different life with completely different life experiences... I think anyone that goes through anything like that, you'll come out of it one of two ways. Like it'll either completely ruin you and you'll be nothing, and you'll stay that way forever, or it'll change you. Maybe not in a good way, but it's changed me...up until about 3, 4 years ago it was still affecting me on a daily basis, and it was affecting my relationships with people...it was affecting everything to do with my life, and I had so much anger and so much...hatred, because of what happened, and that was kind of like bleeding out into everything else and, in a really negative way' (Shirley).***

The negative impacts of victimisation were often broad and enduring, affecting survivors' relationships, and their self-esteem and resilience, as the above quote highlights. The impact of the abuse, particularly the psychological and verbal abuse, meant that women often spoke of having little or no self-esteem and a lack of confidence, which hindered their ability to make decisions.

> ***'You don't know who you are at times you know, you lose your self-worth really, and you feel stuck, you know like I did, I felt stuck' (Haley).***

Their narratives were awash with feelings of worthlessness and self-blame over the fact they felt unable to leave their abusive relationships sooner. The impact of this can last many years for some women with re-victimisation being evident in one out of three women because of their understandable vulnerability and little help recovering from trauma.

Eleanor struggled with feelings of shame and guilt around her multiple abusive relationships. Self-blame was common from women who saw themselves as 'strong-minded' as they felt they had 'allowed' themselves to be taken advantage of. Chloe described how her 10-year abusive relationship had changed her from being bubbly and confident, to no longer enjoying going out and feeling uncomfortable speaking to others; for Caroline it had taken four to five years to disbelieve the things her perpetrator told her, he had convinced her that she was mentally unstable and was unable to look after their child.

Several women described turning to alcohol or drugs as a means of coping. Lizzie spoke of using cocaine after her relationship ended and her children were taken away to be looked after by her mother. Louise reported how parenting served as a constant reminder of her abusive ex-partner, a factor acknowledged to serve as a barrier to identity reconstruction following abusive relationships (Crawford, Liebling-Kalifani, & Hill, 2009):

> ***'Physically like every time I look at him [son] I go "hmm, that's a constant reminder of what your dad did"'.***

Zoe recalled how the response of both her father and social services contributed to her lack of self-esteem after being unable to parent her daughter, due to the dangerous nature of her abusive partner and the effect this had on her. Her father stopped speaking to her after deeming her as being at fault and a bad influence on her daughter:

> ***'I had basically given up all my rights and everything like that and I was just as bad as him [perpetrator]'.***

The importance of recognising the perpetrator's ability to manipulate/influence professionals too cannot be underestimated. There were many accounts of perpetrators convincing health professionals, social workers, CAFCASS and those within the legal system of their concern for their partner, their ability to be a consistent and loving father and one who convincingly blamed the victim for his own behaviour. The victim's mental ill-health caused by the IPV was also used as a weapon to question her ability to mother, and ironically to suggest the children would be safer with him.

Commonly, and understandably, women noted that further to their IPV experience/s, it was difficult to trust people and their intentions, particularly future romantic partners. They spoke of having difficulties receiving presents, as these had been a tool within abusive relationships to use against them. Given that the women were young when they experienced IPV, they had struggled to recognise what healthy relationships looked like. For this reason, women often went from one abusive relationship quickly into another, having lost their identity and being incredibly vulnerable.

It was common for women to minimise the abuse they suffered - many had not told friends and family of the abuse they were experiencing and spoke of dismissing others' concerns predominantly through the desire to protect their partners. Several women spoke of displaying visible signs of abuse and brushing off the concerns of workmates, friends and family by providing fake accounts for their injuries. Fear of the consequences of disclosure often kept women silent. Those that eventually disclosed limited their accounts for fear of judgement and how they would be perceived for 'putting up' with so much violence and abuse.

Impact of IPV on family and friends

The negative impact of abusive relationships affected not only the survivors, but also their family and friends, and most importantly, their children.

Children

The strength these women had to endure such pain, torture and abuse on a sometimes daily basis is phenomenal and obviously not without its price on mental health, support networks, work, education and of course children. It is the latter that were often the catalyst to enable women to leave. When children became witnesses to the abuse, or indeed were abused themselves, mothers were able to feel that enough was enough and that they needed to protect their children. They did not feel the same urgency about themselves as their self-esteem and confidence had been reduced or depleted, but they had the ability to feel for the most vulnerable, their children.

Sarah C was concerned regarding the effects of the abuse on her children, who not only witnessed her victimisation but were also subjected to violence themselves. One of her sons was kidnapped by the perpetrator when he was aged just five. Sheila's ex-partner took their son from nursery without informing her and returned him the following day. The police were unwilling to class the incident as abduction due to the perpetrator's parental rights, and therefore no charges were brought. Other perpetrators threatened to take the child/ren, and also made death threats to both the survivor and her family. Adele's son was hospitalised through the perpetrator's violence and was left frightened of men. The child's fear of the perpetrator was commonly noted. Chloe believed that her eldest daughter's fear of her father had damaged her confidence, leaving her quiet and shy. Victoria also described her daughter as being petrified of her father, after

having witnessed him violently assaulting her mother:

> ***'My daughter...weed her pants because of him, she was that petrified. He would hit me in front of her, he wouldn't care....'.***

Much of Haley's abuse took place in the same room as her baby which she believed had impacted upon his behaviour, making him unsettled. Claudia's son also witnessed his father's violence towards his mother:

> ***'He was kicking me in my stomach and my little boy was in his cot standing up and then he said "No, no, dada, no, no".***

Children's fear of their fathers created anxiety for mothers when courts ordered parental contact, as children often protested about spending time with their fathers post separation. Sarah's son had witnessed his father's violence towards his mother; his behaviour consistently deteriorated upon returning home after spending time with his father. Emily described how her eldest son, having witnessed a lot of his father's violence, exhibited worse behaviour than the youngest, who had been exposed to less violence. Emily's ex-partner would not only hit her in front of the children but would also tell their son that hitting women was normal.

Sarah recalled being strangled whilst on holiday, an incident which had clearly distressed her son:

> ***'When he'd like got hold of me, [son] was biting his dad's leg, literally biting him. It was horrendous. He was saying "get off, get off". And he talked about it at nursery...'***

Eliza's children witnessed their father's attempts to strangle her, which had left them traumatised. This had impacted on their behaviour, her daughter experiencing night terrors and speech problems which professionals believed was due to her exposure to violence. Her son had begun hitting her, imitating his father's behaviour. Women with sons were concerned that the perpetrator's abusive behaviour would become normalised and lead them to become abusers. These women were attempting to teach their sons to respect women. Sarah found her son strangling the dog, after seeing his father do the same to his mother:

> ***'When I asked him what he was doing he said, "the dog annoyed me, daddy does it".***

Many women described how their children's behaviour had been affected by the abusive environment. Tess's son had adopted the same disrespectful attitude as her ex-partner. Scarlett feared that the same would happen to her son, who was often caught in the crossfire of the abuse. She had realised that she must end the relationship to prevent her son becoming disrespectful himself. Nicky was repeatedly verbally abused in front of her children, resulting in her son using similar language towards her.

Lizzie, with a history of abusive relationships and resulting drug addiction, had to give up the care of her children to others. This resulted in the siblings being separated, for which she felt very guilty and missed them terribly. Her 12-year-old son had been in trouble with the police for carrying weapons and using drugs. Eleanor's daughter was being raised by her grandmother, due to Eleanor's successive abusive relationships, and what she described as her neglect of her daughter. Summer requested her children be taken into foster care, due to the numerous occasions they had to move to escape her violent partner and the impact this was having on them. Her son had begun to self-harm and both children were undergoing counselling.

Britney discussed the abuse she experienced, witnessed by her children, noting that her concerns over their vulnerability to IPV led her to terminate the relationship. A number of women suffered severe physical abuse during their pregnancies and marvelled that their children survived. Lizzie's child was however, born prematurely, which she believed resulted from the physical violence to which she was subjected. Zoe miscarried twins after being kicked in the stomach by her abuser.

What was clear from the women's experiences was that children were witnessing and being embroiled in the terror, violence and abuse that their father or stepfather wielded on an almost daily basis. They too were victims and at times tried to intervene to protect their mother or evidenced abusive learnt behaviour.

Immediate Family and Friends

Survivors' mothers often struggled with the knowledge that their daughter was being abused but were left feeling helpless when their attempts to intervene were rejected. Many mothers experienced feelings of guilt at their inability to prevent their daughter's abuse. Hannah described her mother as being distraught upon learning that she had been raped by her ex-partner in front of their baby.

Both Sarah and Saba spoke of how their abusive relationships negatively affected their relationships with their mothers. Saba admitted her relationship with her mother went downhill as she tried to keep her abuse secret. When her mother ultimately realised the extent of Saba's abuse, she 'babied' her again, trying her best to help. Sarah's mother became angry with her as a result of the frustration she felt over her refusal to leave the abusive relationship, which affected their relationship. She was unaware of the severity of the violence Sarah experienced, until the solicitor revealed that Sarah was strangled whilst she was pregnant. Sarah described her mother as being 'heartbroken', highlighting the devastating impact abusive relationships have on mothers, whose overwhelming desire is to protect their children.

Scarlett's abuser consistently informed her that her mother didn't care about her, which ultimately resulted in the breakdown of Scarlett's relationship with her mother. When Scarlett's sister informed her how upset their mother was, she came to her senses:

> ***'It made me realise that he was so bad, he'd actually convinced me that the woman who's always been steadfast to my stone...she's always been the person that has held me stable, he'd actually convinced me she was a bad person'.***

Summer's parents, both police officers, had been banned from the home she shared with her abuser by him. She believed they were aware of the abusive nature of the relationship, but found the situation understandably difficult, and also had her siblings to care for. She was afraid to discuss her situation with them, concerned that they may lose their jobs. This had impacted upon Summer's relationships with both parents. Caroline described how her mother suffered for years whilst she was sexually exploited at a young age and subsequently involved in an abusive relationship from the age of 15. Caroline was able to understand this after having a daughter of her own. Caroline's abuse had also impacted negatively on her three younger sisters.

Beth described her mother as having been 'devastated' over her daughter's abuse, blaming herself as she had taught Beth to help others, and believed this left her vulnerable to abuse. Post separation, her abuser sent abusive messages through Facebook to Beth's mother, which had been upsetting for both Beth and her mother. Eleanor's mother took over the care of her granddaughter, as Eleanor's succession of abusive relationships rendered her unable to do so.

The impact on other family members also featured within the women's narratives. Zoe's daughter went to live with Zoe's grandmother, who obtained guardianship. This clearly had a huge impact on her grandmother, and their relationship:

> ***'She has bad dreams constantly. Erm, she always feels like she's failed because she couldn't protect me, but obviously I went against what she was telling me. Erm, but I think it's just quite difficult for her to sort of like get her head around, because as far as she was concerned, I left a child and that's that'.***

The impact also extended to Zoe's brother who struggled over his inability to protect her. Zoe's sister, who, as the 'go-between…would walk in like on an argument and try to calm it down, she was only about 13', had been offered counselling.

Clare's ex-partner was verbally abusive to her family, telling her grandmother: 'I hope you drop down dead'. Her grandparents had also shouldered the financial impact of their separation, paying some of Clare's court costs due to the ongoing legal battle over the children. Sarah's mother had also experienced the financial impact of her daughter's abusive relationship as the perpetrator had damaged her property. Sarah acknowledged that he targeted her mother in the knowledge that this would upset Sarah:

> ***'He knows how close we are, and he knows that doing something to my mum is going to hurt me a lot more than him doing it to me…I'm used to it…my poor mum has done absolutely nothing wrong. She never said one cross word to him'.***

Elizabeth's parents suffered the guilt of overlooking signs of their daughter's abuse, which Elizabeth admitted she had concealed well. Eva's mother, having worked in the field of domestic abuse, quickly identified the signs in Eva's relationship, and attempted to warn her that the abuser's behaviour would escalate:

> ***'Me and my mum had a really rocky time in our relationship because I just wouldn't hear anything bad about him…I knew that she'd cry herself to sleep most of the time…You know I watched her cry and her beg me not to go back…I don't know how my mum has coped for so long hearing all this stuff …That must have been really terrible…… and she's still not over it. You know, she's still worried about me'.***

Haley's abusive relationship had a huge impact on her mother's life. Haley's baby son was injured within the abusive environment, with the perpetrator of the injury under investigation at the time of interview. This meant that Haley required constant supervision from her mother whilst living in a hostel with her son. Haley's mother had been living with her in the hostel for five weeks at the time of interview and was at risk of losing her job. Her absence from the family home was also affecting Haley's younger brother:

> ***'My mum she's had to put her whole life on hold, you know she has a husband and my little brother at home, and he suffers with really bad anxiety attacks, and they really are missing her, you know…'.***

Liz, whose abusive relationship took place whilst living overseas, was in regular contact with her older brother, who had attempted to support her long-distance. At the time of interview, she was happily married and living in the UK. The impact of Liz's abuse on her brother, however, had been significant due to the guilt he suffered over his inability to extract her from the situation, which had left him with mental health issues including PTSD and suicidal ideation.

Several women described ceasing contact with family who had attempted to intervene. Chloe's friends and family, frustrated with her for remaining in the abusive relationship, had stopped visiting her. Alesandra's abuse led her parents to reveal their own abusive experiences; her father by his girlfriend, and her mother by her ex-partner. Alesandra found comfort in the fact they understood but learned that this also served to remind them of the emotional impact of their own abuse.

Several female survivors lost friends as a result of IPV. Beth, who was living in a shared house with friends at the time of her abusive relationship, was angry with friends for reporting her abuser, having overheard his shouting and raging. Post separation, she was now able to acknowledge that they had her best interests at heart. Eva's abusive relationship also affected her friendships:

> ***'My friends said "we can't deal with it anymore. We can't deal with hearing all of this horrible stuff that you're going through and then you refuse to let us help you…we can't cope with it"'.***

Several women noted the stigma surrounding 'battered women' and the victim-blaming attitude often adopted by wider society. Jasmine described how her family blamed her for the abuse she suffered.

> ***'I think initially you don't want people to think you're…thick, for putting up with it…I'd start having panic attacks and even now knowing that people know that I've put up with it and stayed with him, I think do they either think I'm a liar? Or god she's stupid for putting up with that (Clare)'.***

Becoming pregnant at a young age often led to additional feelings of stigma and isolation for school-aged young women.

> ***'Being 14 and pregnant, or 15 and a mum, I think automatically changes how you're viewed… so I wasn't at school, I didn't have the chance to interact with other people…I didn't know who to reach out to, so it was just a very isolating experience (Liz)'.***

Help seeking behaviour

Help seeking is a complex process for women experiencing IPV, who often remain in abusive relationships for prolonged time periods prior to seeking help (Evans & Feder, 2016). The charitable organisation SafeLives reported that high-risk victims live with domestic abuse for an average of 2.3 years before getting help (SafeLives, 2015). According to the Violence against women EU-wide survey by the European Union Agency for Fundamental Rights, 61% of women who had experienced sexual violence by an intimate partner did not report it to any agency (FRA, 2014). Similarly, research by Goodey (2017) found that only 14% of non-sexual partner violence was reported to the police.

Help seeking is defined in the research literature as the disclosure of violence to seek assistance (Cho, Shamrova, Han, & Levchenko, 2017; Lelaurain et al., 2017). Of course, it is possible that help may be sought without disclosure, and not all disclosures are made with the need or intention of seeking help.

Recognition as IPV

Many women did not realise that their relationships were abusive, often not realising the violence was unacceptable or unusual, or even was violence (Walby & Allen, 2004). In their study on psychological abuse, Rivas et al. (2019) explored how women defined and labelled abuse and found that not all women had acknowledged the abuse. During our interviews some women spoke of specific points where they had realised that their relationships were abusive. Some women described how their relationships escalated at such a speed that they did not realise how emotionally invested in the relationship they had become until it was too late. Other women reflected that they had recognised that something was not right early on in their relationships, but they could not quite work out what it was that 'didn't feel right'. L. Kelly and Radford (1990) consider the recognition of violence to be a combination of acknowledging that the behaviour is wrong, together with the acceptance that it is

indeed violent. Their study revealed that women came to these realisations at different periods in their relationships, tending to minimise, excuse, or justify their abusers' behaviour.

Our interview data highlights that women were more likely to recognise abusive behaviour when it involved physical violence. Some mentioned that they did not recognise emotional, psychological or sexual abuse, however, when the abuse became physical, they were able to recognise it as abuse. Whilst Alesandra's relationship had been controlling from the beginning, she realised at around five months into her relationship that she was not happy. She was unable to define it as abusive until her abuser physically attacked her much later. Beth realised that she was experiencing IPV when the abuse in her relationship turned from emotional abuse to physical abuse, and Louise B realised very early in her relationship that 'it did not seem right'. As discussed previously in the 'The experience of IPV' section of this report, Louise B's belief that rape 'happens in dark alleys by strangers' prevented her labelling her experiences of being forced to have sex as rape. She felt able to clearly define her relationship as abusive once her abuser had publicly physically abused her. Similarly, Shirley was only able to label her relationship as abusive when the psychological abuse she had experienced escalated into physical assault. The quote below highlights her acknowledgement of the abusive relationship:

> ***'...we worked together and there was a guy at work that I got on really well with, we were just friends, there was nothing more than that, and he kept texting me and phoning me and asking me where I was 'cos he knew I was about to finish work, and I was going for a cigarette with this guy, and I put my phone in my pocket and then I thought "why am I not just telling him that I'm going for a cigarette with this guy? Why do I feel like I'm doing something wrong?..okay... I can leave him now because I know that what he's doing isn't right" whereas before it was "what he's doing doesn't make me happy"'.***

Eliza's first experience of physical violence from her abuser enabled her to recognise her relationship as abusive, having experienced domestic abuse at the hands of her father.

> ***'I remember standing, looking at my house remembering "I've gone through this before and it's starting again". There's always that one first time somebody hits you and it's not okay because when someone hits you once they'll easily do it again. It's just the way it is'.***

Narratives from interviews illustrated that women were likely to recognise their abusers' behaviours as abuse once their love and affection for the abuser dwindled. Both Alesandra and Eva shared how they had reached a point where they could see beyond the loving nature of their abusers, and how this helped them in defining the abuse in their relationships. After her last abusive incident, Alesandra's abuser was apologising and proclaiming his love. She no longer saw love in his eyes but saw only anger and hatred. She was able to see that what he was saying was only words that meant very little to her now. Eva, whilst still very much attached to her abuser, had begun to lose respect for him, she had begun to see beyond the persona he had created. Eva's mother worked within the field of domestic abuse and would speak to her about perpetrator characteristics, and how perpetrators' next moves can be predicted. Eva was able to identify from this that perpetrators have behavioural patterns.

> ***'I would look at him and think "why is it that you're better than me? Why is it that you think you're better than me?"...and I would see the way that he talked to people that he just met... and I would kind of laugh behind him and think "that's not true. That's not who you are"'.***

Similarly, Haley had begun to question why her abuser could be nice to everyone else, while Adele forgave her abuser and let him back into the family home continuously, although over time she had started to question why she was listening to him and believing him

> ***'...I feel like, "why do I accept his apologies? I'm stupid? What's the reason?"',***

Other women spoke about how becoming aware of what IPV was had helped them understand what was happening in their relationships. Katie found that speaking with a police officer who explained that coercing someone to have sex was rape, led her to understand that the sexual coercion she was experiencing in her relationship was unacceptable. She also found that studying psychology allowed her to acknowledge certain abusive behaviours exhibited by her abuser. Lily was initially alerted at school about physically abusive relationships, although learned more about psychological abuse after she began work in the field of domestic abuse and was able to identify the psychologically abusive behaviour prevalent in her relationship.

Eliza was forced to question her relationship when a friend pointed out that she never spoke about her marriage. Coupled with this realisation was her involvement in university women's empowerment events, which raised her awareness of women's rights. Jasmine, who had experienced abuse as a child, became aware that her relationship was abusive after she had moved out to live with her friend. When she was no longer going home to a hostile environment, she was able to recognise the abuse present in her relationship.

Decision to leave/seek help

By the point women decide to leave or seek help, they have accepted that they are experiencing IPV and that something needs to change (Liang, Goodman, Tummala-Narra, & Weintraub, 2005).

Evans and Feder (2016) found that as well as self-acceptance of violence and wanting something to change, women can be forced to leave through the occurrence of a crisis situation. Similar to previous research by Campbell, Rose, Kub, and Nedd (1998) the women interviewed spoke of certain turning points in their relationships where it became clear that something was not right and that they must leave or seek help. This was not necessarily the point where women left the relationship, but when they had realised that they wanted or needed to leave. Whilst individual circumstances differed, women most commonly mentioned reasons relating to the escalation or severity of violence and the involvement of their children in some form, supporting the findings of previous research.

The severity of violence and help seeking behaviour is closely associated (Campbell et al., 1998). Many women said that the escalation of violence, which often made them fearful for their own or their children's lives, was what eventually made them decide to leave. Around a quarter of women interviewed mentioned severe violent episodes leading up to their decisions to leave.

> ***'At the end, like, it sounds ridiculous, but I think really it took that final thing when I thought my life is in danger for me to realise this isn't okay' (Elizabeth).***

> ***'I couldn't do it anymore...it was either him killing me or me killing myself' (Britney).***

Haley realised she needed to leave after her abuser had attempted to suffocate her, to the point where she was unable to breathe. The violence experienced in this incident was far graver than she had ever experienced in her relationship with her abuser thus far.

> ***'...that's what made me realise I need to go...it was that day that made me realise this is not normal...it made me think I was in some kind of horror movie...because I was scared every single day what he was going to do to me'.***

Many women recalled how the change in violence, from psychological to sexual or physical, was a turning point. Despite experiencing emotional abuse, the first physically violent incident in her relationship served as a turning point for Eliza.

Mothers often made decisions to seek help after acknowledging the impact on their children. They often felt the need to protect their children if the violence began to be directed at them, or due to the impact that witnessing the abuse was having on the children. The influence of children on their mothers' decisions identified in this report support previous research by Meyer (2010) who explored the role of children in mothers' help seeking behaviours.

Adele, who was from another country, accepted things needed to change after her partner's abuse left her child hospitalised. She realised that if she wanted to protect her children, she must first learn the rules of the country and only then would she be in a position to protect her children from their father. Haley reflected on her shock after her abuser shook their baby, which led to the realisation - 'you're not who I thought you were' as he had always claimed that he would never hurt their child. Liz recalled how her turning point to leave resulted from her 2-year-old son being hurt, suffering a cut to his head. The realisation of actual harm to her son was the catalyst for change:

> ***'...this needs to stop. One day either he's going to kill me, he's going to kill the child or I'm going to kill him to protect the child, however whichever way it goes it's not gonna end nicely, so that's the stage where I needed to get away and that's when I reached out'.***

Some women mentioned that they had noticed that when they began to challenge the perpetrator, he redirected his abuse towards the children.

> ***'I have taken as much abuse as possible but never towards the children so that [abuse directed at children] was the last straw' (Chloe).***

> ***'It's when he were physically violent with me child and he started, he thought he could punish him in a way which were slapping him...and I thought "he's starting to do it to me child and I can't have that" I thought "I can't let the kids take it now"...that were me point where I just thought "no"' (Clare).***

Whilst for some women the abuse directed at their children was the final turning point for them in deciding to leave their violent relationships, other women have mentioned that whilst they left predominantly due to extreme violence, they considered their children in their thinking processes. An example would be Caroline who remembers her mother's warning that should she chose to remain in her abusive relationship, then that would have fatal consequences for her child.

Other women became aware that the relationship between themselves and their children was being affected by the abuse in their relationships. Scarlett's constant need to protect both her and her son meant that she had been unable to bond with her new baby. This led to her realisation that she must leave the abusive relationship. Hannah described a similar situation which had led to her mother taking care of their child. Leaving the relationship enabled her to build a relationship with her child. Other women also noted how they did not want their children growing up in a home where violence was normalised.

> ***'It was because of my son that I eventually left him because I couldn't, I couldn't allow my son to grow up to disrespect me the way that he did...I wanted him to grow up respectful of women' (Scarlett).***

Some women mentioned pregnancy as a turning point for terminating their abusive relationship. For Alesandra, the last straw came after her 12-week scan. She found it difficult to understand how after observing their baby on the monitor, he was able to assault her, endangering her and the baby.

> ***'Straight after the 12 week scan he punched me in the arm and then 2 days later was the final assault...and we just found out like proper baby's there we've seen it and he full body jumped on me and in my head I was just like "no, 'cos like I could easily end up having a miscarriage or I die, or both".***

On finding out that she was pregnant, Louise ended her relationship with her partner as she was aware that he did not want the child and was fearful of increased violence. Similarly, on finding out she was pregnant, Summer had a termination. The process of terminating her pregnancy made her reflect on her relationship. It was at this point she realised that she was unhappy and needed to make changes.

Women often recalled that pregnancy led them to contact the police during abusive episodes. Zoe remembered calling the police for help when pregnant, reflecting that she needed to prioritise the life of her unborn baby and highlighting that having a child led to her seeking help.

"He can still be a good father – the children aren't affected by the abuse"

Often, a perpetrator will enact violence against his children as well as his partner. Even where the children are not directly targeted, witnessing domestic abuse still constitutes child abuse and the effects of this are immensely damaging and long-lasting.

Some women spoke of making the decision to leave after spending a period of time away from their abuser. They felt the distance helped them see their circumstances more clearly. Eva was in a relationship at University and upon her return home to her mother, found that she was able to think more clearly and reflect on her relationship. Eva's mother worked within the area of domestic abuse and Eva trusted her mother's judgement. Beth was also in a relationship whilst away at University. Upon return to her hometown she felt a sense of freedom. She used this opportunity to discuss her relationship with friends who concurred with her instincts that her relationship was unhealthy, which helped her break away from her abuser.

> ***'I didn't stand up for myself until that last night and I think it just was mentally being home and feeling safe [crying]'.***

Katie used the opportunity to go to University as the reason to break away from her abuser. She had felt that she was unable to break up with him at home as he was in every part of her life. She believed that moving away to University gave her the confidence and ability to leave her abuser. Zoe found that time away from her abuser whilst he was in prison, followed by a probation hostel, gave her the space to evaluate her relationship and how it needed to change. Shirley worked with her abuser and found she was able to break away from the power he held over her when she was moved to another store. This enabled her to meet new people and create a life separate from her abuser, which led to the realisation that it was not impossible to leave.

Some women spoke about a particular incident that occurred after which they decided that they could no longer continue in their abusive relationships and left. In these cases, the women had not pre-planned their departure from the relationship, but it could be seen as reaching a 'snapping point', through which they decided that they were unable to endure further

abuse. These circumstances were individual to each woman. They used phrases such as 'enough is enough' and 'somehow [I] gained the strength to say "no more" and leave' when referring to these instances. Lily spoke of an incident where she and her abuser had decided to take a weekend away and just prior to leaving he decided they should go by train, although had not booked tickets and had no intention to pay for these. They began their journey and Lily recalls that he was unresponsive and untalkative. She however, decided she was not going to let him ruin her weekend and she would have fun regardless of his behaviour. On their return she broke up with him. Shirley had arranged to visit a friend, which her abuser had objected to. She was unsure where she gained the courage to say 'I'm going'. But once she had, she felt 'Actually, it's not as difficult as I'm making out in my head, to leave him, like, you just leave'. Karen also described gaining strength from somewhere after a particularly horrific violent episode, following which she woke in the morning and left. Jessica had decided that she was unable to stay with her abuser after he had attacked her the night before leaving for a family holiday which she had been looking forward to. She was left having to cover up during her holiday to hide her bruises. On her return she decided to leave her abuser.

Many women spoke of leaving and then returning to their abusers, for a variety of reasons. Liz had left once before but ended up going back. When she had left previously, she had found it very difficult and lonely. However, once she was back, she found that the abuse was unbearable and was able to reflect that, whilst it may be hard and lonely, it was better than staying. She believed that having already experienced 'freedom' and then going back ultimately helped her 'put things into perspective and make the decision [to leave]'.

Experiences of Help seeking

Help seeking is multi-dimensional and can include formal and informal sources (Ansara & Hindin, 2010). Formal help seeking includes support from official organisations, such as the Police, Social Services, Doctors, Hospitals, and Domestic Abuse Agencies, to name a few. Women approached their social networks, such as family members, friends, neighbours, colleagues and peers as sources of informal support. Whilst formal and informal support differ in their nature, research has shown that women are more likely to access formal support if they have good and effective informal support (Liang et al., 2005).

Drawing on the experiences of the women interviewed, this section begins with two case studies to highlight the complexities of accessing support, then moves on to explore formal support and informal support.

The women's narratives highlight that even when they actively sought help, they were systematically failed. The following case studies provide a snapshot of the difficulties associated with accessing help. Whilst difficulties are not limited by any means solely to these case studies, they do nonetheless highlight the problems encountered by two of the women who had attempted to access support.

Case Study – Eliza

Eliza had suffered domestic abuse as a child. As an adult experiencing IPV, she sought help as soon as the physical abuse started. The day her abuser assaulted her for the first time, she was taking her child to day-care. She spoke with the manager there, who called social services. Social services seemed unconcerned as the safety of the child was their primary concern. They said, 'it was the first episode and so may not happen again'.

Eliza then went to University (where she studied) and spoke to the wellbeing officer. She was again told 'it was only once, you know maybe he's going through something' and so she ended up going home.

As the violence continued, Eliza spoke to her father about the abuse, to which he responded:

'it's your life, you married him, deal with it. You've got kids now, so that's that'.

Eliza was aware that all refuges were closing down and wondered where she could go. So, she just stayed.

After an extremely violent incident Eliza called the police, who told her to go somewhere safe and they would contact her. They did not call her back.

On leaving her abuser, Eliza spoke to her step-mother and told her that she did not want to go back to her abuser and, although her parents had said they would not force her to return to him, they reassured her abuser that he should give her time and that she would not last on her own. She felt unsupported by her family and alone.

Eliza received very little care from specialist services and found that the Domestic Violence Support group were only present at the court hearing. She was given no support prior to or after the hearing. She had spoken to the support worker about applying for a residency order for her children and was told to 'look into it'. However, no guidance was offered. She didn't know what to do or where to go. She feared that her husband would take her children away from her. Her father was advising her abuser, and as her father had behaved in a similar manner with her mother she was afraid of history repeating itself.

Eliza was on a waiting list for IAPT Counselling but needed to wait six to 18 months, despite having suicidal thoughts.

'But I need help now. I don't want to be walking on a bridge thinking..." one day I might just do it". How does suicide happen? One day you just do it. You just think "my kids are gonna be fine" and you don't care about anybody else, you just want it to end...'

Eliza was on the university waiting list for counselling. However, she was aware that by the time her turn would come she would no longer be a student and so not eligible for the help. At the time of interview, Eliza was using the University wellbeing service but needed to continually repeat her story every time she needed to speak to someone. She felt this was short term help and whilst it made her feel positive at the time, she recognised that she needed longer term help.

Case Study – Lily

Lily was in an abusive relationship between the ages of 14-17. She disclosed the abuse to her doctor when she was in the relationship.

"What had happened was we'd had some sort of incident and I'd felt afraid and I said to the doctor "what do I do?" Told him about a specific incident, can't remember now and the doctor said if that happens again you ring the Police and a week later, I was in the same situation and could not ring the Police and just thought, "I can't, if I ring the Police, I'm going to get battered, I'm going to have my phone smashed. I can't get to my phone, it's switched off", you know, it's stupid, a stupid suggestion"

Lily found herself attending hospital on a few occasions. She never disclosed her abuse. She found the hospital were to be very unsympathetic and lacking in understanding and was never pushed for more information or disclosures of abuse.

'...and then I went to the hospital when I was concussed, went to the doctors then the hospital, but didn't specifically mention it. I said I'd been pushed but was very vague about the details. It was actually at the hospital where they said "you cannot have been knocked accidentally; somebody has pushed you with force..." The hospital were quite blunt with me really. I said I fell over and she said "you haven't fallen over...you've been pushed really hard and if you'd been any more drunk you could have died"... We'd been at a party; we were both drunk. I was unconscious on the floor for ages. When I woke up, I was bleeding from my nose and my ears and was being sick. It was awful, I was covered in bruises and I had no one... and they just sent me home'.

Lily had also had some counselling but did not find this to be useful.

'The counsellor I went to when I was fifteen told me that the first relationship wasn't that bad and I should be thankful for my relationship'.

Lily reported her abuser to the police for harassment. During her interview she was asked about the abusive nature of her relationship and the police pushed for assault and rape charges. However due to insufficient evidence the case was dropped.

'So, my police statement was around rape and physical abuse, not harassment that I had evidence for. I had hundreds of texts, I had phone calls, I had witnesses and they weren't interested in that and I didn't have any evidence or any witnesses for rape or physical abuse and the whole thing was dropped because of no evidence. But I had evidence of harassment and they just didn't pursue it'.

Lily summarised her help seeking:

'I don't think the counsellors were understanding and I don't think the doctors were understanding because I was young. They just didn't care. It was just teenagers being teenagers and girls being hysterical and hormones and you know. The doctor was like "just ring the Police" and then my five minutes was up. At the hospital, I was in a mess and they sent me home anyway, they didn't care and the Police were fabulous. The Police were amazing, but it (the case) was dropped and I was left to feel like they didn't believe me. There was no rape support. I've never been offered any, any support, no counselling or anything like that and I saw a counsellor at university. She just sort of brushed over it. She wasn't interested to be honest'.

Formal Support

Formal support was accessed by the majority of women interviewed, with many seeking specialist support such as refuges or counselling. Women also sought formal support from the police, health care professionals, at their place of education or within the workplace.

Some women described specific services which they felt had helped. Caroline received help from a service that sent out a volunteer to support her at her most difficult time, despite not being a crisis service. She discussed the importance of a safe space (specialist organisation) where she could go and be completely understood. Karen was already involved with a particular service who suggested she move into a refuge after disclosing that she felt unsafe. Both Clare and Summer found Women's Aid to be particularly supportive. Clare had found them helpful in ensuring her property was safe, and felt that they understood the manipulative characteristics of abusers, suggesting that they would be better placed to support victims in court instead of CAFCASS. Jasmine and Louise received support from a specialist organisation which they had found life changing.

Many women turned to refuges when leaving their abusers. Both Florina and Haley found the refuge to be a place of safety:

> ***'...you know, even on the first night, coming here, I woke up and me mum came early the next morning and I said, "I didn't sleep well mum but it was nice that I could wake up and not fear"' (Haley).***

Having been highly dependent on her abuser, Sarah C found the refuge to be her lifeline, helping her to live independently. Supported by the refuge she learned to shop, use public transport and take her children to school. She was then supported by a women's organisation, where she had begun to volunteer and empower other women in need of support as she once was.

Zoe had been offered a refuge place which she declined as it was outside her neighbourhood, which she was reluctant to leave. Not all women were happy with refuge provision and Tess, in particular, raised concerns about the refuge in which she stayed. She felt that staff who had not shared her lived experiences failed to understand her. She also felt that women's issues were belittled and not dealt with by staff saying, 'What do you want me to do about it, this is petty'. She claimed bullying and threatening behaviour from other women was rife in the refuge and was not being adequately addressed. Staff were not available as much as she felt they ought to be, and additional security concerns led to her feeling unsafe and sleeping with a knife under pillow.

Counselling had been accessed by many women, who generally reported it as being beneficial. Further to being discharged from Child and Adolescent Mental Health Services (CAMHS), Jasmine undertook private counselling sessions. Through these she had been diagnosed with PTSD and Borderline Personality Disorder (BPD) and had found the sessions helpful. Jessica also attended private counselling, and whilst initially sceptical, admitted it was helpful:

> ***'I really struggled to talk about it and now I can speak about it...it does affect me a little bit, but nothing to the extent of what it used to'.***

The main concern relating to counselling and specialist support was the long waiting times. Scarlett waited nearly two years before she received psychological therapy which she found to be beneficial but felt that she was in need of additional therapy to deal with her emotions. It was common for women to note that although benefitting from counselling, they either needed more sessions or more specialised therapy. Eleanor's previous counselling had helped but she felt that she needed further sessions which were difficult to access due to lengthy waiting

lists. She felt that support for women leaving abusive relationships was insufficient. Katie had found counselling to be helpful, although felt she needed additional specialist counselling to deal with the sexual abuse she endured.

Counselling also proved difficult for some women to attend due to their working hours. Rivers had wanted counselling for more than two years. However, as she worked full-time, she felt that access was problematic as she would need to take time off work, which was discouraged by her employers. When she was able to attend sessions, waiting times were at least six months, although the counselling did help her to process her experiences.

Caroline had an 18 month wait prior to seeing a psychiatrist and was facing a 20 week wait for specialist help from the National Health Service (NHS). She felt that mental health services were poor and that by the time an appointment became available many women would have resolved their issues. The therapy she had received for complex trauma had been beneficial, but she had been unable to access specialist domestic abuse therapy due to lengthy waiting lists. She noted that when in distress, people are seeking immediate help, and expecting an immediate response (including out of hours, if needed) from 'crisis teams', which she had not received.

> ***'...they have...four hours to phone you back, erm and quite often that will be the extent of it, and it will be "phone us back if you need anything, and if not we'll refer you to the access team who will see you in three weeks to six weeks"... erm... so in terms of immediate crisis then no, there is no provision, it's a case of...get yourself to A&E'.***

Eliza was experiencing suicidal ideation and felt that she needed immediate help. However, she received very little assistance from specialist services and was placed on the university waiting list for counselling, however, she became aware that the waiting list was so long that when her appointment came around she would no longer be eligible for the service as she would no longer be a student. She was therefore accessing the University's wellbeing service on an ad hoc basis, which was helping in the short term. Nicky found that her need for immediate support was met with an eight month wait for counselling and a three month wait for a telephone consultation. She expressed concern that she would return to her abuser if help was not urgently realised.

> ***'If he comes back, he will mould me back into that thing again'.***

Not all women who attended counselling found it helpful, with some stating they found it to have no benefit. Zoe found the counselling she received to be of little use but felt it may have been too soon post-separation for it to have had any positive impact. Some women had found group therapy to be extremely beneficial, allowing them to share similar experiences which reassured them that they were not alone. Tess noted that her refuge's policy of not sharing experiences due to potential re-traumatisation perhaps did more harm than good, believing she would benefit from sharing experiences of abuse. However, group therapy did not work for everyone, as noted by Alesandra, who found survivors' stories to be so different that she was unable to relate to them. She also found listening to other survivors' stories to be traumatising and preferred to speak to her mother and father, who had both experienced abusive relationships.

Women reacted positively to education-based interventions. Programmes such as The Gateway Programme, The Freedom Programme, and The Power to Change, were described as beneficial by the women interviewed. Such programmes empowered women, helped with confidence skills and recognising abusive behaviours. Katie mentioned the benefit of using an online app. This was a menstruation app that calculated a woman's biological monthly cycle, however, incorporated within the app was a forum where members could discuss abusive relationships. She had used this app to share her difficulties and had received extremely supportive messages from other users of the app.

Social services did not often feature in the narratives of women in terms of help seeking. Zoe had to give up the care of her daughter and allow her grandmother to become her legal guardian. She felt that whilst social services were aware that her daughter was not at risk from her, they still blamed her for staying with the abuser and placing her daughter at risk from him. She was told by them that she was unable to receive any support from them whilst she remained in the relationship. She found them to be unsympathetic and cold. However, Zoe's final social worker was more helpful. She helped refer her to the refuge and discussed the options available to her, including the need to leave. Eliza found that even though her partner had forcibly taken the children and was not charged, social services said he was able to see the children, despite her concerns. Scarlett told a very similar story. Her abuser was free to take her son despite the fact that there were independent witness accounts of his aggression towards the child.

CAFCASS were often mentioned in the women's accounts, with references to them being mostly negative. Whilst one woman noted liking the fact that CAFCASS was independent and acting in the interests of her child, all the other women referring to CAFCASS stated how unhappy they had been with their treatment from this organisation. Scarlett felt that CAFCASS did not believe her and treated her like a spiteful ex-girlfriend. She was left very upset when they asked her why he used to hit her. Zoe felt that her statement had been misinterpreted by CAFCASS. Clare spoke about how CAFCASS had acted in an unprofessional manner by failing to request the correct documentation from the children's school.

> ***'I think your job at CAFCASS is to protect not me and my ex-partner, but me kids...so, if you're not doing that, what is your job?'.***

Alarm bells rang for Sheila, when at the start of their conversation, the CAFCASS officer told her they did not need to go over the details of the case as her ex-partner had already explained these, leaving her feeling that the officer was disinterested in her side of the story.

Women's experiences of the police's response varied. Thirty-one women mentioned having interacted with the police in some capacity during their abusive relationships. Around a third of these expressed overall satisfaction, with some women finding the police to be extremely supportive and others believing they did their best within their remit or circumstances. Alesandra felt that the supportive nature of the two police officers involved in her last contact had helped her to disclose, whilst Lily described the police as having been amazing. Florina, without family support in this country, found police support to be invaluable, referring her to the refuge where she felt safe. Throughout the interviews many areas of police response were highlighted including disbelief, insensitivity, poor attitudes of 'specialist trained officers' (particularly females), failure to understand the complexities of IPV, lack of empathy, judgemental attitudes, minimisation of abuse, slow response times, and failure to update or communicate with victims, especially when suspects were released.

Elizabeth felt the police did not believe her. She felt there was a stigma around dating abuse, with police failing to recognise abuse outside of marital relationships as IPV. Both Elizabeth and Lisa found that the police did not take their abuse as seriously as they would a stranger offence, noted by Elizabeth below:

> ***'... "well you're not in a relationship. You know, you're not married, you're not living together" so... they didn't recognise it as domestic abuse or a domestic incident or anything like that, it was very much like "well we can sort of treat it as an assault, but it's your word against his"'.***

Lisa was dissatisfied with the police response, finding them insensitive and judgemental, treating her like a bitter ex-girlfriend. The officers who initially dealt with her were sympathetic, however the investigating team, especially the female officer who dealt with her case, had been extremely cold and, in Lisa's view, lacking empathy. When she spoke of her sexual assault Lisa remembered feeling as if the line of questioning minimised the abuse:

> ***'...and she [Police Officer] was like "Well you know, my husband, sometimes he pressures me, are you sure it isn't that? Did he just pressure you for sex?"'.***

Louise B's abuser was released by police who failed to notify her until at least 90 minutes later, during which time he had already contacted her:

> ***'"oh, you said this about me but guess what? Nobody believes you".***

Beth spoke to two officers who were, in her view, very nice. However, she found the officer from the domestic violence unit to be cold and unsympathetic. She felt that the officer lacked knowledge or training about domestic abuse due to her insensitivity and judgemental attitude:

> ***'... and I remember telling her that you know we'd split up and I'd gone back to him before "oh well, why would you go back to him?"'.***

Louise B encountered the same officer for two complaints she had reported. The officer's apparent disbelief led her to withdraw her comment after the first complaint, with her second interaction being no better:

> ***'...I said, "This isn't getting any better, I know I didn't proceed, but this isn't changing, this is continuing" and she said "well you didn't proceed for the first time so nobody's gonna believe you"'.***

Zoe, reporting harassment, found the officer to be ill-informed and disinterested. Her abuser was in prison for assaulting her, of which the officer had no knowledge, suggesting 'maybe he's just showing he cares'. Zoe persisted until the officer requested history on her case, only to respond that she was not in danger as the abuser was 40 miles away, indicating that physical abuse was his priority.

It was mentioned that while some effort was made to separate the abuser from the victim when statements were taken, victims felt this was insufficient and the fear of the abuser was still too close to enable disclosure. In Alesandra's case they were separated by room, whilst Haley was taken upstairs and her abuser was questioned downstairs. Zoe was interviewed in the same room as her abuser and believed had she been separated she would have disclosed her abuse.

Some of the women disliked the approach to investigating their cases and would have preferred a more covert approach. Lisa had requested that police did not visit her home, however, officers turned up to drop off some papers, which worried her mother who was unaware of the investigation. When Lisa raised this, she found officers to be defensive and unapologetic, being told that this was the way they operate. Beth also felt very uncomfortable and embarrassed when the police visited her at her university accommodation asking for her at the reception desk in front of other students.

The follow up support offered by the police was often problematic. Police referred Eva to a support worker. Eva found communicating with her support worker extremely challenging as her abuser was with her at all times, asking her who she was speaking to. After reporting a particular incident Louise B received a call from the Domestic Abuse Team when her abuser was present. He told her to put the call on to the speaker, which she did. The Officer asked 'what can we do for you? What do you need? He's an extremely dangerous man' while her abuser was sat beside her finding the conversation amusing. She felt unable to disclose his presence, ending the call, while her abuser laughed, 'oh I'm a really dangerous man, am I?'.

A few of the women recalled feeling so dissatisfied with the police response that they made a complaint (two officially and one informally). Lisa had complained four times having found each of the officers arrogant and rude. She remained dissatisfied, believing she did not receive justice and felt failed by those who were meant to protect her. Louise B also complained about the specialist officer dealing with her case, who failed to follow up, which meant that the case was delayed for two or three years. Louise B's complaint was upheld, and action was taken by the force internally. Katie found that, further to her complaint, the officers' attitudes changed, and she received better treatment.

Some women noted that unsatisfactory responses to previous disclosures affected their decision on whether to disclose further abuse to the police. Katie, Jasmine and Beth chose not to report their abusers as they had felt during previous police encounters that they were blamed for the situations they found themselves in. They felt they were not believed and were let down by the police. Previous police experience had led Rivers to believe that reporting to the police 'only endangers women more and that they do nothing'. Katie decided not to report her abuser to the police as she had an ongoing rape trial and did not want this to be negatively affected by a new case. Prior to the rape, Katie had reported her abuser and then withdrawn her statement. She had been told by the police that her earlier withdrawal may affect the rape trial and Katie was therefore understandably worried that her previous reporting history would make her new allegations seem unbelievable.

> ***'The police did say "you do have already a case where you've refused to press charges that could affect it". He [the police officer] did say..."why didn't you press charges against him? How do we know that you just don't just cry rape?"'.***

Louise B had reported numerous abusive incidents to the police, also disclosing that she was experiencing sexual assaults, However, her abuser was repeatedly released, and she was given advice to ring them if it happened again. Whilst she continued to contact them following subsequent attacks, she did not press charges as she was convinced no action would result.

Women reported feeling pushed into pressing charges. Eva was referred to the police by the health clinic to whom she had disclosed her abuse. She felt the questions asked by police left little room for explanation. The police constantly called her encouraging her to press charges, which she found very frightening, especially when she was informed that they did not necessarily need her consent to proceed with charges. Zoe also remembered feeling intimidated by the pressure to press charges.

Louise B recalled feeling overwhelmed after disclosing the full extent of her abuse following two years of suffering. She had progressed from having no support to having the police sent to her premises immediately against her wishes and being taken to the station for a filmed and recorded interview, together with a medical examination despite the last incident being a few days previously. In contrast, Louise wanted to pursue a complaint under the Communications Act after receiving threatening text messages. She was told that:

> ***'...they would have my phone for weeks, that ultimately it could then take weeks again after***

> ***that to get reviewed by experts, then it could take weeks for court, by that point on the day they might be too busy…it's just this one text [that contained the threat], and that they'd not be looking at the rest of the texts around it…did I want to put myself through that'.***

Lisa also remembered feeling that officers were discouraging her to press charges:

> ***'…she looked at me in the eye and she said "He's going to get fifteen years for this, is this what you want, hands up, is this what you want?"…and she's just going on like that and me, I don't want anyone to get fifteen years. I just burst into tears and I said "no, I don't want him to get fifteen years"'.***

Conversely, Eliza in particular welcomed the police's insistence in pursuing legal action, as her family were keen for her to drop the charges.

> ***'I needed that empowerment, I needed that from them, because I didn't have my family saying, "do it", I had my family saying, "don't do it"'.***

Some women questioned the sensitivity displayed by female officers towards them as victims of violence. Alesandra found female officers to be far more unsympathetic than male officers and commented that the female officer from the domestic abuse unit dealing with her case did not believe her until she had seen video evidence of her abuser attacking her. Alesandra believed that if the police wish to encourage victims to report, they should ensure that reports are believed and taken seriously. Beth, Lisa and Louise B felt that the female officers from the Domestic Abuse Teams assigned to their cases were particularly cold and arrogant. They were insensitive and lacked understanding around the complexities of domestic abuse. On the other hand, Eleanor called the police on numerous occasions to report abuse but felt that male officers failed to take her seriously, suggesting that female officers deal with female domestic abuse victims.

Police response times were mentioned by some women. Alesandra, who had previously called police out six times and had a welfare marker placed at the request of her father, who was concerned for her safety, was amazed that police arrived within 10 minutes of calling. Following Elizabeth's first call to police, she heard back from them three days later. Beth had called at 9 pm and had a response at midday the following day, whilst Eliza had been advised to go to a safe place, which she did, and was never called back by police. Sheila felt there was a lack of communication from the police, with reports being taken and not responded to.

Some women felt they were not being listened to by the police, who wished to pursue their own agendas. Beth reported her abuser after they had broken up, wishing to report coercive and controlling behaviour. However, the police encouraged her to press charges for assault, which were later dropped due to insufficient evidence. She also felt that police were not responding to the continued harassment she was reporting but was successful in securing a civil harassment order against the perpetrator after some time. Lily had reported harassment from her abuser, with evidence to prove this. However, when the police found out about the physical abuse and rape, they pursed charges for these, for which she had no evidence or witnesses. Again, the charges were dropped due to lack of evidence. Her abuser had since harassed again but Lily did not report it, as she felt it would not have been actioned.

Women spoke about the need for evidence to be a hindrance when attempting to report abuse or pursue a prosecution. Louise B had called the police after a violent episode, but as she had no bruising on her and her abuser provided a no comment interview, the police had discharged him. Similarly, Beth was told by the police that they were unable to help given her lack of visible physical injury.

> ***'"oh sorry, there's nowt [nothing] we can do, you have no bruises so erm don't go back to him, let me know if you need owt [anything] else?"' (Beth).***

Alesandra's abuser pleaded not guilty and contested her claims, claiming that that she had mental health issues. The onus was on her to provide medical evidence to the contrary. She felt this unfair when her abuse was evident from photographs of bruises and marks which he had inflicted and was left feeling that her abuser was believed over her. Alesandra noted that providing evidence of abuse is difficult as 'much of it happens behind closed doors', with only the incidents that could be evidenced progressing through the justice system. Furthermore, she felt that mental and emotional torture cannot be evidenced and questioned that whilst the police claim they can charge for coercion, 'how that can be evidenced?'.

Sheila, frightened due to the harassment she experienced from her abuser, was told by the police that they were unable to take any action until a crime had been committed, leaving her feeling vulnerable and frustrated that she may be harmed before any action was taken. She had even hired a private detective to gather some evidence but realised that police look at each report in isolation rather than the bigger picture.

The legal process was described as being complex and difficult to navigate by many women and some of them spoke of having to hire a solicitor. Clare, Scarlett, Alma and Lizzie found the advice given by their solicitors to be invaluable. Clare mentioned the necessity of a solicitor, despite struggling with the costs of legal fees. Zoe on the other hand, represented herself and struggled to defend herself against her abuser's solicitor, who was able to prove she had mental health issues and argued that the four weeks her abuser had been on remand be sufficient for his assault of her.

A number of women had to go through the court process to limit the amount of contact that their ex-partners had with their children, or to stop visits altogether. For many of the women, court proceedings were lengthy and gruelling, having considerable cost both financially and in terms of time, energy and mental health. Women such as Haley and Lizzie were forced to fight through the courts in order to stop their ex-partners from obtaining sole custody of their children:

> ***'…their dad was very controlling too so now I'm… in the process of seeing a solicitor gonna help me through domestic violence 'cos he's still controlling me by the kids so, and not letting me see 'em, only when it suits him or when I give him money' (Lizzie).***

Elsewhere, ex-partners refused to engage with divorce proceedings as a means of controlling survivors post relationship:

> ***'We'd separated. I was in student accommodation where I am now, so we'd separated and I made it pretty clear, I said "just give me my divorce". I kept asking for it. And he wouldn't give it. He just wouldn't give it' (Eliza).***

Sarah was taken to court by her ex-partner. Despite the court ruling in her favour, designating a no-contact order against her abuser, proceedings had been extended due to his appeal of the decision. This had caused significant distress for Sarah:

> ***'So we're just waiting now, we're not supposed to be back in court again now until April to discuss contact and the drug and alcohol results but my solicitor is trying to get it done as soon as possible so they can just close the book and let me move on with my life…'cos I've still got to pay, even though I get legal aid for domestic violence, I've still got to pay £100 per month for court and I have been doing for almost two years'.***

Women mentioned the leniency of sentencing handed to their abusers and considered that these did not reflect the severity of the offences. Elizabeth's abuser received a youth warning for his violent attack on her. She felt this was akin to 'a telling off', and was left feeling that the police were not treating her victimisation seriously because they were not living together or married. Zoe's abuser had two court cases against her for numerous assault charges. The first time he received four weeks due to plea bargaining, leaving her feeling that individuals failing to pay TV licenses are dealt with more severely. The second time the assault was dealt with by a Newton Trial, which has no jury but three Judges in the Magistrates Court. This time her abuser's solicitor blamed her mental health, claiming the charges to be false, resulting in her having a breakdown in court. The abuser was discharged having already served four weeks. She believed this injustice to be a result of the good solicitor he received through Legal Aid, while she represented herself. Chloe's abuser received 12 weeks for assaulting her whilst pregnant by throwing a hoover at her stomach. He was released within six weeks for good behaviour, leaving Chloe with a sense of injustice.

Alesandra was frustrated that her case went to Magistrates Court, where the offender can only receive a six-month sentence, thus lessening the severity of the crime. She believed IPV to be a grave crime, comparing it to a war crime or worse, given that it is perpetrated by an intimate partner. She felt that had he entered a guilty plea then at least he would have accepted his crime and as such, a lesser charge at the Magistrate's Court would have been easier for her to accept.

Women recounted accessing other formal services during their help seeking journeys. These also included support from medical services, educational establishments and also within the workplace.

Medical services were approached either for help or when at crisis point, with most women noting that they received little or no support. Louise B recalled visiting her GP and disclosing the sexual abuse she was subjected to, only to be considered depressed, given a prescription, a compact disc for meditation and a three-week sicknote. Lily disclosed her abuse to her GP and was simply told if it happened again to call the police. Many women recalled attending their GP for issues associated with IPV such as depression, stress and anxiety, without mentioning IPV. Alesandra visited her GP complaining of depression and was prescribed anti-depressants without further questioning. When Shirley attended her GP at the age of 16 with symptoms of stress and anxiety, an automatic assumption was made that her problems were hormonal, for which she was prescribed strong medication. None of the women who presented to their GP with symptoms associated with IPV were questioned further. Shirley felt that her state of mind was so imbalanced that had she been directly asked about IPV she would have disclosed.

Several women attended hospital with injuries resulting from IPV, although did not reveal their true cause. Lily and Elizabeth both felt that whilst healthcare staff could tell something wasn't quite right, no attempts were made to question the nature of their injuries. Conversely, Zoe had attended hospital and disclosed her abuse, for which she had not been offered any support.

Other women were referred for counselling by their GPs and health visitors, which was beneficial. Scarlett recalled that her health visitor discussed options with her, which she found extremely helpful. Jasmine remembered seeing stickers in the hospital toilets where women went to give urine samples, stating that they should put a sticker on the urine pot if they wished to discuss anything in private. Jasmine felt that this was a good idea, although she did not use it herself.

Some women described experiencing helpful interventions through their contact with health care professionals. Hannah's health visitor had noticed that things were not right, which resulted in a referral to the Freedom Programme. Scarlett also found that talking things through with her health visitor had helped her put things into perspective. Louise and Eliza's GPs had referred them for counselling.

The support provided by educational establishments was also felt to be lacking. Rivers felt she was let down by the school given that she was clearly displaying signs of abnormal behaviour. She would attend school late, be seen vomiting, and visibly be 'high on drugs', but recalled that school failed to intervene, not even asking if there were any issues they could support her with. She stopped going to school and became very sick from the stress of keeping her 'secret', as her abuser had threatened to kill her if she disclosed. Upon Elizabeth's disclosure, her school suggested she take some time off which felt like a forced suspension to her. She viewed this as unfair as she had her A levels to consider. Whilst they did take some action and her abuser was told to stay away from her, she felt this was insufficient and felt disbelieved by the school.

Beth was living in university accommodation during her abusive relationship. Her abuser's actions regularly resulted in her having to speak with accommodation officers. She found the wellbeing officer at the student village to be very unsympathetic and more concerned with enforcement than care.

In contrast to the above negative experiences, Katie found the police officer at school to be supportive and understanding. She also found it comforting that her abuser had been spoken to harshly by the officer, reinforcing to her that she was believed. She was given the option to take her complaint further but declined.

Support in the workplace was received by a few women. Lisa found her employers sympathetic when she was distressed due to her abuser's actions, whilst Alesandra was provided wellbeing support at work including some counselling, although she felt they did not have the correct training to recognise the signs of IPV. Shirley, who worked at the same establishment as her abuser, found her manager's help invaluable. Her manager suspected that her abuser was responsible for Shirley's broken arm (despite her denial of this) and moved her to another branch. This intervention was pivotal in allowing Shirley to leave her abuser as the distance between them helped her to realise that she could manage without him.

> ***'...oh, actually I don't need you that much. Like, 'cos I'm at this new store now. Like, there's new people here that don't really know me. Like, this isn't the worst thing in the world'.***

Conversely, Rivers' workplace was unsympathetic to her taking time off for counselling, meaning that she was unable to access the vital wellbeing support she needed.

Informal support

When discussing informal support, the majority of women speak of family and friends. Most of these women referred to support received from their mothers, followed by close family members such as siblings, grandparents, fathers and even current partners. Women also mentioned a particular friend as being pivotal in supporting them. Two women found their abuser's grandmother and their abuser's brother particularly helpful. Some women referred to these individuals as essential in supporting them through difficult times and others felt that without their intervention, they would not have reached out for the help they received in dealing with their situations. Around half of the women interviewed specifically mentioned that family and friends had helped the most, either throughout the abusive period or in dealing with the aftermath of the abuse.

Alesandra had extensive family support who continued to keep an eye on her even when she had withdrawn. Her father had requested welfare checks with the police so on any callouts the police had this extra information. On leaving her abuser, her family helped instrumentally in aiding her recovery.

> ***'They organised a meeting with a solicitor and like made sure that everything was in process and literally my mum...was like "look don't even worry about getting a job", 'cos I had to give up my job, give up my home and everything'.***

Informal support was accessed by many women in the immediate aftermath of the break-up of their relationship. Liz's mother supported her with practical necessities such as accommodation and food. Louise's mother and sister helped her hide from her abuser when he came looking for her after their separation. Saba's mother nurtured her, building her back up, instilling confidence within her and enabling her to deal with her experiences.

Women spoke about how family members were often able to spot the signs of their unhealthy relationships, even if at that time they themselves had been unable to. Family members often attempted to convince women that their relationships were unhealthy. Women spoke of family members, especially mothers, continuing to support them even when they refused help. Hannah's mother continued to support her even when she had refused help, as did Britney's family. She noted that until women are ready to leave, their family are unable to help.

> ***'But there's nothing your family can really do, is there? If you're not willing to move on and move away from that relationship... your family can't take you away from that relationship. There is only so much they can do to advise and help you'.***

Chloe received support from her mother, sister and grandmother, though felt her grandmother understood the most as she had experienced similar. Florina, whose family lived in another country, did not confide in her mother at the time of her abuse, but reflected that talking things through with her mother after leaving the relationship had helped. Eva and Saba found huge support in their mothers who helped them to move forward after separating from their abusive partners. Eva described how her mother, who worked in domestic abuse services, helped her to understand the narcissistic nature of abusers.

> ***'...she clung on and would not let me go, because she knew that the second she was gone there was no coming back...she clung on with her fingernails to keep me there with her... she always made it clear that "you can say anything to me, you can be horrible to me but I'm your mum, you can always come back"...I think, without that [assurance] it could have been worse'.***

As noted previously in this report, Haley's mother had put her life on hold to assist Haley, who required supervision of her son whilst residing in the refuge due to an ongoing investigation into an injury suffered by the child.

A few of the women facing cultural barriers found that even though they may have had a sympathetic informal support network, this support was limited. Eliza found that the response she received from her parents was entwined with cultural beliefs of how men can do what they want to 'their women'. When her mother-in-law abused her (emotionally), her parents were horrified, however, her husband's abuse was considered acceptable. Sarah C was told by her parents that whilst they were willing to support her leaving, this would only be on the condition that she left her three children with her abuser. Sarah B was told by her mother 'you made your bed; you lie in it'. Cultural boundaries prevented Fatima from reporting her abuse. She did discuss her abuse with her mother and friends but did not find them particularly helpful. While her mother was pleased she had left the relationship, she was keen to ensure that Fatima's father did not find out, as this would have affected his position within the community. Adele had very little support as she had left most of her family in her home country. When she eventually decided to leave her abuser, she moved to stay with a cousin and found support in her aunt who communicated with her abuser on her behalf.

Shirley doubted that her family would support her and kept the abuse from them. She was also aware that her colleagues were aware of the abuse she was suffering but failed to discuss it with her.

> ***'I was like "you all knew, and none of you said anything". Nobody did anything, like, it was just happening, but it was fine. They were all talking about it, but nobody said anything to me. Not one single person pulled me to one side and was like "are you okay? We know what's going on". Not a single person'.***

Louise was also unable to disclose to her parents. Although she was desperate to talk to someone, she needed others to raise the issue.

> ***'...if they were not gonna believe or make me feel worse then you need to be able to tell yourself that they brought it up and you didn't start the conversation'. (Louise)***

Liz, whilst living in another country, found support in her brother. Then, when deciding to leave, confided in her father-in-law, appealing to his attachment to his own three daughters and hoping he would help her over loyalty to his stepson. Sara coped alone for a long time before reaching out to her brother, who had been a fantastic support.

Lily's case highlights how she had ensured that she had a large network of friends around her when she left her abuser. She had been sharing details of her relationship from large fights to minor disagreements with friends, and believed this behaviour resulted from her previous experiences. This was Lily's second abusive relationship. During her first abusive relationship she had withdrawn from everyone, leaving her isolated and alone without witnesses who could support her claims against her abuser. Lily believed that her need to share details of relationships stemmed from this previous abusive experience. For Zoe, it was the attention of a particular friend that helped her realise that she deserved better.

A number of women stated that their current partners helped them the most in dealing with the IPV they had experienced in their previous relationships. Fatima and Liz both used the word 'patient' to describe their husbands, both explaining how their new partners had communicated to them that they were willing to wait until they were comfortable in progressing their relationships further.

> ***'...he was always very accepting, and he described me as a diamond waiting to shine' (Liz).***

Liz felt her husband was able to understand her as he had worked with many damaged people in his role as a police officer. She trusted him and felt she could open up to him. Katie explained how her husband respected her more than anyone else ever had and how without him she did not think she would have survived. Scarlett described how the affection provided by her current partner was what she needed to feel good about herself again.

> ***'...he doesn't look at me and see this stupid fat girl...he looks at me and sees this funny intelligent woman who he's completely in love with...I think that is the biggest help anyone could have'.***

Many women spoke about their families and friends disliking their abusers. Caroline's friends thought 'it was not right' that she was not

socialising with them, whilst Scarlett's friend felt that she had changed. Summer's parents were disgusted that she was in a relationship with a man older than them.

References to informal support also included acknowledgement that speaking to women with similar experiences was beneficial in helping women process and come to terms with their experiences:

> ***'...I felt so alone going through it all, I'm thinking "no-one else is going through this, like why is it happening to me?" Then I went to this mums' group and obviously I find out it's not just me that's going through it and we can all help each other get through it' (Hannah).***

Some women spoke of negative experiences of disclosure to their informal networks. On occasion it was felt that others failed to acknowledge the severity of their abuse, not taking this seriously or dismissing it.

> ***'[on disclosure of fear for life] I told my sister and she said "don't worry about it, he's probably bluffing"....but I knew what he was really like...I would tell his brother and sister he had abused me and they said "keep it working for the kids"' (Nicky).***

When Caroline disclosed her abuser's violence towards her, she found that it was laughed at and considered normal by his friend's girlfriends who disclosed similar acts by their partners. Ironically, these friends, when witnessing her abuser's aggression, intervened telling him to stop.

Three women spoke about how their abuser's mother would refuse to become involved or even believe that her son was capable of such abuse. Liz found that her abuser's mother blamed her for ruining his life by getting pregnant and felt she would not have believed her had she informed her of the abuse perpetrated by her son. In Elizabeth's case, her abuser had convinced their circle of friends that she had been at fault and he had reacted to her in an abusive manner, mitigating his actions. Katie also experienced similar. Some women mentioned losing friends who found it difficult to hear of the abuse, only to watch her return to her abuser. Eva found that discussing her experiences, and their impact, came at the cost of her friendships.

> ***'...it...actually kind of lost me all my friends, because I would be so quick to talk to anyone and everyone about the horrible...I would phone people crying saying "he's just hit me. He's just locked me in the bathroom and taken my phone and I'm not allowed to come out until he's finished work"...I'm not nervous about telling anyone about this stuff, but...when they say "okay, like what do you want to do about it?" I go "oh nothing, I'm just venting"'.***

In a few cases, there were people aware of the abusive relationships, but who did not help. Eleanor found that as her and her abuser shared friends, they struggled to respond proactively. Although they would say to her 'I can't believe he does that to you', none of them intervened or mentioned it to the abuser. As noted previously, Shirley and her abuser worked together. The abusive relationship was apparent to work colleagues, but none of them intervened. Shirley felt that the inability of others to step in after the first public incident gave rise to the next, more severe public incident, as it emboldened him further believing no one would mention it to him.

Their work colleagues were aware of his manipulation, control and violence yet did not intervene, which made Shirley think that no-one cared about her, so she remained silent.

As previously noted, bystanders were also unlikely to intervene when physical assault happened publicly. Summer's abuser dragged her out of a restaurant, whilst Shirley's abuser had punched her in the ribs several times in open view in a nightclub. On neither occasion did anyone intervene.

Barriers to Help seeking

> ***'It's not easy to ask for help...people say it but it's not as simple as that' (Rivers).***

Our research highlights that IPV victims seeking help encounter many barriers, supported by previous research (Evans & Feder, 2016; Lelaurain et al., 2017). The numerous barriers to help seeking experienced by the women interviewed are discussed in this section.

Shame, fear, stigma and discrimination featured highly within the experiences of interviewees. Shirley's case study (right) exemplifies how shame and embarrassment can hinder help seeking.

"If it was that bad she would just leave"

Leaving an abusive partner is extremely difficult. Our findings support those of Lempert (1996) who states that leaving should be viewed as a process rather than an event. It is clear from the women's lived experiences that the impact of living with abuse and violence is traumatic and life changing. The often daily control, manipulation and abuse faced by women has been described as intimate terrorism (Pain, 2013) which inflicts continuous traumatic stress and has been compared to Stockholm Syndrome (Stark, 2007). In addition to this, women are terrified both in the relationship and of what might happen to them and their loved ones if they were to leave. Survivors may not have the necessary means to leave (finances, housing options etc) and may feel that staying with their partner is better for the children.

Case Study – Shirley

Shirley was in a controlling relationship and said that she was ashamed to admit that she had made a poor choice and, subsequently, endured it for two years:

> ***'I've ended up with this guy who's actually like really bad for me and does these horrible things, and he controls me and he's manipulative'.***

She felt she was too proud to accept that she let it happen to her, because she was, in her words, not the kind of person that this happens to:

> ***'I'm not weak, I'm not vulnerable, I didn't have, you know, a bad upbringing or whatever, my parents are well-off..... so that kind of thing doesn't happen to people like me. So it was that shame of admitting "I've let this person do this to me", which is why it probably went on for so long'.***

Her embarrassment was so great that when her manager at work questioned her about her relationship, Shirley still did not disclose the reality of what was going on. She also did not disclose to her mother but would go home and cry a lot. Her mother sought medical help and because Shirley was not disclosing why she was so upset, she nearly ended up with a serious medical diagnosis:

> ***'I'd go home and my mum would be at work, and I'd just sit in my room and cry, just because I didn't know what else to do. My mum would be like "she's crying for no reason, like what the hell's wrong with her?"... I nearly ended up getting a diagnosis of bipolar disorder. Like, that's how much I didn't wanna tell people what was going on [upset] and that is just so stupid, saying***

it now and thinking about it now. It got to a point where I was being referred to specialists for a mood disorder because I was so adamant [upset] that I wasn't gonna tell people about what happened to me.... And that is the most ridiculous thing in the whole world'

Shirley felt that as she put up with the abuse it was her fault. From the outside, it looked like she was happy or else she felt that people would ask that if she was not happy, then why did she not just leave. Shirley understood that she was not asking to be abused but feels that by not doing anything about it, it was somehow her fault that the abuse was continuing. She believed that as she had got herself into the situation, it was her fault and that, subsequently, no-one should help her because she was allegedly not worth helping. Shirley felt that she was completely controlled by her abuser and that she did not have the ability to fight him:

'I was so sort of, like... docile. Anything that he wanted was "yeah, whatever". Like, he completely controlled me just because I was too sort of defeated and I just didn't have that kind of fight in me to stand up to him'

Cultural shame and stigma featured as barriers to help-seeking for eight of the women interviewed. Britney explained that divorce was viewed as undesirable in the traveller community because within this community women are expected to stay and deal with any problems that may arise in a relationship.

> ***'You fight your battle and get through them, but you know what it's 2019 and you don't have to stay there and do it all again!'.***

Adele spoke of the stigma attached to divorce within her community where women were expected to accept the behaviours of their husbands, no matter how toxic, which her husband used against her. Likewise, Lisa reflected on the taboo in the Indian community where relationships outside of your own community were frowned upon. This prevented any expectations of community support. Fatima found that her mother was unable to help her upon disclosure of her abuse, due to her father's prestigious position in the community. Shame would be brought upon the family if it became public knowledge that one of his daughters had dated. She therefore felt unable to report the abuse, leaving her with feelings of resentment towards her father and saddened that he had to remain unaware of the trauma his daughter had endured. During her abusive relationship, Liz resided in a European country where being a teenage mother in a Catholic country was frowned upon.

Women from minority groups noted that cultural factors were instrumental in their decision making and help seeking behaviour. Eliza described how violence was normalised within the Asian community and prevalent in the household within which she was raised. This prevented any intervention by community members or, she pondered, 'maybe they did not even care'. Adele felt that her abusive husband was able to hide behind the Arab cultural belief that women should stand by their husbands, reiterating to her that 'no good Muslim woman would tell on her husband'. Lisa felt that the misogyny present within Indian culture, whereby women are seen as inferior to men and expected to support their men regardless of the circumstances, meant that she remained with her abuser for so long.

Embarrassment and shame served as barriers to help-seeking for fourteen of the women interviewed. Beth recalled feeling too ashamed to disclose to her mother. Even after her mother became aware of her abuse, Beth remained too embarrassed to share the details, especially the intimate ones. As Saba had become isolated from family and friends, she felt ashamed at the thought of approaching any of them for help. Sarah B had never reported her abuser's behaviour as she felt to blame for allowing it happen.

> ***'...it never crossed my mind. I was ashamed. I was letting him do it as well'.***

Some of these women specifically mentioned how they found it difficult to disclose their abusive relationships, concerned about being judged and blamed by others for putting up with the abuse. When Louise disclosed to her father, she was told to 'man up'. Whilst at first she believed him to be right, with hindsight she felt that this made her think

> ***'if [my] father had thought that, then what might other people think of me?'.***

Some women spoke about shame within their professional arenas and how this was a barrier to seeking help. Claudia, who was working in IPV services at the time of interview, felt there was an attitude taken by colleagues that it should not be happening to women who are working in the field.

> ***'Professionals won't come forward..."why has that happened to you? Why, why, why would you, in that position...?"'.***

Louise B, a professional in the legal field at the time of help-seeking, received the comment 'I thought you were intelligent' from a help seeking service. In Beth's case it was self-scrutiny that acted as a barrier for help seeking. Working as a mental health nurse, she felt unable to disclose her abuse, believing that a professional with IPV understanding should not be in a relationship where IPV exists.

Women reported feeling judged by professionals and saw this as a barrier to disclosure. Both Louise and Jasmine had felt they were blamed or disbelieved during previous experiences of reporting to police and thus chose not to report subsequent abusive behaviour to which they were subjected. Katie had reported an earlier complaint of rape for which the offenders had been released without charge. She therefore felt it unlikely that any complaint of IPV would result in a positive outcome. Louise B also noted an unwillingness to disclose to the police, given that a previous IPV disclosure had resulted in no action.

In many cases, women blamed themselves for the abuse they suffered. Such feelings occurred as a result of the abusers' techniques of 'dosing' and 'gaslighting'. In these instances victims believed they were deserving of the abuse, having committed an unacceptable act that required punishment. The majority of these women, having exited their relationships, had since recognised that their abusers had convinced them they were to blame. One such case was Eva, who remembered blaming herself for her abuser's behaviour, believing that his anger had been caused through some fault of her own. In another case, Liz recalled constantly living in fear as no matter how hard she tried to please her abuser, he found fault.

Several women recalled displaying visible signs of abuse and brushing off the concerns of workmates, friends and family by providing fake accounts for their injuries. Scarlett's health visitor had questioned her physical injuries and asked outright if she was suffering abuse. She had denied this but felt that she was actually hoping that someone would intervene.

Many women did not disclose or report their abuse for fear of disbelief and expressed several reasons for this. Families and friends often saw the abuser as "wonderful" due to the public persona they portrayed. Elizabeth described how her abuser presented as the perfect gentleman, with similar shared by Chloe and Sarah B.

> ***'He would open doors, act really interested at midwife appointments, everything happened behind closed doors" (Chloe).***

> ***'He was so nice to everyone else...he was the blue-eyed boy' (Sarah B).***

Elizabeth found that other females in their peer group found her abuser charming and attractive, making comments such as 'oh, you're so lucky to have him...he's so amazing'. Liz was also aware that other girls in their social circle wanted to date her abuser, highlighting that others' perceptions of the abuser led women to feel that disclosure would be met with disbelief. Such feelings had enduring effects, remaining with survivors long after separation. Liz described how her mother was unable to believe the extent of her abuser's behaviour, given that he appeared to be so charming in public. Similarly, Sarah B had never spoken of her abuser, believing others would question her account.

"It's a private matter don't get involved"

People can be reluctant to get involved because they see domestic violence as 'a private matter', something which happens in the family home. However, the term 'domestic' is misleading and downplays the devastating impact that this crime has on not only the survivor herself but also on her family, relationships and overall contribution to society. We all have a responsibility to speak up against domestic violence.

Some women specifically noted that their lack of disclosure to police was underpinned by fear of disbelief, predominantly due to the manipulative nature of the abuser.

> ***'I didn't [report him]. Because it was like... well, I can't prove it...it's my word against his' (Shirley).***

Some women reported that a negative response to a previous disclosure hindered help seeking. Jessica had previously attempted to disclose to her hairdresser, who also knew her abusers' mother, and responded with 'don't be so ridiculous', which had prevented any subsequent disclosure to others.

Several women spoke about how they felt that no one really asked. Louise felt that had her denials of abuse been questioned further by professionals she encountered, she would have disclosed 'as this shows that they doubt your lie and it shows they care'. She struggled to tell her parents, feeling desperate to talk to someone but needing them to initiate the conversation. Shirley recalled that health care professionals had never probed further as to the cause of her symptoms and believed that direct questioning would have encouraged disclosure. Liz, whose abuser was on trial for the rape of another woman, was never questioned about his behaviour towards her.

Neglect or indifference by multiple individuals or organisations was noted by some women. Rivers recalled interactions with many individuals throughout her abusive journey who could have demonstrated greater concern for her welfare.

> ***'Any adult who would have had any part in stopping this from happening was not there. No one wanted to take any responsibility for me – parents, public who saw me being beaten up but did nothing' (Rivers).***

Similar sentiments were expressed by Jane who felt 'let down by the system', believing that interventions may have prevented the subsequent harm she experienced.

A common theme in the women's accounts related to how quickly abusers took over their lives. Any contact with friends or family of whom the abuser disapproved tended to cause conflict, which led women to cease contact. Some abusers had managed to convince the woman that her family and friends were against her and that he was her only friend. Louise B reflected upon how the abuser had infiltrated every part of her life within weeks of knowing her, isolating her from friends. Through isolating women from their support networks, abusers were able to diminish or limit women's access to help seeking. Lizzie found that when she was most in need of support she was unable to turn to her mother as their relationship had become hostile. Similarly, Eva found herself vulnerable as she had isolated herself from friends who disapproved of her abuser, rendering her largely reliant on him.

Women who had moved countries found themselves particularly isolated, having very few, and often no, support networks around them. Adele, Liz and Florina felt that being away from their home countries meant they had no friends or family to speak to or confide in and were unsure from whom to seek help. Whilst Liz was pregnant her abuser attended all hospital appointments with her. At the time she believed this was motivated by care and desire for involvement with the baby, but subsequently realised that this was to prevent disclosure.

> ***'I was very lonely...didn't have a relationship with my mum, and the rest of my family lived in England, so it was a very dark time for me whilst this baby grew in my belly'.***

Some abusers had prevented contact with others, evident in Saba's case, who was not allowed to visit her mother. Other circumstances through which isolation was achieved were also apparent in the women's narratives. Hannah's pregnancy prevented her attending college, which ultimately resulted in eliminating any social interaction. Other women found that friends' frustration over the victim's rejection of help led to a lack of support. Shirley found that her friend's previous help ceased when she continued to return to her abuser:

> ***'...and it was just like complete dismissive of "this is your fault, like you're doing this, I tried to help you, you're still with him, like don't speak to me anymore", and I was like "right okay".***

It was common for women's narratives to demonstrate normalisation of violence. A large number of women had either experienced abuse in childhood or had witnessed abusive parental relationships. Women in these circumstances saw violence as a normal part of relationships. Eleanor had witnessed arguments between her parents as a child and subsequently lived with an abusive stepfather. She considered conflict within relationships as acceptable behaviour.

> ***'...but it were how it were, I didn't...I didn't know any different. I just went along with it'.***

Some women had entered relationships at very young ages (some as young as 13) and had no understanding of what a healthy relationship was. They accepted abuse within their intimate relationships as being the norm, particularly if they had also experienced childhood abuse, illustrated by Katie and Zoe's accounts. Katie had grown up with an abusive father, leading her to understand abuse as a normal and acceptable characteristic of male behaviour which had continued within her intimate relationships. Zoe was subjected to her father's physical abuse in childhood, and subsequently experienced sexual assault at the age of 15, leading her to accept her partner's abusive behaviour as normal. She reflected that this was learned behaviour on her part and believed that this was part of normal relationships.

> ***'...erm, because I'd been sexually assaulted at 15 anyway, I just thought...well it's normal, isn't it?'.***

Both Elizabeth and Shirley described how they were unable to distinguish what was normal and what was not. Neither woman discussed their abuse with others, believing that such behaviours were normal in relationships and 'happened to everyone'. Whilst Elizabeth's abuse occurred privately, Shirley's abuser publicly assaulted her. Shirley reflected that if only someone told her that such abuse was unacceptable, she may have realised how unhealthy her relationship was.

> ***'I didn't realise at the time that what was happening was so horrible and so vicious, and I just thought "this is what relationships are like, he's just jealous, it's my fault, I shouldn't be doing these things, I'm making him be that way"'.***

Even when women acknowledged that the abuse in their relationship was unhealthy, several described feeling that they were overreacting. Caroline recounted justifying the violence she experienced as the attitudes and behaviours of those in her social circle normalised violence, promoting the acceptance of such male behaviour - 'It's just lads, it's just, you know, they're all idiots'.

The perpetrator's variable behaviour was commonly cited as the reason preventing women from leaving. The victim would take the perpetrator back believing that the situation would improve. However, the cycle of abuse soon repeated itself. SafeLives (2019) in their recent report on psychological abuse, termed this process 'dosing', whereby the abuser 'doses' the victim with love. Liz's case study (right) serves to highlight how the dosing process worked in her case, and highlights the emotional connection she felt with her abuser.

Case Study – Liz

Liz was 11 when she moved with her mother to a continental country. Her mother was very busy in her own life and left Liz to generally fend for herself. Liz began to hang around with other young people in the area. She felt she was looking for love and met her abuser who was 5 years her senior. He made her feel special and referred to her as his 'woman'. She fell pregnant at 14 and left home soon after. They began to live together and soon she had no-one other than him in her life.

'He was my hero. Initially he was the man that I'd sought out. I desired his love and when he was nice to me he treated me like a princess, I was his 'woman', he gave me everything... everything was so dark and horrible that when he accepted me and took me in, kind of looked after me, despite the abuse, you know, he always came back, whereas my mum didn't and so I think that's why I remained with him, erm, yeah and I never reached out to my mum'.

Despite the abuse, Liz genuinely believed he could not hurt anybody else, believed he was a good person and thought that was why she was blinded by him. Their relationship was always good in front of others, as if they were a happy family. She stated that in public he was well spoken, well presented, a fantastic guy, one who would help old ladies across roads, open doors etc.

Liz recalled that during the sexual assaults, she would be upset, crying and screaming and begging him to stop, however, once the assault was over, she would go quiet, which he took as "see, it's over and everything is fine". He would 'then cuddle and kiss me... telling me I was his princess and when he said those things it felt good'.

Liz reflected that her relationship was very unpredictable, sometimes lovely and other times aggressive and she could never predict what each day would bring.

'Sometimes when he was drunk, he was super-lovely and would treat me like a princess and other times he would be really aggressive, and that's when he would... sexually assault me and things like that. Erm, so it was a very difficult "I don't know what today's gonna bring". You know, there were times when it would all be great and he would you know say "oh don't worry about the house being a bit messy" or you know "don't worry, just go and cook now". Those were the good times...It really depended on the day and his mood'.

It was clear from the women's narratives that there were times within the relationship when the abuse would diminish or lessen, giving them hope that their abuser had changed. Adele described a recurrent pattern of abuse and remorse, with diminished abuse after the birth of their baby, during which she believed he had changed. Other women found that the abuse decreased when they tried to leave their abusers. Alesandra discussed her attempt to leave following her first experience of violence. However, every time she tried to end the relationship, he would become 'sweet' and 'charming', which prevented her from doing so. She recalled trying to leave between four and five times before she was eventually successful in doing so.

The women spoke of their abuser's behaviours changing from violent to apologetic and loving, sometimes after a cooling off period and sometimes within minutes. Scarlett recalled being assaulted by her abuser and within minutes his anger had subsided, whilst Hannah remembered her abuser behaving as though nothing had happened within minutes of abusing her. Saba described her abuser's unpredictable nature, such that he seemed to have two personalities.

Abusers would often attempt to justify their behaviour, usually through blaming the victim. Eva recounted how her abuser was apologetic after his outbursts, excusing himself by blaming her:

> ***'"You made me so crazy, you know what I'm like, I was drunk" but he would say sorry'.***

Elizabeth's abuser also demonstrated remorse after his violent episodes, claiming the violence was unintentional, leading her to relent and continue the relationship. Haley's abuser became calm and loving following an angry outburst. She recalled a particular incident when he was able to recognise the consequences of his behaviour.

> ***'He saw my bloodied face... he was horrified at what he had done...."oh my God, I didn't realise what I'd done to you, I didn't realise it was that bad" and he said "if I ever do that to you again I'm gonna kill myself"'.***

Some of the women discussed the exceptionally loving nature of their partner when the abuse was absent but acknowledged how this could change in a heartbeat.

> ***'When things were good they were like amazing...it were really lovely, he'd tell me I was beautiful, and he'd tell me I was such a good girlfriend...And then it'd go wrong and he didn't want to know anymore, break things, didn't want to be with me anymore... but then he'd come running back saying he was sorry...' (Scarlett).***

> ***'One minute he was fuming, erm the next minute it was the best family life ever' (Caroline).***

Mandy effectively summarised the pattern of abuse which many women described, noting how her abuser would hit her, deny it, promise her the world and then beat her again.

Commonly, the love that women felt for their abuser prevented them from leaving. In these circumstances women's concern over the potential impact of disclosure upon the abuser meant they chose to protect him over their own welfare. Clare did not report her abuser as she was aware that a criminal record would result in job loss. Hannah's abuser threatened that if she disclosed 'you will mess up my life', thus when her mother reported him to the police, Hannah retracted the complaint stating that her mother was lying. Despite her abuser's threats to kill her, Victoria described how difficult it was to leave:

> ***'...it is so hard to get away from somebody that you love'.***

Many women spoke of dismissing others' concerns predominantly through the desire to protect their partners. Eva defended her abuser aggressively when friends and family spoke negatively of him.

> ***'I had this weird problem where if anyone said anything bad about him, I would go crazy and say "how dare you? He is amazing, you don't know what you are talking about"'.***

Katie recalled a similar experience, also defending the perpetrator from others with the belief that they would spend the rest of their lives together.

> ***'Even though he was hurting me I was still protecting him. I don't know why I did it, I think it was just 'cos I loved him, and I thought I had to protect him. That's the thing about love...someone can be awful to you and you can love them anyways. And that's what I did'.***

The control that abusers had over the women was evident in their narratives. Eva remembered that she would do anything to please her abuser, whilst Britney recalled being obsessed by her abuser.

> ***'I loved him, because he had me that way'.***

Some of the younger women interviewed mentioned that their abusers were their first boyfriends. Other women described how, regardless of the abuse, they felt protected by their abusers. Some women saw the perpetrator's behaviour as caring and being protective. Summer, who received social service intervention following a previous relationship was told by them that her current partner was abusive, but she was unable to see this for herself until it was too late.

> ***'He had me where he wanted me. But at the same time I didn't see it, I'd just seen it as caring and kind...'.***

Minimising abusers' behaviour was common, either by justifying their behaviour or by hiding it. Liz recalled testifying for her abuser in a rape trial, defending his good character and proclaiming that he treated her and their baby with care. Caroline covered for her abuser throughout their relationship, minimising the severity of his behaviour. Karen also described covering for the perpetrator:

> ***'A lady in here [the refuge] come out with me to the police and I was like "no he's not like that". I knew he was because he was doing it to me'.***

Women often portrayed the impression that their relationships were happy, successfully hiding the abuse, or believing that their partner's behaviour was not severe enough to be considered abuse.

Financial dependence was often a barrier to both leaving and help-seeking. Many women were completely dependent on their abusers financially and were thus unable to 'escape' their relationships. Sarah B had attempted to leave on several occasions but was forced to return to her abuser as she had nowhere to go and could not afford to live independently.

Several women were unaware of services which could provide assistance. Adele was from another country with no knowledge about the rules and laws of this country. Her abuser informed her that if she disclosed then social services would take her children away. She believed him. Other women (British as well as non-British) also mentioned a lack of awareness around the existence of services that could have helped them.

Researchers have previously highlighted IPV victims' barriers to leaving their abusive relationship, with fear of the perpetrator and consequences of help seeking overriding any attempts to leave (Crawford et al., 2009). The fear of increased or severe violence tended to be the main concern expressed by women during interviews, serving as the primary barrier to help seeking. Women were aware of their abuser's capability for violence, therefore any threats of beatings if they were to disclose were taken seriously. Even when threats of repercussions were not verbally communicated by abusers, women such as Elizabeth described the 'feeling' that this would be a consequence, with reminders that she must keep the abuse to herself. Tess recalled that 'snitches get stitches...if you tell – expect to get hurt', an ideology prevalent where she grew up, meaning that disclosure for her was never an option. Some women such as Victoria reported that their abusers would threaten to severely harm or kill them if they sought medical intervention for injuries resulting from the abuse. Having previously served a prison sentence, Victoria's abuser threatened that should she disclose, returning him to prison, she would be killed.

The fear of repercussions was so intense that women were cautious when reporting to police, with Daisy recalling that she used someone else's phone to make the call, fearful of her abuser checking her phone and finding out. Clare's mother wanted to contact police, but Clare prevented her, fearful that the police may not arrive in time. Liz recalled concerned neighbours contacting the police, who turned up at her house unannounced. She answered the door to the police, terrified as her abuser stood behind the door with a knife to ensure she did not disclose.

Some abusers played on their victim's attachment to them, threatening to harm themselves if she disclosed. When Summer attempted to leave her abuser, he would either threaten to kill himself, or assault her. Both of these options terrified her as, although she was fearful for her safety, she was also fearful that he would harm himself. Some women feared violence directed at loved ones if they disclosed, evident in Louise's narrative, who was convinced her abuser was capable of targeting not only her but also her family and property.

Women were also afraid of social service intervention, believing that their children would be taken from them due to threats of such from their abusers. Adele's child was hospitalised by the perpetrator who threatened that the children would be taken away by social services should she disclose. Adele believed this, being from another country and unfamiliar with the legal position relating to child welfare. The women's mental health was often used by abusers as a tool to reinforce their inability to parent and threaten social service involvement with removal of children.

The impact of disclosure upon loved ones, together with the desire to keep the family together, also featured as barriers to help seeking. Some women specifically mentioned not disclosing to their mothers, fearful of the impact on them. Louise used make-up to disguise her bruises, not wanting to worry her mother. Saba recalled doing the same but could not hide the fact that she was losing weight. Summer attempted to hide her abuse from her parents, concerned that they would lose their jobs as police officers. Saba's experience of

violent abuse at the age of 15 was not reported to police at the time, due to cultural factors. She had recently (15 years later) considered reporting him but was concerned that the process would impact her husband and children.

Several women voiced fears that leaving their abusive relationships would result in their children growing up without fathers and remained in the relationship to keep the family together. Liz had grown up with an absent father and did not want her son to do the same.

> ***'I never wanted that for my son, which is another reason why I stuck it out for as long as I did, um because I wanted him to grow up having a dad, which I hadn't had, and like I said, the reason I clicked is because my son was put in danger, and although having a dad is important, being alive is more important'.***

Many women remained in abusive relationships after discovering their pregnancies, keen for their child to have a father, particularly women whose own childhoods involved absent fathers.

A further barrier to disclosure related to women's dependence upon their abuser. Some felt unable to manage alone, having become unable to make their own decisions due to his control, which had destroyed their self-confidence. Jessica recalled how this prevented her leaving:

> ***'What would I do if I left him? Because he made me feel like that' (Jessica).***

Post separation

Government statistics indicate that the period following the survivor's separation from their abusive perpetrator is a dangerous one, as the perpetrator escalates their behaviour in an effort to regain power and control. In 2017, 55% of women killed by their ex-partner were killed within the first month of leaving, rising to 87% within the first year post separation (Long, Harper, Harvey, & Smith, 2018). The women's narratives highlighted that harassment, stalking, blackmail and continued attempts at control were common post separation.

Several survivors experienced emotional blackmail from perpetrators, who threatened to self-harm or kill themselves, a technique employed to regain control, often with dangerous consequences:

> ***'It was mental torture..... I ended up taking an overdose because of him' (Sienna).***

Contact battles and custody issues were common themes within the women's narratives, often taking the form of threats from the perpetrator around custody and financial support for children. The majority of the women with children recounted the abuser's disinterest in being a father, often behaving violently and abusively in front of the children, and in some cases towards the children. The emotional and physical consequences for their children were ignored, with fathers lacking concern over the impact of their behaviour. Post separation this changed significantly with most fathers seeking contact and, in some instances, custody. The women felt that the purpose of this behaviour was simply to continue their reign of terror and control. It was clear that the pervasive sense of fear that women lived with whilst in the abusive relationship often continued post separation. One abuser was undertaking his third perpetrator course in an effort to secure contact with his children, raising issues around the 'success' of perpetrator programmes.

Professionals are manipulated/influenced, as are friends and family, enabling the abuser to appear as the victim being prevented from seeing his children. The impact on the survivor continues when perpetrators use the court in an attempt (often a successful one) to gain custody or contact. The rights of the abusive parent seem to have overshadowed the rights of the child to be protected from abuse. The full scale and impact of the abuse on both the mother and the children does not appear to be fully acknowledged or understood. It is as if once the relationship has ended then the abuse has stopped, and children are safe to have contact or be placed in the custody of a domestic abuser. This reinforces the need to change the label to assist professionals in their decision making - to return children to an intimate terrorist may encourage deeper thought.

It was clear that perpetrators attempted to control women post relationship through the thing they held most precious - their children. Former partners pursued court action in order to exhaust women's financial resources. Clare was forced to rely on her grandmother's financial input and her sons' savings to finance her legal fees. Caroline noted how her former partner attempted to control her years after their separation through withholding financial support for their daughter. Several women were still suffering financially post separation due to debts left by the perpetrator. Ongoing legal battles regarding children and joint possessions meant that women experienced relentless stress. For the women whose abusers spent time with the child/ren unsupervised, this was a very anxious time:

> ***'It's gone through court and he's been on a domestic abuse [programme] and... my son sees him again now and...every single time he goes to his house...I'm absolutely petrified...I don't know what I'm supposed to do because this court's making me allow him contact (Scarlett)'.***

Clare's abuser used her chronic illness to discredit her as a mother in his attempts to obtain custody:

> ***'Every time it's gone to court, I'm ill before. I ended up in hospital once, and in court he actually brought up that "if she's not very well then I want custody of the kids"...All he's saying in court is that I'm trying to stop him from seeing the kids and...all I want is for him to be an alright dad for the kids (Clare)'.***

Whilst most women failed to acknowledge the role of technology during their abusive relationship, its significance was noted post separation when it was commonly used as a tool of harassment, and to discredit the survivor as both a person and a mother. Intimate photographs taken of the victim whilst in the relationship served as tools of control post separation. Lily acknowledged the controlling behaviour of her ex-partner when recalling his threats to post intimate photographs of her online around three to four years post separation.

Despite Clare having blocked her abuser on social media platforms, acquaintances informed her that he continually posted comments in which he attempted to present himself as the 'good guy', and her as the 'bad guy' in their negotiations over access arrangements for their children:

> ***'He might post ten quotes a day about dads' rights and that I'm alienating the kids and on one of them... it made me out to look abusive... just made himself out to be a victim'.***

The abuse for Clare also extended to social media comments from the perpetrator's new girlfriend, who described her as 'pathetic', despite having never met Clare, highlighting the abuser's manipulation of his new partner by recruiting her into his campaign of control. Indeed, despite having entered into new intimate relationships, abusers commonly attempted to preserve control of the victim.

> ***'He did try and get in contact with me, calling me names and crying for me, saying that he loved me...he rang up telling me that he loves me, but bear in mind that he was already living with this other girl by then (Britney)'.***

Many of the women acknowledged that abusive men were unlikely to change and were most likely abusing their new partner and potentially her children. Some had tried to warn the abuser's new partner, but their warnings were generally rejected. Rivers, however, acknowledged the futility of speaking to the perpetrator's new partner, remembering how she herself would have rejected such advice.

Sarah, since separating from her abusive partner, had been in contact with his previous girlfriend who informed her that she had also been abused. Her knowledge of this assisted in alleviating the feelings of self-blame she harboured. Some women described struggling with the guilt they felt for not having reported their abusive ex-partner and feared that other women may have since suffered.

The continued harassment post separation meant that women remained traumatised and fearful. Louise B found she was living in fear of constant threats to her property and herself, as her abuser would appear at her workplace threatening her. The anxiety of living with the uncertainty, but with the knowledge of the perpetrator's capabilities, was both terrifying and exhausting. Perpetrators in receipt of convictions for their abusive behaviour were undeterred from continued harassment of their victim. Louise B was harassed post relationship by her former partner from prison. He called her every morning and evening to check she was at home, at lunchtime to check she was at work, and also wrote daily letters. Stalking by the perpetrator post separation was a common and frightening experience for women:

> ***'I reckon there was about 6 months where he was still following...About a year later...he found me at university...and he messaged me to say, "I'm outside your flat". And I could not tell you how he found me (Elizabeth)'.***

> ***'I was living on my own, he was...in a probation hostel...erm, and he had his phone on him and he had got me to the stage where I thought he was following me...what he was actually doing was he was using the find my phones on the iPhone...I'd convinced myself he was following me, right behind me (Zoe)'.***

Despite an ongoing trial for his abusive behaviour towards her, Louise B received messages from her abuser, sent through the son of his new girlfriend's Facebook account, highlighting the lengths to which the perpetrators will go in their attempts to regain control of the victim. Interestingly, Karen, whose ex-partner had threatened to abduct their daughter, noted that to block him from social media accounts served to provoke him and therefore it was dangerous to do so for the sake of both herself and her children:

> ***'I had to keep replying to him, to keep them safe...if they think that they can still talk to you then they think they've still got a little bit of power over you. But, they haven't really 'cos you've got the power now'.***

The women often changed their phone numbers, blocked the perpetrator on their social media accounts or deleted their accounts in attempts to avoid incessant contact. Beth had blocked her abuser on social media after separating but needed to meet him to obtain some of her possessions, and therefore unblocked him. He then embarked on a campaign to demean and embarrass her, through cruel comments regarding her appearance.

Blue explained vividly how the abuse had impacted on her life post separation pointing to her ankle bracelets which were made up of bells and made a noise every time she walked or moved. Her ex-partner had been having an affair with her best friend and if they were getting intimate in the house, he would hear Blue coming. She had worn these bells for 30 years and was unable to remove them:

> ***'Oh, those are my bells because my husband made me wear them so he could hear me wherever I went...I can't go without them anymore...it's 'cos my husband wanted to know where I were wherever I was walking around the house...'.***

The majority of women had experienced abuse in various forms and for some women this lasted for years post separation. Women who experienced physical injuries were often reminded of their abusive experiences as their injuries caused them ongoing pain long after the relationship ended.

Abusers' behaviour post separation prevented women moving forward with their lives. Toews and Bermea (2017) found that physical violence decreased following separation, although subtler techniques of power and control were employed by perpetrators, perhaps in the hope that these went unnoticed by others (Hayes, 2012). However, the residual fear from their past abuse remained with the women, who were in no doubt as to what their former partners were capable of. The isolation felt by the majority of women post separation was evident as new friendships take time to form and confidence and self-esteem must be rebuilt. Friends lost through the abusive relationship were hard to reinstate post separation, often due to embarrassment and issues of self-blame.

The fact that most women were isolated from family and friends during their abusive relationship meant that post separation they were often left incredibly vulnerable, as support networks were limited if not completely absent. Emily described how living in a refuge post separation had contributed to her continued isolation:

> ***'I don't see how it's fair, how he can just get put in jail and then my life, it gets put on hold because there's only certain things I can do and there's only certain places I can go. Like here, yeah, it's a refuge, but you can't have like your mates staying or nothing like that. So as soon as I come in here, I go straight in my room, I don't go out'.***

Previous research has also identified emotional abuse as a common control technique post separation (Hayes, 2012; Jaffe, Crooks, & Poisson, 2003; Zeoli, Riviera, Sullivan, & Kubiak, 2013). Given that our respondents found this type of abuse more distressing than physical violence during their abusive relationship, its continuation post relationship prevented them from moving forward.

It was common for abusers to have criminal records, with some men clearly capable of serious violence. Summer discovered from her social worker that her abuser had sexually assaulted a child, while Lisa's ex-partner had raped a 14-year-old girl after they had separated, for which he was incarcerated. Liz's abuser was an illegal immigrant who was also part of a dangerous gang and accused of rape, with the trial ongoing while they were together:

> ***'I actually remember...sitting in front of the judge and testifying how wonderful he was...and that there's no way he could rape somebody... And I sat there saying these things whilst he... was essentially raping me... looking back I feel horrified and.... ashamed of what I was doing, because I was defending a criminal, essentially'.***

Karen noted that all three of her abusive ex-partners had a history of IPV:

> ***'The three partners I've been with, they're all classed now as serious domestic violence perpetrators, so that means that they've done it more than 3 times... (Karen)'.***

Few women mentioned the Domestic Violence Disclosure Scheme (DVDS), often referred to as 'Clare's Law', and rolled out in England and Wales in 2014. The scheme was named after the tragic case of Clare Wood, murdered by her former partner in 2009, and allows members of the public to request information on an individual's previous history of domestic violence (Home Office, 2012). Claudia noted accessing the scheme after separating from her abuser:

> ***'I ended up doing a Clare's Law, there was nothing disclosed from his past but they put a critical mark on my property...so it was when it was just me and my little boy in our place and I was thinking "what the hell?"'.***

Haley was alarmed to discover her abuser's criminal past after reporting him to the police.

> ***'He's been known to the police for a good ten years and his record is very disturbing... he has pending convictions that hasn't even been sent to court yet. But his background is very, very horrifying...'.***

She had only recently become aware of Clare's Law in the UK but questioned its benefit as she felt few women would access the scheme.

Loss of Self /Identity

A significant number of women reported how the manipulation, dominance and control exerted by the abuser diminished them as women, as individuals, until they lost sight of who they were:

> ***'I'd be concentrating just solely on him and completely forgot about me... so many rules in place that you just don't recognise yourself... It's pretty much like trying to find who I am again... (Alesandra)'.***

Having been so ultimately controlled it was somewhat unsurprising that a common theme within the women's stories was their sense of loss - loss of the person they were prior to the abuse, and how making a decision, however small, was almost impossible. Regaining autonomy was incredibly difficult. Beth's narrative highlights the impact of her abusive relationship, and her loss of identity:

> ***'When I first split up with him, I was very, very fragile...I think I felt lost in the sense that there was nobody telling me what to do. I know that sounds really strange but ... I didn't make very many decisions on my own and now I was back to making all my own decisions...I just didn't know what to do'.***

Many of the women described being unable to recognise themselves or had lost the ability to communicate. Such 'damage to a woman's sense of self has a fundamental impact on her psychological well-being' (Crawford et al, 2009: 65). The women often recognised post separation that they had lost the ability to think and make decisions for themselves after living at the whim of their partner for so long. They were often fearful of the smallest task, such as travelling on a bus, or going to the shops on their own. The feeling of being worthless was evident as the necessity of being obedient and compliant whilst in their abusive relationships, to keep the perpetrator happy, had eradicated their ability to think and act for themselves.

Several women described how their abusive relationships had changed them as a person, and how they responded to others. They described being viewed by others as cold and unaffectionate, having gone from being tactile to disliking touch.

Alesandra described how her abuser had prevented her from colouring her hair, but post separation she had begun to do so - part of the process of reclaiming her identity. Her act of rebellion once she left meant that gradually she took more control over her appearance, however, it appears to take time for women to feel they can make decisions and bring more independent control back into their lives. The self-doubt and constant questioning continued post separation for a considerable amount of time for some women.

Whilst in the abusive relationship, Alesandra had used make up to conceal scars, but post separation had been able to use it to bring out aspects of identity and boost her self-esteem. Her powerful narrative describes looking in the mirror during and post- abusive relationship:

> ***'I'd look in the mirror and literally be like "that isn't me looking back", like it would be like dead eyes, there'd be bruises everywhere, fat lip and looking at it like "that's not me, like who is that person?"...I remember the first time I put make-up on after I'd moved to my sisters I just fell into tears, I had like mascara running down my face and was literally like "I can't believe this is like a major thing" but it ended up being quite therapeutic in a sense'.***

It was somewhat poignant how the women recognised and articulated their feelings around identity. Several women described anxiety over having to regain control after being controlled by the perpetrator for so long. Sarah C described feeling no longer human whilst in the abusive relationship:

> ***'You think like "what am I, am I human or what?"...you lose your own identity to be honest. You're going "that's why you go in that shell" and you just do not know which way to turn (Sarah C)'.***

Victim-blaming is a common and damaging societal response, a pervasive societal perception often held by those who fail to understand the dynamics of abusive relationships, but which may also prove problematic for women seeking to reconstruct an identity other than an 'abused woman'.

Strengths, Resilience and Coping Strategies

The women demonstrated great strength and resilience, both in surviving their abusive relationships and finding the strength to leave and move on. They discussed some of the things which helped them to cope.

Activism

Several women had engaged in activities which drew on their own experiences in order to help other women experiencing similar. Eliza was writing poetry, which helped her to process, and deal with her experiences, and also conducting activist work in the community, whilst Elizabeth was working with both survivors and perpetrators which had assisted her in moving on and channelling her experiences into positive mechanisms for enabling change. These activities assisted in empowering both themselves and others.

Education – Knowledge

Some women had enrolled at university after their relationships ended, with some selecting subjects which related to their abuse, such as Criminology and Psychology, as a means of furthering their understanding. Proving to themselves and others that they were capable of such an undertaking, as well as regaining control of their lives was important to them. Immersing themselves in learning proved to be a beneficial means of escaping their past situations and their aftermath.

Work

Jasmine explained how focusing on her passion and potential career helped her to leave her abusive relationship:

'...at this point I'd also kind of decided that I wanted like a career in the Navy...because it was a good way of getting away from everybody... I put a lot of effort into that and tried to get there. So yeah, that was probably my biggest help to myself, finding something to concentrate on and work towards'.

Personal Strenghts

Finding something positive to salvage from the relationship helped Liz to cope.

I do feel that the ambition I have is you know partly because of that relationship. It's made me very strong and... determined to achieve things... I am very grateful to that relationship and to him for giving me that ambition to better myself, and to use that experience to help other people' (Liz).

For Jasmine, it was the memory of her late friend which aided her determination to leave her relationship:

'...it was, yeah, definitely thinking anything that I did, "what would she be saying to me?" She'd be saying "fuck off, come on, grow up, get out of it"'.

Forgiveness

For Britney, forgiveness was key:

'I do forgive him, I really do forgive him, because for me to forgive him, that's letting me to move on with my life. For me to hold grudges against him, I'm always gonna be thinking about him'.

For a significant number of the women interviewed, focusing on the needs of their children helped them to cope both during and after the abuse.

Being strong for the children

For Chloe, the thought of her daughters helped her to stay resilient during her abusive relationship: 'I knew I had to be strong for the girls'. Her thoughts were echoed by other participants such as Sheila. who had learned to be strong in order to set an example for her son:

"...if I can't be confident myself, he's not gonna learn that behaviour, so, yeah, so that's kind of where I've got to, but it's taken me a long time."

Elsewhere, Tess described how, on the days when she struggled, just thinking about her children's needs helped her to push through:

"...I'm living and my kids need me to live for them... I'm going to get up and I'm going to put my big girl fucking knickers on, I'm going to brush my hair back and I'm going to get on with it...my kids didn't ask for me to be a fucking wimp, they need me to be strong. They need to be taught this is how you get on with it. You do not let it get you down, you do not sit there and dwell on it, you dust it off, you pull your pants up and you fucking walk away."

Male Perpetrators

Definitions of IPV

A total of 19 male perpetrators were interviewed for this research. A one-to-one test interview was conducted with one young man and thereafter, three focus groups were held with a total of 18 men across three different sites. All of the men interviewed had either completed the UK's Domestic Violence Perpetrator Programme or were at least part-way through completion. The ages of the men interviewed ranged from 18 to 70 years old. Whilst the majority of the men were white British, there was some representation from other cultural backgrounds including India, Pakistan, the Caribbean and the South Pacific. Whilst the older men were, in the main, from middle class or upper middle-class backgrounds, the younger men tended to be from a mixture of working class and lower middle-class socio-economic groups.

At the outset of the discussion, participants were given a ranking exercise to complete (See Appendix 2). The survey was completed individually and formed the basis of some of the subsequent discussions during the research facilitation. Here, participants were asked to list, in order of priority, urgency, or severity, different examples of violence that a person may be subjected to within IPV. The examples ranged from 'controlling your partner's activities (work, visits, friends, cell/mobile calls)' and 'yelling at or humiliating in public' to 'throwing things', 'demanding sex from your partner when s/he doesn't want it' and 'threats with a gun or knife.' For each of the 18 examples listed, participants chose how serious they felt that each form of IPV was, on a scale from 'not violent' to 'very serious violence'. Participants were then asked to state whether the perpetrator/survivor for each type was likely to be 'male' or 'female'. This section details the discussions that followed the completion of the exercise.

In the older men's group (N=6), participants were asked if they marked anything as not violent to which George replied:

> ***'Yes, the whole list of them – "Yelling or humiliating in public", I don't regard that as violence'.***

There followed a heated discussion among the men about what constituted violence, and the perceived semantic difference between 'abuse' and 'violence'. According to Jack:

> ***'I think the form itself is somewhat confusing because it almost uses "abuse" and "violence" as synonyms and that's not great'.***

However, for Tony and Jim, 'abuse' was synonymous with 'violence':

> ***'But my wife would say "abuse" is "violence"' (Tony);***

> ***'I think there could be verbal violence and physical violence' (Jim).***

When asked, by George, about why he used the word 'violence' instead of 'abuse', Jim replied:

> ***'...because violence is anything that the victim feels harmed, it could be physical or mental'.***

to which George replied:

> ***'But you can grossly harm people non-violently...You can screw with them financially, that's not violent'.***

However, for Jim:

> ***'If that victim feels violated then they are subject to violence'.***

In keeping with this, Tony answered the survey from the survivor's perspective. He explained his rationale for doing so:

> ***'I very much tried to answer it in the mindset of my wife after 5 years of abuse. So, she would see all of this as violent'.***

Tony said that he felt like 'a bit of a fraud' having to distinguish between whether something was 'serious' or 'very serious' because he felt that it was not his place to interpret the severity of what he had subjected his wife to over the years that they had been together (Case Study – See Appendix 5):

> ***'No matter what I may think "oh that's not too bad, it's only throwing something", but it's actually how bad it made her feel, especially after years of abuse'.***

Linked to the above, George pointed out that whilst the exercise highlights differing grades of severity, it does not indicate persistence. Someone throwing a piece of crockery as a one-off incident is, he argued, very different from someone throwing crockery after years of sustained physical and psychological abuse towards their partner. Persistence is a key factor in turning this from an isolated incident to just one part of a bigger campaign of fear and terror.

Some participants countered the notion that physical violence is worse than psychological abuse by drawing attention to the threat of violence and threatening behaviour that can persist in a relationship. According to John:

> ***'I think what's in my mind talking about that and the difference between the two is that you can have a scenario where there's an awful lot of mental and verbal abuse which results, eventually, in the other party throwing something or breaking something and that's where you'll kind of find the difference between the two because the implication almost is "well, that's violence, that's bad" and, by definition, worse than the mental and controlling behaviour and it kind of isn't'.***

In addition, according to Jack, if physical acts of violence are accompanied by intimidating behaviour and a pervading fear of violence then the situation, taken as a whole, can be read as extremely violent.

Participants were asked if the course had changed their attitudes towards IPV. All of the men interviewed replied in the affirmative:

> ***'Yeah. I think, if we're all honest, we all come here making light of how we were. It's only when you're here and you go through the group and you listen and you learn, I think you realise just how serious the year-on-year effect is. No-one wants to be the monster. You come here with a very different mindset to the one you leave with for sure' (Tony).***

In the UK, the Domestic Violence Perpetrator Programmes (DVPPs) run for between 16 and 25 weeks. During this time, a range of tools and resources are incorporated into the sessions, including the 'The Cycle of Violence' and the 'Equality Wheel' (See Appendices 3 and 4). The programmes are designed to help perpetrators to change their behaviour in order to develop healthy and respectful relationships with their partner and children. The sessions, held weekly, comprise group discussions, exercises and individual check-ins with the group facilitator/s. Participants can self-refer onto the programme or may be ordered to attend the programme following a court order.

Jack recounted that many of the men in the groups that he's been involved with

> ***'... said that they were surprised at the scope of behaviours that come under the heading of emotional abuse'.***

Tony revealed that, during one particular exercise, he was shocked when he realised that he had committed around 95% of the different forms of IPV (physical, sexual, psychological, financial etc). Edward said that he was particularly shocked when he learned about sexual abuse. He recalled showing naked photographs of lovers to various friends and work colleagues and had no idea, until attending the course, that showing such pictures without the women's consent constituted sexual abuse.

In the younger men's focus group (N=8), participants felt that, at the outset of the programme, they would have downplayed the seriousness of all categories of IPV. Alan explained how the course had helped him to view IPV differently:

> ***'I didn't realise 'cos looking at this now obviously after 25 weeks I've done and what I've learnt I wouldn't have thought most of this was as serious as what it really is'.***

Previously, he said, he would have viewed the emotional, sexual or psychological aspects of IPV as non-serious. Rylan also detailed how his attitudes towards IPV had changed as a result of the course:

> ***'It's a broad spectrum innit like when I first... when [facilitator] first came and saw us and he asked us what we thought domestic violence was my actual response was "punching the fuck out your missus" and now I know that it's just more than that and you can do something so minor that, well, may seem so minor to you when you're doing it on a daily basis but in actual fact it's the worst thing you could possibly do to your partner'.***

When asked to expand on his comments, Rylan explained:

> ***'Just doing them down so saying something horrible like saying they're 'stupid' or whatever...and thinking "ah it means nothing, you know, it means nothing" but in actual fact they don't know it means nothing and you're constantly knocking their self-esteem'.***

Now, he says, he

> ***'wouldn't ever dream of calling someone 'stupid' because of what kind of effect it has'.***

Whilst initially Rylan, like other members of the group, would have equated IPV with extreme physical violence (battery), he now, thanks to the perpetrator programme, has a more nuanced understanding of the myriad forms that IPV can take. However, he was still disinclined to view non-physical forms of IPV as violent. According to Rylan, 'not paying for household expenses' and 'denying visits to and/or from children' did not, in his opinion, constitute violence:

> ***'I see that as sadistic and evil but not violent... it's definitely abuse but I don't think it's violence'.***

However, for Rob, not paying for household expenses constituted a 'serious' issue:

> ***'I mean if you've got like children involved yeah and you're the main breadwinner and you're stopping money from going to them and they're not receiving the money***
>
> ***(Alan: They starve)***
>
> ***Exactly, that's gonna happen***
>
> ***(Interviewer: So, it has a violent outcome then in terms of consequences?)***
>
> ***Yeah'.***

For both Rob and Billy, violence covered all forms of IPV – physical, psychological, sexual and financial and so on:

> ***'...you can have physical abuse, emotional abuse. I think violence is the same' (Rob).***

However, Rylan felt that violence manifested physically whilst abuse referred to other aspects of IPV (emotional abuse, controlling and coercive behaviour), including financial:

> ***'Taking your privileges away from you, taking away what you'd expect' (Rylan).***

One of the forms of IPV listed in the survey - 'blows during pregnancy' – referred to the physical blows (punching) received during pregnancy and included blows to the pregnant belly. Interestingly, some of the men in the military group had alternative interpretations of this example, as the following conversation reveals:

Billy: Women can use that against a man – hurt the baby just to get back at you type of thing

Interviewer: So, you're saying they're lying about that situation

Billy: Yeah

Interviewer: Right

Rylan: Or they could hit you while they're pregnant knowing that you're not gonna hit them back and use that to their advantage

(Agreement from Billy and Steve).

Contributing Factors to IPV

Two major factors are identified in this section –the 'Normalisation of Violence' and 'Traditional Notions of Masculinity', both of which appear to be linked.

Normalisation of Violence

The majority of male perpetrators interviewed had witnessed domestic violence in childhood and/or had experienced childhood abuse. In all but two cases, the violence they had witnessed or experienced had been carried out by their fathers. A few men were at pains to point out the impact that such violence had had on them and the ways in which it had served as a blueprint for subsequent abuse enacted in future relationships. According to one respondent, John:

> ***'You see things in childhood which you think are normal and that normalises your behaviours. It doesn't mean that your behaviours are not your responsibility - absolutely they are 'cos they're not anybody else's are they? But it gives you an internal view of what's acceptable and what's not and that's not the same for everybody and I think if you've seen things like controlling behaviour, yelling, shouting, throwing things, even if you haven't seen people hit one-another that changes your level of where normal lies...'***

For John, the tipping point for him recognising that he needed help came when his behaviour and actions towards his wife went beyond his baseline of acceptability which, he admits, was 'low' to begin with due to the normalisation of violence within his family growing up (Case Study 2 – See Appendix 5). Whilst John admitted that he went 'too far' even within the context of his own family template, another participant, Winston, compared himself favourably to his father almost as a means of minimising his actions. Winston recalled seeing his father hitting his mother when he was a child but despite enacting similar violence towards his own partner, he was keen to otherwise distance himself from his father. According to Winston:

> ***'I never smack my kids, it's something, and I don't gamble'.***

Elsewhere, participants Jack and George described growing up in strict patriarchal families in which life revolved around a violent and domineering father. According to George:

> ***'... as the oldest son [I] was on the receiving end of very regular clouts from my father, often unexpectedly because he's got a very explosive, volatile temper. And it wasn't until I was some years into [name of organisation] that I realised that in fact whether or not we think of ourselves, the men are all victims'.***

Both Jack and George were from affluent families and attended boarding school where the abuse continued. This further served to ingrain and normalise the violence they were exposed to, further imprinting itself on their developing sense of self and their emerging template of masculinity. George (Case Study 3 – See Appendix 5) continued:

> ***'So, it's institutionalised and if you come from a family in which violence is normal, and inevitably which is what happens, and you go to a school where it's institutionalised, how are you going to turn out? I forgot to mention, they were single-sex boarding schools. And I went to a university with a single-sex college...Great preparation for marriage at the age of er 23'.***

In another focus group, male participants Khan and Sheila describe the ways in which violence is learned:

> ***'You know when the child born, they all say, like empty rage, it's written what they learn, what they see... (Sheila: 'Yeah, written by us')...***
>
> ***Conscious or unconscious'... (Sheila: 'We give them love, teach them love, we teach them hate as well. Nobody teach them hate, we teach them hate').***

"It only happens in poor families"

Financial burdens and stress may act as a trigger for violence, but they are not a cause. As our findings reveal, survivors and perpetrators come from a range of socio-economic backgrounds and have widely different economic circumstances. Domestic violence can affect anyone, regardless of status.

The men go on to mention the ways in which expectations of gender roles and masculinity informed their behaviour as men and later impacted their relationships. According to Khan:

> ***'When you're growing, yeah, it does affect whatever you see and when you be a man it keeps you back. Like you can say unconsciously you do things, so everything you've see in your childhood. Like if you were seeing in your childhood that man is beating woman, when you're a grown man, yeah, so it's not your control and not consciously you do it...'***

Traditional Notions of Masculinity

A handful of participants from one focus group discussed the ways in which hegemonic masculinity and traditional expectations of gender can impact young men and boys growing up. For example, a boy hearing that he must be strong, must not cry and must stifle any emotion except anger, will grow up with unhealthy coping mechanisms and will not be equipped to deal with the challenges of intimate relationships in a healthy and constructive way. The participants revealed how these influences can come from all areas of a child's life – from friends and relatives to teachers and community members. The male participants described the pressure on young men to maintain an image of being 'tough', 'strong', 'cool', 'a bad ass' as a means of cultivating status and respect from both their family and peers.

A few respondents described coming from cultures where gender roles are allegedly stricter compared to the UK and where women are seen as culturally inferior. According to Khan:

> ***'...in our culture in Pakistan or India or Bangladesh...men have more right, more power, they [women] don't have equal rights'.***

Sheila admits treating his partner like a 'slave', expecting her to cook and clean for him and

that he did not 'know how to respect a woman' until undertaking the perpetrator programme. However, as the views of other participants show, the subordination of women is not unique to other cultures. For Ben, men are seen as 'more dominant, powerful' within British culture and women and children, in contrast, are seen as 'not as strong' and with 'less power' which could, he said, make them targets for abuse. For Alan, the nuance of hierarchies of gender and power was more complex, and linked to the environment you grew up in and the influences that you were exposed to – from the macro-level to the micro:

> ***'I think everyone adapts to the surrounding environment sort of what they live in... you're gonna naturally adapt without thinking about it, it's a transition that you're gonna adapt into without realising the severity potentially of what actions that could lead to'.***

Other Contributing Factors

The remaining themes that were identified – such as being in dysfunctional relationships or experiencing a momentary 'loss of control' – although felt by the perpetrators to be contributing factors towards their behaviour, might be read instead as a means for the perpetrator to minimise or even excuse their behaviour altogether.

Several participants, when describing the tipping point which led them to enrol on the perpetrator programme, used variations of the 'red mist' analogy to indicate the feelings of anger and rage that they experienced immediately prior to committing violence against their partners. Billy, from the military group, described the escalation point for his behaviour as follows (highlights the author's):

> ***'The situation happened between me and my wife. It started off with a massive argument and I saw red. I gripped her and I threw her to the ground and the police were called. All this led to this [points at room]'.***

In the same focus group, participant Patrick described his 'wake-up call' as follows:

> ***'Basically, what got me here was me and my ex-partner basically we didn't get on at all. We just... I'd come home from work and I'd just say some really stupid things which would cause me to sort of like lash out in an emotional way, not so much violence but you know obviously things would get said and I'd just take it too far when I'd see red and I'd just lose my temper and just go off in a rage. I'd start punching furniture and stuff like that but never lashed out on her...'***

Elsewhere, in the older men's focus group, a few of the men reflected on the learning gained from the course, but their comments indicated a commitment to seeing their behaviour as the result of fleeting rage or a momentary loss of control rather than any notion of sustained or even calculated abuse. According to Jim (Case Study 4 – See Appendix 5):

> ***'Can you slip back? Yes, of course you can, and we were talking before about some of the things that happen... is that proverbial mist descends. Well, that can happen any time'.***

Fellow participant George also described losing control. However, unlike Jim, George described his behaviour as retaliatory rather than instigatory:

> ***'So, I don't recall us actually having physical violence except on one occasion when my wife threw a cup at me, hit me in the face, I grabbed her by the throat and let her go a couple of seconds later but like you I knew I'd crossed a line, I knew I'd crossed a line. And that was a very sort of sinking feeling. I remember very, very clearly though to this day how furious I was with myself, that I lost control, that I'd overstepped. That was my overwhelming feeling'.***

After the following themes - 'normalisation of violence' and 'masculinity' - the next section, which centres on dysfunctional relationships, comprises the third contributing factor towards violence, based on the interpretations and discussion of participants:

> ***'...we had some amazing times yeah, the best times if I think back, the best times ok but also the worst...we had that passion towards each other and it wasn't just sexual passion but just, you know... we had a passion for life and fun and things were great but when they shit, they were the worst...it was almost an addiction to each other, which was really unhealthy' (Tony).***

> ***'...arousal takes many forms – excitement, anger, sexual excitement – and where you're in this high intensity, high arousal relationship, you can kick from one into the other so quickly and the word "addiction" is reasonable, you know, that "oh, this is a rollercoaster, great, it's a fairground"' (George).***

Whilst the men acknowledged their behaviour, and the damage caused, there was a tendency to draw attention to the behaviour of their partner as a contributing factor in the abuse (Case Study 5 – Jack – See Appendix 5):

> ***'...I was in a dysfunctional relationship. It genuinely was both ways. My ex-girlfriend is... I'm not saying she's a bad person or anything terrible, you know, she's just... life is very complicated for her. I've got the issues I've alluded to erm about school and stuff and she had a certain, she had the holes, you know... we were both damaged people' (Jack).***

Elsewhere, perpetrators were at pains to point out the ways in which they themselves had been on the receiving end of intimate partner violence either in their current relationship or previous relationships:

> ***'...the men are all victims. Men have a disinclination to think of themselves as victims because it's very shameful. I was even further into my time at [name of organisation removed] before I realised I was actually quite scared of my wife...I remember we saw this video about erm a woman who'd been in the kitchen and the doorbell clatters and the adrenalin response and I thought "fuck, I get that! I'm not a woman!" What a thing to think, eh? It's not sex-related. So, we'd been busy intimidating each other as hard as we know how' (George).***

> ***'...my first marriage ended...because my wife physically abused me on two occasions and the second occasion is when I said "enough is enough. You said you'd never do this again". When I say physically abused me, I mean head, torso bruising etc, hiding behind doors and being kicked in' (John).***

In the military focus group, there was heated discussion about the term 'gender-based violence' and the ways in which it disproportionately affects women. According to Rylan:

> ***'I don't agree with that statistic. I think there's just as many female offenders as there is male offenders. I think that men just don't speak out about it as much as the women do because it's not... it's getting recognised for us to be able to speak out but... An example that I'd use is if I rang the police because my wife had hit me, the police would turn up, yeah they'd do their job, they'd ask me if I wanted to press charges or whatever but it wouldn't go as far as if I hit my wife because if I hit my wife I'd get locked up. I've sort of been in the situation myself where it's not as recognised for a man to be abused as it is for a woman'.***

However, later on in the discussion, Rylan contradicted his earlier statement by admitting that men may be more likely to commit acts of violence:

> ***'I'm not saying that men... I mean we probably are more prone to violence, but I***

> ***don't think the numbers are as high as you may think. I think men and women are just as bad as each other...I think they're [men are] just more physically dominant'.***

Another participant, Alan, agreed:

> ***'... women can be just as ferocious. It might not necessarily be the man or male that attacks first it could actually be the other way around and he's just acting out of self-defence and then he ends up...in the nick which I think could be a bigger thing that's probably overlooked to be honest'.***

The participants' tendency to draw attention to the alleged gender equality found in perpetration rates was particularly interesting and can perhaps be interpreted as a means of minimising or downplaying their own behaviour and even blaming the victim for the violence that is enacted.

"Women can be just as abusive as men"

According to Women's Aid (2019) - 'Two women a week are murdered by a current or ex-partner in England and Wales alone. Of the 92,779 domestic abuse court prosecutions last year, 92.4% of defendants were male, and 84% of victims were female. It is a gendered crime which is deeply rooted in the societal inequality between women and men.'

Changing Perpetrator Behaviours: Modelling 'A Useful Failure'

> ***'...what I hope I do, on reflection, is be open...and model, you know, a useful failure' (George).***

A handful of participants who had completed the perpetrator programme discussed reaching their lowest ebb before rebuilding themselves into a better version of themselves as men. According to George (quoted above):

> ***'...you can't learn unless you fail, can you? but you can learn an awful lot now you fail, that's the gateway'.***

For George and other participants, modelling the notion of 'a useful failure' was a means of acknowledging past behaviour but also drawing on their past experiences in order to set an example, by way of a warning, to other men. According to Jack:

> ***'...sometimes you do need to hit the floor to be able to climb up again, you know, so the stigma at early on, it might be the impetus, you know, the terrible event whatever, might be the impetus that creates the change'.***

Tony felt that he had left the course 30% healed and that for him, and other men like him: 'I don't think you're ever cured'. Nonetheless, he did feel that the programme had been beneficial:

> ***'(It) gives you the tools to be a better person and that's all that I'm trying to be'.***

Although Jim felt that the course had provided him with greater understanding and awareness of the impact of his behaviour, and what fuels it, he said that, without regular check-ins, his behaviour 'could slip very quickly' and that he was still in the early days of ensuring that his new-found coping mechanisms become his go-to habit. Rylan, Steve and Ricky admitted that if it wasn't for the program, they would most likely be in prison. Alan added that he would be 'carrying on the same I did, none the wiser'. Patrick and Rob also felt that they would be on a 'downward spiral'.

All the men who were interviewed had found the perpetrator programme invaluable and credited it with helping them to come to terms with what they had done and then, drawing on a new-found awareness, equipped them with the necessary tools and skills in order to change their habits and behaviours. Rylan, who was referred to the programme by social services admitted:

> ***'When I initially started coming here it was because I was being forced to come here. Now I'm here because I want to be here'.***

For Jack, himself and the other men who had attended or who were attending the programme represented:

> ***'"the enlightened"...people like yourselves, ourselves, who try and make a change 'cos the rest of the world is trying to put you on certain pegs'.***

Speaking after the focus group had ended, George likened the group to a support group for cancer survivors – a space where men could talk about something that united them, free from judgement or stigma. Whilst the comparison is problematic it does raise an interesting question about the perpetrator mindset, together with the limitations of the language and framing of perpetrator behaviour.

Discussion

Contributing Factors to IPV

A caveat - in seeking to understand the contributing factors behind IPV we do not justify or excuse the behaviour of perpetrators but, instead, seek to illuminate the circumstances and aetiology of IPV in order to contribute to interventions designed to tackle violence against women.

According to both the women and men interviewed for this study the normalisation of violence and, linked to this, rigid understandings of masculinity were the two main contributing factors behind men committing violence within intimate partner relationships. However, it is important to point out that whilst not all men who have been exposed to domestic violence as children will go on to commit IPV, childhood exposure to IPV does increase the risk of potential perpetration in adulthood (Browne, 2007).

According to many of the female survivors – the men who abused them had experienced domestic abuse in childhood and had come to perceive this behaviour as a 'normal' part of intimate adult relationships, and the only acceptable means of being a man. Survivors discussed the ways in which the men had followed in the footsteps of their own abusive fathers. Similarly, the majority of male perpetrators in this study had witnessed IPV and/or had experienced abuse during their formative years. In nearly all cases, the violence was enacted by another male (father, uncle, schoolteacher). Such early experiences set a blueprint for subsequent behaviour in the relationships of both perpetrators and survivors – behaviours which went unchallenged, with devastating effects.

Within some of the survivors' accounts, even where the men recognised that the behaviour of their fathers was not acceptable, there was a degree of cognitive dissonance when it came to their own behaviour. This finding was mirrored in the perpetrator data whereby some of the male participants admitted that the wake-up call for recognising the unacceptability of their violence only came when their violence surpassed that of their own abusive fathers. For the male perpetrators, prior to intervention, the baseline of what they considered to be acceptable behaviour within intimate relationships was set extremely low.

The normalisation of violence by perpetrators appears to be linked to traditional notions of masculinity in which a man is encouraged to suppress vulnerability and enact aggression and dominance, especially over women and children. As our discussions with both male and female participants reveal, such behaviours and belief systems are learned at a young age, and are further cemented through the social codes and reward systems of patriarchy in which violence, power and control are seen as the prerogative and pinnacle of the alpha male (Totten, 2003). As our participant accounts of IPV reveal, learned violence and, in particular, the learning of violent masculinities can have a devastating impact on individuals and families if left unchallenged (Anderson, 2001).

Vulnerability

It is perhaps unsurprising that the key contributing factor behind IPV perpetration – the normalisation of violence stemming from parental IPV and/or childhood abuse – also served as a key factor for IPV victimisation.

Although not all women who experienced childhood abuse go on to experience intimate partner violence and, likewise, a woman can be a victim of IPV without having prior experience of childhood abuse, our data nonetheless reveals that women who have experienced intimate partner violence in childhood between parents/carers' are at increased risk of becoming victims of IPV (sexual, emotional, physical) (A. Jones, Da Breo, Trotman Jemmott, Joseph, & Möller, 2017; Manchikanti Gomez, 2011). This could be explained by a two-fold effect. Firstly, the emotional and physiological effects of trauma often result in reduced confidence and self-esteem which, in turn, may make survivors more vulnerable to predatory behaviour and, as our data reveal, the grooming process that is often used by perpetrators of IPV. Secondly, such early traumatic experiences imprint themselves into survivors' coping mechanisms which, left unmanaged, can mean that survivors minimise and normalise the violence to which they are subjected. The resulting abuse can become more entrenched and, in the process, harder to break away from as survivors recognise and might even come to accept such violence as both familiar and 'normal'.

Whilst the perpetrators in our study unwittingly emulated the abusive men and modes of masculinity that were modelled to them in their formative years, so the survivors in our study either unwittingly found themselves in relationships with men who reminded them of their abusive fathers or else endured the abusive behaviour of their partners, in the hope that they could mould them into being the good fathers and men they wanted them to be.

Our data revealed an additional vulnerability – age. It was not uncommon for survivors to be groomed into an abusive relationship at a young age – in some cases when they were underage – and for there to be a large age gap between survivors and their abusers. The women interviewed talked about being young and inexperienced and, as a result, did not have a benchmark for what a healthy relationship should look like. In addition, some participants described a tendency of their peers to downplay the violence that was enacted within these early and formative relationships, leading survivors to further normalise, and endure, the abuse.

Fear

Fear is a fundamental component of domestic abuse (intimate terrorism). It was clear from the women's lived experiences that the impact of living with abuse and violence is life changing, traumatic and terrifying. The often daily control, manipulation and abuse faced by women has been described as intimate terrorism (Pain & Scottish Women's Aid, 2012) which inflicts continuous traumatic stress and has been compared to Stockholm Syndrome (Stark, 2007). Listening to women's stories, these terms better reflect the fear felt, the domination experienced and the abuse suffered. The term domestic abuse can be interpreted by professionals, neighbours, family and friends as 'just a domestic'; a private rather than a public matter, thus diminishing its serious nature. This allows society to compartmentalise experiences as 'one off incidents' rather than a long-term pattern of unacceptable abusive behaviour (Pence & Sadusky, 2009). For society to begin to fully recognise this serious social and life impacting issue, we would argue that the word 'domestic' requires removal, and that the intimate and structural dynamics of this abuse should sit in the public arena to enable the experiences of one in four women in the UK to be better understood and responded to as a form of 'everyday terrorism' (Pain & Scottish Women's Aid, 2012).

The levels of fear and terror within the women's stories was profound, and the fear of violence often worse than the violence itself, depicting vivid scenes of living within a horror movie, mentally tortured and emotionally exhausted. It is important that fear is not seen and understood as a symptom or by-product of what can be seen as everyday terror, but rather a key ingredient, ensuring that the abuse continues (Pain & Scottish Women's Aid, 2012). The constant and extreme levels of fear produced a watchfulness in the women akin to children who suffer abuse and trauma; a sense of the need to be on high alert. This physiological state, we now know

through neurological research, increases levels of cortisol which, if happening on a very regular basis, can cause physiological problems and leave women in a constant state of flight or fight. Disturbed sleep patterns were noted together with high levels of anxiety amongst the women interviewed, which significantly impacts both physical and mental wellbeing. Rates of PTSD in victims of IPV have been estimated to be as high as 75% (Griffin, Resick, & Yehuda, 2005; D. M. Johnson, Delahunty, & Pinna, 2008) and long-term illness is twice as likely. Knowing and understanding the impact of constant fear on women should lead to more sensitive dialogue from professionals and could hopefully change practice.

Mental Health

All the women interviewed experienced significant and extensive levels of abuse both inside and sometimes outside the family home. The abuse was multi-layered and at times for many life-threatening. The impact of this sometimes daily occurrence was that women lived their life in constant fear and terror as to what would happen next. They recounted vividly how this impacted on their mental health and wellbeing. Many of the women were diagnosed with depression and/or anxiety, others with bipolar or borderline personality disorder. When seeking medical intervention none of the women disclosed the extent of the abuse, with many unable to disclose anything other than symptoms rather than the cause. Shame was a common emotion, silencing women, together with the fear of not being believed, or being blamed. Partners had metaphorically gagged women and threatened that they would have their children taken from them if social services were to become involved.

The ‘hidden’ cause of the mental illness can mean that women are wrongly diagnosed (L. Jones et al., 2001) and that Post-Traumatic Stress Disorder (PTSD) is overlooked, leading to a potential mismatch of treatment which might not only be ineffective but may also make the situation worse. None of the women interviewed felt the medication they received helped, it more often dulled their senses, diminishing their ability to think on their feet and react to imminent threat. There were signs in our research that mental health professionals are slowly becoming more aware of the traumatic impact of domestic abuse on women survivors and the fact that symptoms exhibited can be consistent with PTSD. Post- separation four of the women were re-diagnosed with PTSD, allowing for the introduction of more effective interventions.

Once a mental health diagnosis had been applied, men often took the opportunity to taunt, provoke and verbally abuse, using it as a weapon against women, who spoke of being labelled ‘crazy’, ‘psycho’, and ‘mad’, as men resorted to gaslighting, hiding possessions and blaming their own behaviour on women’s illnesses. This tactic was also evident with friends, family and professionals, with relentless attempts to undermine women and ‘prove’ the unreasonableness of their behaviour whilst elevating their own to one encompassing virtue, patience, understanding. The survivor stories demonstrated the perpetrator’s attempts to appear as the victim.

Suicidal ideation and attempts at suicide were recorded by many of the women who felt helpless and powerless to change their situation, with the thought of death at least offering peace. Surviving took enormous amounts of strength and emotional energy, leaving women feeling exhausted and unwell. Children were the only motive to stay alive and often the catalyst to find the courage to leave.

There is much to consider for all professionals working in domestic abuse. Would women and children be treated differently if it was called intimate terrorism with more women diagnosed with PTSD? Would language and understanding bring new ways of working and more effective interventions? Having an in-depth knowledge of women’s experiences and an acknowledgement of the trauma it creates for them and their children could inform more sensitive services and practice. The unacceptable levels of domestic abuse in UK family homes must drive professionals to be mindful and ask the difficult questions when women are alone, in order to assist disclosure. The women we spoke to felt they may have disclosed if only they had been asked. Confident and skilled practitioners are required in all aspects of health and social care and the courts, to know the impact but to also be aware of the tactics of perpetrators that they may fall foul of.

Impact of new technology

The section on online experiences highlights the huge impact of new technology on young people’s abusive relationships. When exploring women’s experiences, it was clear that technology played a large role in the abusive relationships of young people. We explicitly asked women about the role of social media within their abusive relationships, and most failed to acknowledge its role. However, when exploring women’s experiences, it was clear that technology has influenced the dynamics of dating violence, in particular mobile phones (and the social media platforms installed on these), providing an additional tool for abusers to control, harass, and intimidate their victim. Women’s mobile phones (and the functions that these were capable of) were also used to isolate victims further, as women often stopped using social media to communicate with friends, due to the constant hassle that this created within their relationship. Mobile phones were also used to track the women, often unknown to them, who were then terrified that the perpetrator was following them. Mobile phones provide abusers with 24/7 access to victims which often continues post separation. Analysis of the women’s experiences of abuse indicate that online and offline abuse are inextricably intertwined, to the extent that when directly questioned, women are often unable to identify the role of technology in their abuse, as distinct from offline abuse. This highlights the integral role of new technology within young people’s lives and the extent to which it is ingrained in their daily lives. Indeed, Stonard et al. suggest ‘It is important…to view dating violence as a continuum of abusive behaviours that may be experienced or performed in person and/or through electronic means’ (2014 p.413).

Previous research has explored the use of technology in adolescent dating violence and abuse and concluded that ‘typical adolescent issues of intimacy and sexuality have been transformed by the electronic world’ (Draucker & Matsolf, 2010 p. 141). The advent of mobile phones has provided young people with a means of 24/7 contact, not available prior to their introduction. Whilst such technology is beneficial in numerous ways it is argued to be detrimental to IPV, and also plays a negative role post separation, as the women’s narratives highlight. Barter et al. (2017) also explored young people’s online and face-to-face experiences of IPV and concluded that new technologies represented a common aspect of IPV behaviours, especially controlling behaviour and surveillance, a view supported by our findings.

It could also be argued that as new technology is continually evolving, with mobile devices becoming increasingly more sophisticated, and new social networking sites added, that the prevalence of technology’s involvement in young people’s abusive relationships has only increased since these studies were conducted. UK statistics from 2017 indicated that 86% of 12-15-year olds were regular users of mobile phones, an increase of 17% from 2014 (Statista, no date).

Systematic rape

The women's experiences highlight the prevalence of rape within their abusive relationships, with several experiencing systematic rape on a regular basis, although it was rare for them when describing rape to label it as such. Whilst their experiences of rape were traumatising, it was considered easier to comply with the perpetrator, fearful of the consequences of refusal. One participant had not labelled her experience as rape but had become alerted to this several years later during a sexual health education talk in school which highlighted that non-consensual sex constitutes rape (reinforcing the necessity of education in schools around healthy relationships). It was difficult for women to label any non-consensual intercourse as rape, particularly in the absence of physical coercion or violence. There may have been a greater number of women involved in our study who had experienced rape but chose not to volunteer such information. McFarlane (2007) highlights that intimate partner rape is common, citing studies which consistently report that 40-50% of abused women are also raped (Bergen, 1996; Campbell & Soeken, 1999).

The women's hesitance at labelling their experience as rape is likely a result of numerous factors: 1) that rape within marriage is a relatively new crime type in the UK, having only been introduced in law since 1992 ; 2) that UK law defines marital rape as a crime, which seems somewhat outdated given that many couples do not marry in contemporary society 3) that rape is notoriously difficult to convict, given that proof of non-consent is required, and therefore potentially perceived as less likely to result in a conviction given the couple were in a relationship and the victim may be disbelieved 4) that stranger rape is the pervasive rape myth, most commonly linked with the 'rape' label 5) that women wish to avoid undermining the experiences of women experiencing stranger rape.

Several women described their rape experiences as sexual abuse and admitted that this aspect of their abusive relationships was incredibly difficult to deal with. Highlighting the traumatic and enduring effects of rape, McFarlane et al. (2005a, 2005b) found that women experiencing rape in their intimate relationships reported significantly more symptoms of PTSD, and were more likely to report threats or attempts at suicide than women experiencing physical abuse without sexual abuse in their intimate relationships. Bennice, Resick, Mechanic, and Astin (2003) in their study of the association of PTSD with sexual assault separate from physical assault in IPV reported that intimate partner sexual assault significantly predicted PTSD, even after controlling for the severity of sexual violence.

Patterns of grooming

Patterns of grooming behaviour were identifiable in the women's narratives (as Beth's case study in 'The Experience of IPV' section illustrates, see p. 58). Relationships often began intensely, with the abusers entrapping future victims with charm and intense romance, to build a deep emotional connection. Victims see this behaviour as intense love and his suffocating behaviour as care, feeling lucky to have found a caring partner. Her friends are often in awe of the abuser and his charisma, charm and care. He showers the woman with attention and gifts in the early stages of the relationship in order to gain their love and trust. Abusers attempt to claim their victim's every second, take over their life, never leave their side and if they are apart, bombard them with texts and calls to ensure they are not forgotten in their absence. This then develops into gradual social isolation of the victim from her friends and family, encouraging her to spend all her time with him. This isolation in turn increases the woman's vulnerability. Subtle controlling behaviour is employed in relation to the woman's appearance and those she is allowed contact with. The relationship quickly progresses either with the abuser claiming he has been ejected from his current home and needs to live with the victim or moving the victim to live with him away from her friends and family. The victim's attempts at privacy or independence are then seen by him as signs that she does not love him, and she is made to feel guilty for this. The romantic gestures present in the early stages of the relationship become intimidation. When abusers do not get their way they become hostile, often using the silent treatment. Victims work hard to appease the abuser and minimise his behaviour to others. Any questioning by the woman over the perpetrator's behaviour is often blamed on her. The relationship often progresses to include other forms of abuse and may include physical, sexual and financial abuse. The woman finds it difficult to leave the perpetrator, having become completely dependent upon him; her self-worth, self-esteem, self-confidence and any sense of agency removed by the abuser.

The women's young age at the time of this grooming behaviour rendered them particularly vulnerable, given that the relationship was often their first, meaning that they were unfamiliar with the signs of unhealthy relationships, and were therefore unable to recognise the relationship as an abusive one.

The process of leaving

The process of leaving is never easy and help seeking has been seen to be full of complexities (Evans & Feder, 2016; Lelaurain et al., 2017). This is evident within our data and supported widely within the research literature. The women's narratives illustrated that often the abuse was not recognised until it was too late, and the women were emotionally invested. This was more common when the abuse was largely psychological or had begun psychologically. By the point women recognised the abuse they tended to be constrained by barriers. Such barriers varied, although generally revolved around their attachment to the abusers, the impact on their children or sociocultural and socioeconomic factors.

The journey from recognising the abuse to leaving can be seen to involve interactions with many agencies and people, and several attempts at leaving and reuniting. Often women had sought the help of informal networks such as family and friends during the relationship and in the immediate aftermath. Formal agencies such as the police and medical services were accessed for emergency assistance; the police when women believed that they were in danger and medical services to assist with the resulting physical or psychological trauma. It can be seen from the accounts of women that where previous experiences had festered, help seeking was hindered and the woman's exit from the abusive relationship was slower.

Women tended to normalise or minimise the abuse they experienced, whilst women whose previous encounters with agencies had been unsatisfactory were reluctant to reach out again. Feelings of shame, embarrassment, self-blame and the judgment of others made help seeking more difficult. Women with children reported that whilst it was their utmost desire to maintain a family structure for their children, it was frequently the needs of the children that would make them leave the abusive relationship (U. A. Kelly, 2009). This could be either when the child was seen to be at risk or where the impact of an abusive relationship was affecting the child's well-being.

Women spoke of encountering many people or agencies whilst in the abusive relationships. Some recounted how they lied to these people or agencies when probed further for explanations, whilst others noted that they were never asked to explain their injuries or circumstances. Some of these women suggested that had they been asked directly about abuse, they believed they would have disclosed.

The support of family and friends was instrumental in the coping process and many women expressed their need for counselling to help them process and deal with their experiences. The lives of the women interviewed often involved a multitude of barriers to effective help seeking, although it can be seen from the interview data that the women with more informal networks were better supported than those without.

Children's experiences

Whilst many women stayed in the abusive relationship for their children, believing the child/ren needed their father around, it was evident that those women who had grown up in the absence of a father or abusive father were attracted to men who were fulfilling the father figure role, someone who was strong and could 'protect' them. The women who had processed their experiences recognised this and while a few commented on how they had been trying to fill the gap left by their absent fathers, others commented on how much their abusers resembled their fathers. In their minds, they were prioritising the needs of the child by staying with their partner to prevent the child growing up without a resident father.

Women spoke of how they would take the abuse if it was directed at them but when it began to be directed towards their children, this served as a turning point in their decision to leave. Other women stated how the effects of the abuse affected the behaviours of their children. They did not want their children to grow up thinking this level of abuse was acceptable and that it was acceptable for men to abuse women. Male children were found to mimic their fathers' behaviour and treat their mothers disrespectfully, whilst female children were potentially vulnerable to further abuse as children and as adults.

It is evident that for women in abusive relationships who had children, the needs of the children were always foremost in their decision making processes, whether this was for them to have secure family environments or the need to keep them safe (U. A. Kelly, 2009). Interview narratives highlighted the role children played in post separation abuse. Abusers used the children to further harm women by taking them to court and fighting for custody, often using the woman's mental health as the reason why she was unfit to look after the children.

Post separation

It was evident from women's experiences that once they had managed to leave, which took an inordinate amount of strength and bravery, almost all perpetrators resorted to a systematic and often lengthy campaign to regain power and control. It was clear that many women remained fearful of their ex-partner post separation, and this was often reinforced by the perpetrators' continued harassment, stalking, blackmail and intimidation, with some men also involving friends in their campaigns.

Despite recorded cases rising significantly in recent years, rates of prosecution are falling. Home Office figures for 2014-15 recorded 2,882 cases of IPV, only half of which resulted in further action. In keeping with this, new stalking protection orders recently introduced allow courts in England and Wales to move more quickly to ban stalkers from contacting victims. However, of the 10,216 stalking cases in 2018, only 6,702 cases resulted in a charge and only a quarter of these cases led to a successful charge, The Crime survey for England and Wales illustrated that one in 5 women over the age of 16, and one in ten men experience stalking (Smith, Coleman, Eder, & Hall, 2011).

The continued contact and harassment from abusive ex-partners meant that women experienced relentless stress, sometimes for periods of up to four or five years post separation. This hindered their ability to rebuild their lives and construct a new identity as a survivor rather than a victim. Technology, as mentioned in a previous discussion point, assists the perpetrator's ability to abuse, enabling him to bombard the survivor with hundreds of text messages, phone calls and photographs on a daily basis, ensuring that her previous physical entrapment becomes a virtual one. Fear remains constant; threats to kill were common within women's experiences.

The women's stark, frightening and life-threatening stories provide the response to believers of the myth - 'if it's that bad why doesn't she just leave?' Indeed, women are at severe risk of being killed during the first month post-separation, and also during the first year following separation (Long et al., 2018). The continuing trauma for women post-separation was palpable and left them living in continued fear, struggling to move on, and with an enduring lack of confidence and self-esteem. Decision making is a vital skill post-separation as many important choices must be made, for example finding new accommodation, financial survival and supporting traumatised children whilst trying to stay safe. This has to be achieved whilst still suffering heightened anxiety, making the first months, and sometimes years, of post-separation extremely difficult. In addition, the ability of the ex-partner to manipulate/influence professionals and appear to be a concerned, reasonable and loving father, highlights the very toxic, harmful and manipulative environment within which the women have to somehow navigate against all odds. For those women with children, post separation was an even more difficult, emotionally traumatic experience as children were used by perpetrators as pawns in order to create the ultimate distress to mothers; contact and custody battles were common despite the men's previous behaviour within the family home with their children present. Fathers often used the women's mental ill health, caused by his violence and/or abuse against her, to 'prove' her unfit to have custody, or to victim blame. Somewhat alarmingly and despite their abusive behaviour within the home, in front of their children, and sometimes extending to their children, courts overwhelmingly granted access to fathers, illustrating the perpetrators' manipulating/influencing of professionals. Only one of the women's stories involved the abusive man having to prove he was a 'good enough' father. He was on his third perpetrator group, which begs the question of how many is enough and how might we make perpetrator programmes more effective?

Contact appears within women's experiences to have been considered a father's absolute right despite his abusive behaviour. Women's narratives highlighted that professionals repeatedly allowed the man to 'father' his children post-separation despite his abusive behaviour towards both mother and child within the family home. This occurred despite the significant amount of research detailing the detrimental impact on children of domestic abuse, which in many cases seems to have had little influence upon professionals' decision making. The need for evidence-based decision making is therefore essential. Our research has found numerous instances in which children were placed in situations of potential harm. They were not passive victims or witnesses; they were embroiled in the violence, and there was little evidence of fathers being required to show professionals how they had reformed post-separation.

Recommendations

Education

As revealed by our findings, educating young people about healthy and unhealthy relationships is a recognised gap which needs addressing urgently. Many of the women we interviewed felt they needed this and commented that if only they had been taught about abusive behaviours, they might have ended their relationships sooner, or potentially might not have entered into the relationship at all. There was also a consensus amongst perpetrators that early education about intimate partner violence and abuse was much needed.

- It is crucial that children and young people are taught the difference between healthy and unhealthy relationships in order to help them become confident in identifying the warning signs of abusive behaviour.
- It is imperative that boys and girls are taught about consent, boundaries and respect. It is also important that emotional literacy and healthy attachment styles are modelled for young people at an early age.
- Girls and young women need to be empowered and helped to recognise their self-worth and equal status, whilst boys and young men should recognise the equal status of young women. Boys and young men should be encouraged to develop healthy modes of masculinity from a young age, and to have positive male role models made available to them.
- Self-respect and self-confidence need to be harnessed in girls and young women, and opportunities made available for all children to be taught healthy communication styles and coping mechanisms, both of which will be especially valuable during periods of stress, adversity, and when dealing with insecurity and change.
- Women were often unaware that GPS trackers had been enabled on their phones. Education is necessary to highlight the prevalence of their use in IPV and encourage women to check whether trackers on their phones have been enabled.

The above educational issues will be addressed by the pro-social computer game currently in development within the UK Ni3 centre. This game may also benefit perpetrators undertaking Domestic Violence Prevention Programmes.

Survivors

Programmes/use of language

Our findings revealed that young women were particularly vulnerable to IPV. Women found themselves in abusive relationships at a young age, often with significantly older men. These women, on account of their age and therefore lack of relationship experience, were particularly at risk of being groomed into violent and controlling relationships. Our research found that once a woman has been a victim of IPV (or indeed any previous abusive environment), she can be more vulnerable to re-victimisation.

The women in our study overwhelmingly found that programmes such as the Freedom Programme (and other similar programmes) were invaluable in teaching them about how abusers initially present and the tactics used to gain power and control. This significantly assisted understanding and helped women to reflect upon how this happened to them and, in turn, reduced feelings of shame and self-blame.

The Freedom Programme is 'focused around changing women's mind-sets and allowing women to make informed choices for themselves' (Boodhoo, 2012), something which is often difficult for survivors of IPV. Our research highlights the daily fear and trauma experienced by the women interviewed, which clearly indicates our need to rethink the use of language around IPV. Whilst there has been a shift from 'victim' to 'survivor', the language serves to define and categorise women according to the abuse, potentially preventing them from moving on from their experiences and conceiving a notion of a future self that is not defined by violence. In addition, terminology such as 'domestic abuse' diminishes the seriousness of IPV, allowing society to categorise experiences as 'one-off incidents' rather than a long-term pattern of unacceptable abusive behaviour (Pence & Sadusky, 2009). The word 'domestic' implies something that happens in private and thus not a matter of public concern. However, the women's experiences, as revealed here, highlight that the impact of living with abuse and violence is traumatic, terrifying and life-changing. M. P. Johnson (2008) and Pain (2014) argue that the term 'intimate terrorism', akin to Stockholm Syndrome (Stark, 2007), may better encapsulate the reign of terror and Continuous Traumatic Stress (CTS) endured by these women. Such a change of terminology would place the experiences of women within the public arena, enabling it to be taken seriously as a form of 'everyday terrorism' (Pain & Scottish Women's Aid, 2012).

- Programmes, such as the Freedom Programme, need to be routinely offered to survivors. The widespread use of such programmes may assist in preventing re-victimisation, enhancing survivors' self-esteem and alleviating any self-blame and guilt that they may harbour. In addition, programmes may assist in the formation of a non-victim identity, provide empowerment, help alleviate clinical symptoms such as depression, reduce negative symptomatic effects of IPV, and help women take their lives forward in a positive way.
- Survivor programmes are also beneficial in reassuring women that they are not alone as survivors of IPV, which may also assist in alleviating self-blame. In keeping with this, the use of mentoring programmes for women leaving abusive relationships by those who have lived experience need to be considered. Matheson et al. (2015) found that female survivors were keen to meet other women with experience of IPV and suggest that peer mentoring can assist both the mentor with a sense of satisfaction having helped others, and the mentee whose experiences are validated.
- Programmes need to create space for women to transition from being 'survivors' to 'thrivers' in order to help women manage their experiences with more positive outcomes. Whilst survivorship is a necessary starting point for healing within programmes such as the Freedom Programme, it is important that women are afforded the opportunity to move away from 'surviving' and towards an identity that they have the power to develop (Allen & Wozniak, 2010).
- Further research regarding diagnosis and effective medical interventions should be considered as living with a perpetrator can cause a multitude of mental health difficulties, such as anxiety, depression and PTSD. We recognise that diagnosis is understandably difficult as women suffering abuse rarely disclose, but professionals should be encouraged to be open to the fact that the severity of some women's experiences could lead to CTS/PTSD. These diagnoses rightly highlight the nature and severity of the abuse suffered by women and would enable society to begin to recognise the serious impact of IPV on victims for which they need effective interventions to address such complex diagnoses.

Sexual violence

Our research revealed that many abusive relationships contained significant sexual

violence, with many women experiencing systematic rape. However, survivors were cautious about labelling their experiences as such. Their reluctance may stem from the pervasive stranger rape myth, perpetuated through broader society and their belief that as a girlfriend, partner or wife it was their duty to please their partners.

- Rape in IPV is common and often results in PTSD (as well as predictable risk factors for femicide and substance abuse (McFarlane, 2007)). Education in schools is crucial in order to raise awareness of consent and rape, and to highlight the fact that any non-consensual sexual activity is defined as sexual assault/rape. Education is vitally important to enable young people to keep themselves safe. Our pro-social computer game is currently in development and will address these issues.
- In order to tackle this endemic issue, the government needs to invest in a systemic series of campaigns that highlight respect and define healthy relationships across schools, colleges and universities.
- Educational establishments must implement transparent policies and procedures for staff and students around disclosure that offer victims security and safety. This is particularly important for over 18s who tend to lack such support because this is not classed as a safeguarding issue.
- Educational institutions must also be encouraged to develop bystander intervention programmes as IPV is a public concern, not a private issue.

Assisting with disclosure

- Our research highlights that, often due to fear and the real threat of death, disclosure of abuse is difficult, and abuse is rarely disclosed if the question is not directly asked. Many women in our study presenting at A&E with physical injuries from IPV were rarely questioned regarding the true cause of their injuries. The same applied to women presenting to their GPs with mental health issues such as anxiety and depression.
- The IRISi social enterprise aims to improve the healthcare response to gender-based violence through health and specialist services working together and is providing specialist training for doctors and GPs across 17 London boroughs and the Bristol and South Gloucestershire area (IRISi interventions, 2020). Such training must be available nationwide in order to identify more victims of IPV and ensure that survivors receive the required support. Relevant organisations can contact IRISi directly on their website (https://irisi.org/).
- The impact of fear and coercive control can be difficult for professionals to see and understand. Multi-disciplinary professionals working in this area would benefit from more education through listening to survivors in order to identify the unseen abuse that actually causes the most damage, rather than viewing IPV as a series of one-off physically violent incidents. True and thorough knowledge of what IPV actually is, together with the impact on victims and the techniques employed by perpetrators, would lead to more effective and sensitive approaches to treatment and support which would, in turn, empower women and assist them in rebuilding their lives.
- An Australian study of General Practitioners (Taft, Broom, & Legge, 2004) found that women initially complained to doctors of sleep deprivation or disturbed sleep rather than domestic abuse. Their symptoms are often a reaction to trauma, and a more thorough exploration around their home circumstances and relationships needs to become commonplace. Healthcare professionals should recognise that victim-denial is common and therefore continued questioning is necessary. They need to be curious about the symptoms that women present with, adopting an open and encouraging manner which demonstrates a willingness to understand and assist with diagnosis and disclosure.
- All services/organisations coming into contact with victims of IPV should directly enquire about abuse (including schools, colleges, universities, employers, social services and health care professionals). It is necessary to provide training for such organisations to look out for the early indicative signs of IPV. Women need professionals to be forthright and brave in their questioning in order to reassure them that they would be understood and supported.
- Working women spoke of additional issues faced through their professional status, and the ways in which they felt that IPV "should not" be happening to them. Public and private industry employers need support and advice in dealing with this endemic problem in order to be able to recognise their duty of care. Human resources need to develop effective policies to enable and encourage victims to disclose, whilst also ensuring that they offer perpetrators an opportunity to seek help and change behaviour. An example of this is the Vodafone Foundation toolkit (Pillinger, 2019).
- Digital services, such as a traceless text reporting service, may help women to report abuse without the worry of their partner finding out. A case in Ohio demonstrated that texting can be a cheap and effective way for victims to report incidents silently via a simple SMS message which makes contact with a crisis intervention worker or the police without making a phone call (Meurn, 2012). Digital services and internet providers need to promote useful apps and websites that enable women to log incidents, seek help and obtain advice without fear of detection. Evidence is crucial if we are to increase IPV prosecutions.

Police response

Many of the women interviewed were unaware of the existence of Clare's Law (the Domestic Violence Disclosure Scheme in England and Wales) and the few that had heard about it questioned its efficacy. In addition, few women reported positive experiences when seeking police assistance. Many survivors felt let down by the way they were treated, particularly when reporting emotional abuse. However, we understand that as the role of the police is primarily to secure prosecution and conviction, many cases of IPV are rejected due to lack of evidence. That said, by the time a woman has reported IPV to the police, the abuse she is experiencing is likely to have become severe.

- Receiving a disclosure through Clare's Law means that the perpetrator has already received a conviction for domestic violence, which therefore excludes the majority of perpetrators. Fitz-Gibbons and Walklate (2017) raise concerns regarding the potential of Clare's Law to exacerbate violence for women living within abusive relationships. The authors contend that the law is in many cases unable to provide a timely frontline response to women fearing violence from a partner and, in such contemporary times of austerity, suggest that resources invested in Clare's Law may come at the cost of more useful domestic violence policy responses. Based on this and the women's (generally negative) experiences of police support and assistance, we would argue that Clare's

Law needs to become more widely known in order to be accessible to women. We recommend that the law includes robust consideration around recidivism where no prosecution results. As such, when police are called out to perpetrators of IPV on three or more occasions, this should be recorded and this information provided to those enquiring through Clare's Law. Guidance should be considered as to what this ruling would look like.

- The endemic problem of IPV is a huge public health issue costing £66 billion per year (Oliver et al., 2019). Urgent Government investment is needed into the provision of properly trained police units focused on IPV, which should include specially trained officers skilled in identifying IPV. Training must include pursuing and evidencing cases where coercive and controlling behaviour and harassment are prevalent. However, this must be balanced against the welfare of victims - ensuring prosecutions is a priority and offenders are removed from environments where victims can be further harmed. Some women described being terrified of the 'pushy' attitudes of the police which resulted in the women withdrawing their complaints. Police officers must be recognisant of the fact that women reporting IPV are at risk, and therefore should act quickly and accordingly. Furthermore, frontline officers must be trained to recognise the tactics that perpetrators use to manipulate/influence professionals. Given that our findings highlight that emotional assistance from police was often lacking, ditto signposting to specialist services, officers' training must incorporate these points. In addition, interviews must be conducted with the victim and perpetrator in separate locations and police should consider taking either victim or suspect to the police station. A disclosure process within which survivors can discuss their experiences in a supportive environment with real understanding of the terror involved in pursuing prosecution is much needed. This would ensure that police do not adopt a victim-blaming attitude which is detrimental to disclosure.

Process of leaving/post separation

- Leaving a violent relationship is only the beginning for the survivor, with women attempting several times to leave before succeeding. Most women in our study experienced harassment, stalking, abuse and attempts at control for lengthy periods post-separation. Our research showed that perpetrators, in an effort to restore power and control, often put the victim through prolonged legal battles over custody or access to children. It was therefore difficult for women to move on, given that they were required to remain in contact with the perpetrator regarding their children. A number of women also cited the importance of support with practical issues post-separation, such as housing, finance and education.
- It was common for women to be left in significant financial debt post-separation, often created by the perpetrator. Debt advice services should be offered to women as part of a substantial package of support for women leaving IPV.
- Leaving must be seen as a process not an event (L. B. Lempert, 1996), with women needing various forms of support over an extended time period. It is important that services recognise that there are not two distinct parts (i.e. in the relationship and post-separation) and most women are likely to experience continued controlling and threatening behaviour for long periods post-separation, for which they need assistance and support. Services must be responsive to the needs of the survivor after the relationship has ended to ensure her and the children's safety, and to enhance the development of resilience, which will assist the woman in developing a positive identity as a 'survivor' rather than a 'victim' (Crawford et al., 2009).
- There is a debate to be had as to why the victim should have to leave the family home (often with children) whilst the perpetrator stays. More effective interventions and orders need to be considered to enable men to be challenged and prevented from causing further harm. In addition, widespread use of the occupation order issued by family courts under the Family Law Act 1996 (Gov.UK, no date), which dictates who can stay in the property, is necessary. This may require revision to ensure it is protective and easier to negotiate for women in IPV situations. None of the women in our study noted its existence.
- A thorough package of Government investment is urgently needed as current orders for perpetrators, including non-molestation and non-stalking orders, fail to protect, with perpetrators ignoring the requirements of the orders with little or no deterrent.
- Women stated that it was not always safe for them to remain in the home post–separation for fear of further assault or potential death. There is therefore an urgent need for the government to recognise this and to provide more sustainable services to support. It needs to be much easier for women to make a homeless application instead of being seen as making themselves 'intentionally' homeless whilst suffering violence and abuse. The government should empower local authorities to provide housing to local councils for women escaping IPV.
- More refuges are required. This was highlighted by a Women's Aid survey which found that only one in five women escaping abuse secured a refuge space, with nearly one in ten giving up their search and returning to the perpetrator (Miles & Smith, 2018).
- Increased availability and access to mental health support/counselling/therapy for survivors is required, without excessive waiting times. Some women waited months, if not years for help and this left them feeling very vulnerable to further re-victimisation.

Lack of bystander intervention

- Several women noted the lack of bystander intervention during their abusive experiences. Their accounts mentioned a lack of public intervention when one woman was severely physically abused in a public place and a lack of neighbourhood reporting when abuse could be heard. This reflects the beliefs in wider society that IPV is a private matter and that the victim is to blame rather than the perpetrator.
- Bystander intervention programmes are important as peer interventions can be successful (Community Preventive Services Task Force, 2018; Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2011). Public education is required through a government campaign including TV advertising to insist that this is a public issue and therefore everybody's business. Education within schools and colleges through the UK Ni3 pro-social computer game currently in development will ensure that young people are informed about the importance of bystander intervention.

The role of technology

Our findings highlighted that perpetrators' abusive behaviour was often enabled by the use of technology, which allowed them to employ a whole host of surveillance, stalking and intimidation tactics, together with blackmail of the victim through the use of sexual images.

- It is crucial that technology companies are made aware of the ways in which the platforms and apps that they produce are used by perpetrators against their victims, and to safeguard against this. Women were often unaware that GPS trackers had been enabled on their phones. Research is required to address this specific aspect of control in IPV and provide recommendations for technology companies to protect victims of IPV.
- Social media platforms must take responsibility for abuse which takes place through apps/forums/software, in order to tackle IPV and revenge porn.
- Interventions that educate young people on healthy relationships need to ensure that the role of technology is addressed, as we do in our pro-social computer game.

Perpetrators

Perpetrator programmes/use of language

Although the men we spoke to claimed that perpetrator programmes were invaluable, researchers question the success of such programmes as there was some evidence of men minimising the extent of their behaviour, which could be read as victim-blaming. In addition, the men we spoke to seemed to learn 'the right thing to say' as a result of the Domestic Violence Perpetrator Programmes, however, this did not necessarily mean that the men we spoke to had learned the intended lessons.

Current programmes for perpetrators of domestic violence run by Her Majesty's Prison and Probation Service tend to use Cognitive Behavioural Therapy (CBT) or the Duluth model, which focuses on changing attitudes that support male dominance in society. These programmes are based on the Risk Needs and Responsivity Principle which tends to adopt a retrospective approach to treatment, i.e. focusing on past 'bad' behaviour, rather than a forward-looking approach which moves towards rebuilding and reforming a positive sense of self. Few high-quality robust evaluations of such programmes exist and therefore the effectiveness of these programmes is inconsistent and inconclusive (Gov.uk, 2019). Current terminology such as 'IPV offender' or 'perpetrator' implies a current identity which is problematic for several reasons. Morran (2011) acknowledges that whilst the term 'perpetrator' is preferable to the US term 'batterer', it is nonetheless equally constraining, defining men by their past actions rather than allowing the men opportunity to imagine and evolve into a more positively defined identity. In addition, such terminology perpetuates labelling and is therefore likely to reinforce problematic behaviour.[5]

- A strengths-based model, such as the Good Lives Model (GLM) adopts an holistic approach to change (Ward et al., 2007). This model emphasises individual strengths whilst also breaking down perceived deficits in a person's actions and behaviour (Morran, 2011). An increasing number of offender rehabilitation programmes utilise the GLM as a guiding theoretical framework, and this is particularly evident in sex offender treatment programmes (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010). This model may also yield successful results with IPV offenders as it is a 'future-oriented, optimistic, and approach-goal focused' (Ward et al., 2007 p.93). The GLM recognises that traditional approaches to treatment which adopt a retrospective approach – namely, 'looking back' at criminal behaviour – ultimately serve to hinder and keep men in the role and mentality of 'the perpetrator'. This, in turn, may prevent the man from moving on with his life and enacting genuine change. Programmes with a GLM theoretical underpinning provide men with the tools to focus on the future, guiding them towards what they can achieve rather than what they should avoid.
- Programmes need to engage with men in order to challenge unhealthy and toxic ideas about masculinity, and instead explore alternative ways of 'doing manhood' and being a man, which embrace empathy, compassion and kindness. There could be potential scope in recruiting formerly violent men as champions of change both as part of perpetrator programmes and across schools.
- According to Rees and Rivett (2005) perpetrator programmes do not always acknowledge the chaotic lives of violent men and the contradictory nature of violent masculinities. Programmes should help men navigate existing relationships with other men, and to develop new bonds which put into practice the learning developed from desistance programmes. Such programmes do not work in isolation and must be connected to the wider connections and networks which underpin men's lives. As part of this, work around forming emotional attachments and connections with others will be crucial.
- For Westmarland and Kelly (2013), 'success' is not limited to the cessation of physical violence. Instead, they argue, there needs to be an emphasis on the psychologically damaging atmosphere created by abusive men within the domestic sphere and how best to tackle its impact. As they are currently organised, perpetrator programmes in the UK work on a fairly short-term basis and there is, as yet, no provision for helping men with desistance in the longer term. In addition to promoting cessation of violence in the short-term, programmes should also work to transform behaviour over the long-term and across each area of a man's life (family, community, social circle, etc) in order to be truly effective (Maruna & Farrall, 2004). Alderson, Westmarland, and Kelly (2013) acknowledge the need for more support services for children and suggest there is a need for perpetrators to talk to their children about their attendance on DV programmes. The Jacana project – part of the Domestic Violence Intervention Project (DVIP) programme in London – represents an innovative approach with regards to centralising the needs of children, and healthy approaches to fatherhood, within perpetrator programmes (Coy & Kelly, 2011).
- A joined-up approach across the realms of social work, criminal justice, child protection, health and social care is needed to tackle male perpetrated IPV. According to Hester and Westmarland (2006) this should apply across the continuum of early intervention through to repeat offenders.

Partner violence as a perpetrator issue

Focusing solely on services for abused women promotes the notion that partner violence is a women's issue – women are removed from the abusive context and have to begin a new life with children, often moving numerous times causing disruption to themselves and their children, whilst the male perpetrator tends to remain in the original home.

- McFarlane (2007) suggests a move beyond crisis management of violence to develop

5 *Labelling theory in criminology proposes that being formally labelled as an offender (e.g. being incarcerated, receiving a conviction) causes one to internalise stigmatising attitudes, withdraw from conventional society and conform to a deviant identity (Lemert, 1972).*

and test intervention models that act to change the attitudes and practices of men as well as the various societal systems that can act to perpetuate violence against women. Educational interventions which change attitudes and practices of men, such as programmes for preadolescent children focusing on healthy behaviour and relationships, are necessary.

- More prosecutions, incarcerations and post-release monitoring is necessary for perpetrators, thus promoting a clear message that such behaviour is unacceptable.

Manipulation/influencing of professionals

Our research reveals that perpetrators may also use manipulating/influencing behaviours with professionals as well as friends and family and that this, in turn, enables the perpetrator to appear as the 'victim' who must battle to see his children.

The women's narratives highlight that many children were either subjected to their father's physical violence or witnessed their mother's physical victimisation - often attempting to intervene. The negative impact upon women is extended as perpetrators use the courts in an attempt to gain custody or contact. This is especially concerning as the rights of the abusive parent, who may have shown little interest in fatherhood during the abusive relationship, overshadow the rights of the child who needs protection from the abuse. The full scale and impact of the abuse on both the mother and the children both during and after the relationship needs to be better understood, and professionals must prioritise the safeguarding of the survivor and her children during custody arrangements.

- Professionals, particularly CAFCASS, need to recognise the full extent of the impact on women of domestic abuse and the ways in which perpetrators may use the courts as another powerful weapon to gain ultimate control and to cause as much pain as possible to the victim and her children.

Impact upon children

- Given that many of our survivor respondents had been subject to abuse, or witnessed abuse, as children, and that survivors' children were suffering the negative impact of having lived within such an environment, social services should monitor such children to identify risk factors which may be addressed and treated before they become a victim or a perpetrator. Given the prevalence of revictimisation amongst our respondents this monitoring may be needed beyond the original abusive relationship, although we recognise the sensitivities involved in this.
- Primary school curricula should include a focus on children's mental health which addresses the internalisation of exposure to violence and negative gender attitudes.

Credits: Suzie Larke photography

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Appendices

Credits: Suzie Larke photography

Appendix 1: Participant demographic information

Name	Age	Child 1 age/gender	Child 2 age/gender	Child 3 age/gender	Child 4 age/gender	Child 5 age/gender	Economic circum-stances	Employed?/Occupation	Marital status	sex	status
Adele	29	Male/9	Female/6	N/A	N/A	N/A	Earn enough to meet family needs	Yes/Teacher	Divorced	F	Victim
Alan	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Alesandra	26	N/A	N/A	N/A	N/A	N/A	Struggle to get by	Unemployed	Single	F	Victim
Alma	45	Male/21	Female/16	N/A	N/A	N/A	Struggle to get by	Yes/shop supervisor	Single	F	Victim
Ben	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Beth	20	N/A	N/A	N/A	N/A	N/A	Earn enough to meet family needs	Yes/Mental health support worker	Single	F	Victim
Billy	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Blue	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	F	Victim
Britney	24	Female/4	Female/0	N/A	N/A	N/A	Earn enough to meet family needs	Unemployed	Single	F	Victim
Caroline	29	Female/8	N/A	N/A	N/A	N/A	Earn enough to meet family needs	Unemployed/Student	Single	F	Victim
Chloe	26	Female/7	Female/6	N/A	N/A	N/A	Struggle to get by	Unemployed	Single	F	Victim
Chris	20	Missing	Missing	Missing	Missing	Missing	Struggle to get by	Yes/University administrator	Single	M	Victim
Claire	26	Male/7	Male/2	N/A	N/A	N/A	Earn enough to meet family needs	Unemployed	Single	F	Victim
Clare	25	Male/4	Male/2	N/A	N/A	N/A	Struggle to get by	Unemployed	Single	F	Victim
Claudia	30	Male/5	N/A	N/A	N/A	N/A	Earn enough to meet family needs	Yes/Women's safety officer	Single	F	Victim
Daisy	18	Male/1	N/A	N/A	N/A	N/A	Struggle to get by	Unemployed	Single	F	Victim
Edward	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Eleanor	45	Female/20	N/A	N/A	N/A	N/A	Struggle to get by	Unemployed	Single	F	Victim
Eliza	26	Female/4	Male/2	N/A	N/A	N/A	Earn enough to meet family needs	Yes/Model	Single	F	Victim
Elizabeth	28	N/A	N/A	N/A	N/A	N/A	Earn enough to meet family needs	Yes/Trainee psychologist	Single	F	Victim
Elizabeth 2	31	Missing	Missing	Missing	Missing	Missing	Earn enough to meet family needs	Unemployed	Single	F	Victim
Emily	24	Female/?	N/A	N/A	N/A	N/A	Struggle to get by	Yes/Hairdresser	Single	F	Victim
Eva	19	N/A	N/A	N/A	N/A	N/A	Struggle to get by	Unemployed/	Single	F	Victim
Fatima	33	Male/10	Female/9	Male/6	Female/3	Female/0	Earn enough to meet family needs	Student	Married	F	Victim
Florina	20	Male/pregnant	N/A	N/A	N/A	N/A	Earn enough to meet family needs	No/Housewife	Married	F	Victim
George	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Unemployed	Missing	M	Perp
Haley	19	Male/0	N/A	N/A	N/A	N/A	Well-off	Missing	Single	F	Victim
Hannah	21	Female/2	N/A	N/A	N/A	N/A	Earn enough to meet family needs	Unemployed	Single	F	Victim
Jack	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Unemployed	Missing	M	Perp
Jane	28	Male/6	N/A	N/A	N/A	N/A	Earn enough to meet family needs	Missing	Single	F	Victim
Jasmine	18	N/A	N/A	N/A	N/A	N/A	Well-off	Unemployed	Single	F	Victim
Jessica	25	N/A	N/A	N/A	N/A	N/A	Well-off	Yes/Business administration apprentice	Married	F	Victim
Jim	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Yes/Beauty therapist	Missing	M	Perp
John	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Jona	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Joshua	Missing	Missing	Missing	Missing	Missing	Missing	Missing		Missing	M	Perp

Name	Age	Child 1 age/gender	Child 2 age/gender	Child 3 age/gender	Child 4 age/gender	Child 5 age/gender	Economic circum-stances	Employed?/Occupation	Marital status	sex	status
Khan	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Karen	34	Female/13	Female/9	Female/1	N/A	N/A	Earn enough to meet family needs	Unemployed	Single	F	Victim
Katie	20	N/A	N/A	N/A	N/A	N/A	Struggle to get by	Yes/Kitchen staff	Married	F	Victim
Lauren	19	Female/2	N/A	N/A	N/A	N/A	Earn enough to meet family needs	Unemployed	Single	F	Victim
Lily	24	N/A	N/A	N/A	N/A	N/A	Earn enough to meet family needs	Yes/?	Single	F	Victim
Lisa	28	N/A	N/A	N/A	N/A	N/A	Well-off	Yes/HR co-ordinator	Single	F	Victim
Liz	25	Male/10	Male/0	N/A	N/A	N/A	Earn enough to meet family needs	Unemployed/student	Married	F	Victim
Lizzie	31	Male/12	Male/7	Male/6	Male/4	Male/2	Missing	Unemployed	Single	F	Victim
Louise	17	Missing	N/A	N/A	N/A	N/A	Well-off	Unemployed	Single	F	Victim
Louise 2	33	N/A	N/A	N/A	N/A	N/A	Earn enough to meet family needs	Yes/Solicitor	Single	F	Victim
Lucy	22	Missing	Missing	Missing	Missing	Missing	Earn enough to Meet family needs	Unemployed	Single	F	Victim
Mandy	23	Female/4	Male/1	N/A	N/A	N/A	Earn enough to meet family needs	No/Housewife	Single	F	Victim
Nicky	34	Male/12	Female/10	Male/5	Male/4	N/A	Struggle to get by	Yes/Teacher	Married	F	Victim
Patrick	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Ricky	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Rivers	29	N/A	N/A	N/A	N/A	N/A	N/A	Yes/Consultant	Single	F	Victim
Rob	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Rommel	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Student
Russel	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Victim
Rylan	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Saba	20	N/A	N/A	N/A	N/A	N/A	Earn enough to meet family needs	No/Student	Single	F	Victim
Sally	36	Female/8	Female/5	Missing	Missing	Missing	Missing	Yes/?	Married	F	Victim
Sara	28	N/A	N/A	N/A	N/A	NA	Struggle to get by	Unemployed	Divorced	F	Victim
Sarah	25	Male/5	Missing	Missing	Missing	Missing	Missing	Missing	Missing	F	Victim
Sarah 2	63	N/A	N/A	N/A	N/A	N/A	Earn enough to meet family needs	Yes/Carer	Married	F	Victim
Sarah 3	50	Male/30	Female/27	Male/24	Female/20	N/A	Earn enough to meet family needs	Unemployed	Single	F	Victim
Scarlett	27	Male/7	Male/0	N/A	N/A	N/A	Struggle to get by	Unemployed	Single	F	Victim
Sheila	46	Male/4	N/A	N/A	N/A	N/A	Earn enough to meet family needs	Yes/ Management consultant	Separated	F	Victim
Sheila (Male)	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Sienna	20	Missing	Missing	Missing	Missing	Missing	Earn enough to meet family needs	Unemployed	Single	F	Victim
ST	27	N/A	N/A	N/A	N/A	N/A	Earn enough to meet family needs	Yes/Office work	Single	F	Victim
Steve	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Summer	31	Male/13	Female/10	Male/9	Female/4	N/A	Missing	Yes/Care assistant	Single	F	Victim
Tess	27	Male/7	Female/0	N/A	N/A	N/A	Earn enough to meet family needs	Unemployed	Single	F	Victim
Tony	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Victoria	43	Female/17	Male/16	Female/9	N/A	N/A	Struggle to get by	Unemployed	Single	F	Victim
Winston	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	M	Perp
Zoe	22	Female/1	Male/1	N/A	N/A	N/A	Struggle to get by	Yes/Bakery assistant	Single	F	Victim

Appendix 2 Researchers' Briefing Pack

1. QUALITATIVE RESEARCH DESIGN

Qualitative methodology is sensitive to unique personal experiences, perceptions, beliefs and meanings of individuals and is considered therefore to be the most appropriate approach for exploring the needs of victims and perpetrators of gender based violence. This aspect of the None in Three project is led by Dr Graham R Gibbs and Dr Tim Gomersall and carried out by a team of highly skilled UK researchers (http://noneinthree.hud.ac.uk/united-kingdom/meet-the-team-united-kingdom/)

The research design is a cross-sectional qualitative study - data are collected at one time-point using semi-structured interviews and focus groups with purposively selected participants. Criteria for selection are determined by the research questions we seek to answer and the analytic approach used will be template analysis informed by grounded theory and situational analysis.

Conceptual Framework

The conceptual framework underpinning the design is informed by four factors:

1. Extensive expertise of the social, legal, policy and cultural context (the research leaders have researched and published extensively on the topic of qualitative research, gender-based violence in the region and have provided consultancy, training and programme development support to the charities, NGO's and related agencies, professionals and civil society organisations.
2. Excellent local knowledge – key researchers are nationals of the country in which the study is conducted and have appropriate linguistic skills; cultural, geographical, political and demographic knowledge and are in touch with contemporary realities and the impact of current social stressors on populations
3. Theories on causation of gender based violence
4. A narrative literature review of issues affecting the victims of gender based violence, the impact of domestic violence on children and young people, intimate partner violence, gender bias and factors that contribute to abuse behaviours.

Quality

It is important to ensure that qualitative research is credible and does not stray into the anecdotal. We will therefore adopt the quality framework proposed by De Witt and Ploeg (2006) which calls for 'balanced integration, openness, concreteness, resonance and actualization' (p.224). This will be given effect in several ways:

1. Authentication of claims made through the use of NVivo software to manage the data
2. Close supervision of the research process
3. Consistent application of the guidance contained in this document to all research activities
4. Ensuring the data generated are dependable and that findings are derived directly and only from the data
5. Differentiation between the voices of the research participant and the researcher
6. Documentation and audit trail of procedures adopted
7. Meticulous data management procedures

Sampling

This research uses convenience, purposive, non-probability sampling techniques in order to identify particular groups of people whose circumstances are relevant to the social phenomena being studied. This approach is particularly important given the sensitivity of the issue being explored and the potential to increase risk to participants who are recruited through other means.

The qualitative research for None in Three comprises semi-structured interviews with women and focus groups with men and youth. Interview and Focus Group Guides are included in the Appendix.

1.1 Interviews with women

In addition to face-to-face interviews, women should be offered the option of telephone interview or Skype interview (without video). IMPORTANT- If a woman chooses this option, researchers should never leave messages on women's cell phones/mobiles or initiate email contact unless the woman gives assurance that this is safe for her. These 'innocent' behaviours can be a source of great risk to a woman who is being abused.

The aim is to interview 40 women survivors of gender-based violence in each country. The decision about which groups of women to include should be based on the circumstances and proposed focus of the computer game in your country as well as the literature review.

Research questions

The primary research questions our derived from our literature review on young people's dating violence and their help seeking strategies. It will also inform the prompt questions in the interview guide in the appendix.

Research Questions for Women

1. What do you understand by the term dating/partner violence?
2. Can you tell me about your experience of it? Did it include any of the issues you have just been talking about?
3. What role has social media, if any, played in your relationship? (give an example if needed, sexting, surveillance, shaming etc)
4. Can you remember when you first began to realise that parts of this relationship didn't feel right and/or concerned you? (Prompt-ask them to share this if needed)
5. How would you describe your partner? What first attracted you to him/her?
6. Were there particular incidents/triggers that escalated the abuse/violence or lessened it?
7. How did you cope with the abuse/violence you have described? (Think about strengths/resilience/did they turn to anyone)
8. What do you feel have been the effects on you?
9. Did any friends or family know the abuse was happening? If so what was their response and what were the effects on them, if any?
10. Before this relationship have you ever witnessed or experienced domestic abuse either as a child or as a young adult (If yes), can you tell me about it? Do you feel this has had any effect on you personally and/or any subsequent relationships? In hindsight how do you now understand those relationships? (do you understand it differently as an adult than as a child?)
11. What led you to seek help? Once you did, did you feel the agency understood your experiences and if so, in what way? If not, why not? What would have been more helpful?

Recruitment

We should aim to recruit forty women in total. Basic demographic data will be obtained from the women but there is no requirement to ensure representativeness for this aspect of the research. Sampling and recruitment is purposive based on the objectives of the research. Access to these women will be primarily through stakeholder agencies, government departments and snowballing. In relation to group iv, access is likely to present significant challenges. Creative methods (e.g. approaching night clubs or advertising should be considered).

Criteria for inclusion:

- Is a female aged 16 -25 years (this is from the legal age of sexual consent and will enable you to capture the experiences of adolescents)
- Self-identifies as a victim or survivor of adolescent dating violence
- Has an experience/s of such abuse and or violence that is current, recent (in the last 12 months) or historic (older than 12 months)

1.2 Focus groups

We are aiming to conduct four focus groups with men and youth (aged 16-25 years) in each country as follows:

i. Group 1 - young men (16-25) who are at least mid-way through or have completed a violence reduction programme

ii. Group 2 – young men 16-25 years who are known to have perpetrated violence or have been identified as being at risk of violent offending (contacted via the Probation service or juvenile detention facilities)

iii. Group 3 – young men (16-25 years) who have been exposed to violence (e.g. in childhood or as victims) but who are not violent themselves

iv. Group 4 – young men 16-25 years who have been exposed to violence (e.g. in childhood or as victims) but who are not violent themselves

If proving difficult to gain access to enough young men this age then consideration will be given to interviewing men slightly older

Research questions

The primary research questions the focus groups aim to address will be guided by your literature review, your country circumstances and the proposed focus of the computer game but could include the following: (they also feature in the focus group guide in the appendix):

Research questions for young men in focus groups (who have experienced DA as a child in the family home or in a relationship) & for those young men in focus groups who are perpetrators of violence

1. What do you understand by the term dating or partner violence? How widespread do you think this is?
2. From your own experience what types of abuse and or violence do you now recognise within your relationships?
3. Did social media play a role in enabling or escalating the abuse/violence? (same prompts as above)
4. Can you think of reasons as to why this happens? What are the effects (if any) of such violence/abuse? (on you/partner/family)
5. How do you think being a child victim of domestic violence may affect them? Is it different for boys and girls?
6. How do you think domestic abuse and violence may affect those in the family home (non-violent partner/siblings)?
7. What situations/circumstances contribute to men (for certain men we would need to change this to women) being violent (e.g., social, cultural, economic)?
8. What is the impact of these situations on men? How does it make you feel?
9. What strategies are helpful to manage abusive or violent behaviours?
10. What made you seek help? Who helps men? What help do you need?

Criteria for inclusion:

i. Group 1 – comprises men who have participated in a violence prevention programme (It is important that participants have reached a point in their programme where they are accepting responsibility for their behaviour rather than blaming women and should therefore be mid-way or have completed the programme).

ii. Group 2- comprises young men 16-25 years who have been identified as having involvement or risk of involvement in offences of a violent nature

iii. Group 3- comprises men 16- 25 years who have experienced violence themselves but are against violence in interpersonal relationships.

iv. Group 4- comprises young men, 16-25 years who have experienced violence themselves in childhood and are experiencing it in their current relationships.

Recruitment

Groups 1 and 2 should be recruited via relevant organisations. Groups 3 and 4 should be reflective of diversity in terms of socio economic status, age, urban/rural habitat, occupation (we will not be seeking representation of sexual orientation in this aspect of the research, given the risks involved in 'outing'). Each group should have a maximum of 10 members. Ways of achieving diversity are by recruiting participants from generic settings such as sports clubs, churches, mosques, temple, social gatherings, community colleges, social media, rather than through employment routes.

Data analysis

All interviews and focus groups should be digitally recorded and transcribed by the researchers. Thematic analysis will be carried out based initially on a-priori (pre-prepared) themes using NVivo software in order to identify and report patterns across groups of participants and across all countries. Pre-prepared themes will be drawn from those identified in the literature review, topics from the interview schedule and the case data collected. These themes will be drawn up by Dr. Graham R Gibbs (the Work package 2 lead) in consultation with each country director and country qualitative lead. The analysis will follow the general procedures as described by Braun and Clarke in the adapted table below. (Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. Qualitative research in psychology, 3(2), 77-101.)

Phase	Description of the Process
Familiarization	Transcribe data, read and re-read the transcript, noting down initial ideas. Write a short summary of each interview (focus group) identifying key themes.
Generate initial codes	Code interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code. Use the pre-defined codes/ themes for this initially, but where possible or necessary create new codes too.
Search for themes	Collate the codes into potential themes, gathering all data relevant to each potential theme
Review themes	Check if the themes work in relation to the coded extracts (level 1) and the entire data set (level 2), generating a thematic 'map' of the analysis
Define and name themes	Conduct ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme
Produce the report	A further opportunity for analysis. Select compelling quotations to illustrate findings, relate back to the research questions and literature, produce the report of findings

Data management

i. If possible, all interviews and focus group discussions should be digitally recorded.

ii. If this is not possible, field notes should be taken and written up as soon as possible to allow the aforementioned analysis by the senior researchers in your country.

iii. Used digital recorder memory cards should be kept in locked storage.

iv. Recordings should be transcribed at the soonest opportunity, with a 'master' copy available to draw on if needed.

v. Any identifying information in the transcripts should be anonymised

vi. All transcriptions and field notes should be entered into a single, UK NVivo database for analysis.

vii. All electronic data should be password protected (e.g. with a password protected personal computer).

viii. Digital files (transcriptions etc.) should be stored in the UKsecure storage area. This should be password protected and regularly backed up ideally to a geographically separate site.

ix. A systematic approach to version control during data analysis should be adopted and the NVivo database should be stored in the UK secure storage area.

x. Retain and store securely all signed, fully informed consent forms.

xi. Any hard data (handwritten field notes etc.) obtained should be kept in locked storage.

xii. All digital files (transcriptions, NVivo database etc.) should also be archived in the None in Three Centre secure storage area to which researchers in all countries will have access. This will ensure that data are backed up (for verification, archiving and audit purposes).

xiii. Hard data sets should be copied and sent to the None in Three Centre Project Administrator by courier or scanned and deposited in the None in Three Centre secure storage area

11 ETHICAL PRINCIPLES

11.1 The conduct of the research will be based on clear ethical standards which will assure confidentiality, privacy, anonymity and informed consent. All research assistants will receive training in the research methodologies to be employed in the project. This training will also address ethical issues and stress the need to maintain strictest respect for confidentiality

11.2 Ethical adequacy of the research will also be assured through ensuring that the research outcomes are geared towards policy reform and that the participants are not exposed to detriment or harm

11.3 The project will be carried out in accordance with the University of Huddersfield's Research Ethics Guidance as outlined in the website extract below:-

RESEARCH: Honesty and Misconduct

Introduction

...Research misconduct is often easier to recognise than to define but two broad categories can be distinguished. The first involves fabrication or falsification of research results; the second arises where there is plagiarism, misquoting or misappropriation of the work of others. It also includes, for example, the unethical use of material provided in a privileged way for review or assessment.

Research misconduct involving plagiarism, piracy or falsifying results is a form of dishonesty which is viewed by the University as a serious offence...

8.2 Good practice, ethics and plagiarism in research

(i) Principles of good practice

In the conduct of all research, the University expects the following general principles to be understood and observed.

Honesty

At the heart of all research, regardless of discipline, is the need for researchers to be honest in respect of their own actions in research and in their responses to the actions of others. This applies to the whole range of work, including experimental design, generating and analysing data, publishing results and acknowledging the direct and indirect contributions of colleagues, collaborators and others. All researchers must refrain from plagiarism, piracy or the fabrication of results. In the case of employees, committing any of these actions is regarded as a serious disciplinary offence.

Openness

While recognising the need for researchers to protect intellectual property rights (IPR), confidentiality agreements etc., the University expects researchers to be as open as possible in discussing their work with others and with the public. Once results have been published and where appropriate, the University expects researchers to make available relevant data and materials to others, on request.

Guidance from professional bodies

Where available, the University expects researchers to observe the standards of good practice set out in guidelines published

by relevant societies and professional bodies.

(ii) Leadership and co-operation in research groups

The University is committed to ensure that a climate is created which allows research to be conducted in accordance with good practice. Within a research group, responsibility lies with the group leader who should create a research environment of mutual co-operation. They must also ensure that appropriate direction of research and supervision of researchers are provided.

(iii) A critical approach to research results

Researchers should always be prepared to question the outcome of their research. While acknowledging the pressures - of time and resources - under which researchers often have to work, the University expects research results to be checked before being made public.

(iv) Documenting results and storing primary data

Throughout their work, the University requires researchers to keep clear and accurate records of the procedures followed and of the results obtained, including interim results. This is necessary not only as a means of demonstrating proper research practice but also in case questions are subsequently asked about either the conduct of the research or the results obtained. For similar reasons, data generated in the course of research must be kept securely in paper or electronic form, as appropriate. The University expects data to be securely held for a period of five years after the completion of a research project.

(v) Publishing results

It is expected that research results are published in an appropriate form, usually papers in refereed journals. This has long been widely accepted as the best system for research results to be reviewed - through the refereeing process - and made available to the community for verification or replication... The University expects anyone listed as an author on a paper to accept personal responsibility for ensuring that they are familiar with the contents of the paper and that they can identify their contributions to it. The practice of honorary authorship is unacceptable.

(vi) Acknowledging the role of collaborators and other participants

In all aspects of research, the contributions of formal collaborators and all others who directly assist or indirectly support the research must be properly acknowledged. This applies to any circumstances in which statements about the research are made, including provision of information about the nature and process of the research and in publishing the outcome. Failure to acknowledge the contribution of others is regarded as unprofessional conduct. Conversely, collaborators and other contributors carry their share of the responsibility for the research and its outcome.

11.4 The UK proposal will be subject to approval by the University of Huddersfield Ethics Committee Specific ethical guidelines to be applied will be as follows:

i. The aims and objectives of the research will be clearly explained to all participants and stakeholders

ii. All interview respondents will remain anonymous – actual names and other means of individual identification will not be used and each person will be allocated an ID number

iii. Focus group participants will be advised of the need to protect confidentiality and that individual experiences of abuse should not be disclosed within the group setting

iv. Focus group participants wishing to share personal experiences about abuse will be given the opportunity to do so in private and referred for counselling/other support as appropriate

v. Data will be kept confidential in a secured and locked location. Each Research Assistant will be asked to sign an undertaking to this effect and that, when each stage of field work is complete, the data sets will be transferred to the operational office for the project where they will be kept in locked storage and backed up in secure electronic storage.

vi. The data will only be seen by members of the research team

vii. The project will not provide financial inducements to participants although travel costs and any other expenses incurred by participants will be met

viii. Due to the sensitive subject of the research, and the possibility that during interviews, topics may be brought up that cause psychological distress or trauma (child abuse or . violence), National Response Teams will be identified comprising statutory specialists (social workers, police, therapists other government personnel) and trusted organizations (shelters, homes, health clinics, NGO's, appropriate support groups, women's empowerment organizations, etc) and individual specialists (social workers, counsellors, government staff etc.). These teams will be briefed about the research and will be asked to provide support/interventions for research participants who have experienced abuse or are at risk

ix. Where focus groups are held with young people in institutions, participants will be asked to self-select for inclusion in the study based on a briefing from the researchers. Where appropriate the consent of parents/ guardians will also be sought. In addition to the general consent form, participants will be asked to confirm that no coercion or inducements were involved in their decision to participate

x. Informed Consent - all participants in the project (e.g., interviewees, survey informants, practitioners, agency representatives) will be asked to sign a consent form and will be informed:

- Of the nature of the research (goals and objectives, etc.)
- Of the research methodology to be used
- Of any risks or benefits
- Of their right not to participate, not to answer any questions, and/or to terminate participation at any time without prejudice
- Of their right to anonymity and confidentiality
- That in the interests of safeguarding children, any information revealed in the course of the project that indicates risk of abuse will be passed to the relevant authorities in line with country safeguarding protocols

12. INFORMED CONSENT

The project will allow for any of the following methods of obtaining informed consent:

12.1 Informed consent form: an informed consent form will be provided for use by the researchers. This will detail the principles outlined above and require the participants' signature.

12.2 In instances in which written communication is not appropriate (for example with people with visual impairments or with people with literacy challenges) researchers will read the information contained in the consent form and ask the participant to sign.

12.3 Participants who do not wish to sign can have their consent recorded by the researcher

13. ETHICS AND CHILDREN'S RIGHTS

13.1 Owing to the sensitive nature of the study and the potential for actual cases of sexual abuse to be disclosed, commitment to confidentiality must be balanced by the primary need to safeguard participants' welfare first and foremost. Additionally, professional judgement and discretion must be exercised in consideration of their welfare needs, beyond the implementation of the study.

13.2 These issues will be addressed in the training for Research Assistants

13.3 Guidelines regarding confidentiality, information sharing and duty of care to participants will be made available to all members of the research team.

13.4 The project will not involve interviews with children and young people under the age of 16 years. However, it is possible that in the course of the study, information regarding children at risk of abuse will be revealed. Furthermore, it is likely that some young people may wish to discuss experiences of past abuse. It is therefore important to identify the ways in which the project in each country will seek to safeguard children, to uphold children's rights and to support young people through any traumatic disclosures.

13.5 Safeguarding Children and Young People - At all times the safeguarding of the well-being of children will be paramount. Given the context of research confidentiality which requires that names of individuals are not obtained, individual follow-up will require the consent of the person concerned. Participants with knowledge about children at risk will be empowered and supported in disclosing the information to professionals within the National Response Teams who have statutory child protection responsibility.

13.6 Where appropriate, young people participating in the project will be advised to share information with relevant authorities and helping agencies, in the interest of their own safety.

13.7 Information about how to access the help of the National Response Teams will be provided to all participants

13.8 The researchers will ensure that young people are not harmed through participation in the research by providing a safe research environment for focus groups, through training for researchers on how to respond appropriately to distress and disclosures of trauma and abuse and by organising de-briefing sessions.

13.9 Youth-appropriate information will be produced detailing the aims of the research, how long the focus group sessions or completion of survey questionnaire will take, where they will take place and contact details for the research team. This information sheet will also include a statement explaining participant's rights as follows - We respect your rights:

- To take time to decide whether to help us
- To refuse to take part
- To refuse to answer questions
- To withdraw from this project at any time
- We will keep notes and digital recordings from the groups in a safe lockable place
- When we talk about the research or write reports, we will change people's names so that they remain anonymous.

13.10 The reporting of any allegations regarding actual sexual abuse shall be in accordance with the child protection policy and legislative framework of the specific country in which the research is taking place and will be assessed not only in terms of the immediate support needs for the survivor but also, the perpetrator's potential risk to others.

13.11 Concerns in respect of potential or identified risk to children will be passed to the respective country child protection agencies who will determine what action should be taken.

14. RISK ANALYSIS AND MANAGEMENT PLAN

Brief description of activity: research field work – interviews and focus groups

Location: UK
Assessment by: Graham R Gibbs and Gill Kirkman (CD) & Anurana Latif Doctoral Researcher
Assessment date: July- Oct 2018
People at risk: Research Assistants (RA)

Hazards identified	Risks to health and safety	Measures to manage the risk effectively	Action	
			Who	When
Travel and working in remote areas	Isolation Fear Increased possibility of personal harm or injury Increased risk of theft of personal goods	Must carry authorisation, ID and cell phone at all times Within-country travel must be with regard to personal safety. Only the following forms of transport permitted: own transport, friends, relatives, authorised car rental companies or authorised taxi's Must notify the CD they are reporting to of their where abouts at all times during fieldwork	RA RA RA CD	During fieldwork Ongoing monitoring and vigilance required

			Must only go to locations pre-agreed with CD and to agencies where authorisation has been obtained Must be mindful of and take responsibility for assessing risk for personal safety within any given situation. I.e. if allocated an area considered unsafe, alternatives must be secured Must conduct interviews, survey and focus groups in daylight hours Must not carry valuables during fieldwork CD to follow up all stages of fieldwork through daily email/phone contact	RA RA RA RA CD	
Invitations into people's homes	Reduces opportunity for staying safe, may present unknown risks or compromise RA		Must not enter private homes	RA	

Female RAs working with young men	Increased risk of sexist, or abusive or inappropriate behaviour		Guidance and training to be provided Focus group, interviews and surveys must be held in appropriate (public) settings Where there are any obvious signs of alcohol or drug use among participants, then the research process should be ended immediately Abusive language or behaviour must lead to the immediate termination of research process	WP2 leader/co-PIs RA RA RA	
Participants request ongoing contact	Inappropriate crossing of professional boundaries		Should not divulge personal contact details	RA	
Researching sensitive topics	Distress or disclosure of abuse from participants		Training Establishment of National Response Teams Should not engage in counselling or giving advice but must refer to the National Response Teams (NRTs) If the RA is distressed in carrying out the study they should debrief with the PI at the soonest opportunity, make use of peer support and may also access counselling through the NRTs	WP2 leader/co-PIs CD RA RA CD	

Over exposure to computer work (data entry & analysis, lit searches)	Eye strain, neck/headache Wrist strain		Repeated breaks – self monitoring	RA	
Risk Assessment review to be carried out by CD Gill Kirkman and UK qualitative lead Dr Graham R Gibbs before the commencement of the fieldwork					

15. GENERAL GUIDANCE FOR CONDUCTING INTERVIEWS AND FOCUS GROUPS

This section gives general guidance on how to conduct interviews and focus groups.

Selecting participants

Approach potential participants in any appropriate manner (e.g. in person, by telephone or email, fliers, posters). Briefly describe the research, including aims, expected outcomes and research methods (interview, focus group). Ask if they are interested and have any questions. Give them an Information Sheet and provide researcher contact details.

Hard-to-access individuals, or those consulted because of particular experiences may have to be contacted through others, called gatekeepers, such as managers of agencies. In such cases, explain the research to the 'gatekeepers', to reassure them and so they know who you are trying to access and why.

Focus groups should comprise between 4 – 10 people. Use at least two digital recorders and if possible have at least two researchers present.

Who selects? Participants should be self-referring although agencies may also refer. Selection should aim to ensure diversity (e.g. socio economic status, education, employment status, age, urban-rural) and participants must meet the minimum criteria.

External ethical approval. Some organisations or agencies may have formal ethical approval procedures for you to follow. In such cases check how long these procedures take and build in time to follow them. Ensure that you get written confirmation of approval once it is given.

Preparation

Check practical arrangements with participants one or more weeks before interviews or focus groups take place. These arrangements should include dates, times and locations of interviews. They should also identify any particular participant needs (including mobility, dietary and audio-visual needs) and how these can be catered for.

Provide more detailed information about the interview to participants, including the aim of the research, the role they can play and assurances about confidentiality and how to withdraw. Give them an opportunity to ask questions.

Easily accessible locations and times where participants feel at ease can help the discussion in interviews and focus groups. If necessary, discuss with participants where would be appropriate for them.

Appropriate locations. Focus group locations should be quiet and private, and should be visited by researchers before the consultation. Check what facilities it has (such as flipchart and pens, enough tables and chairs cups for drinks, tea or coffee-making facilities and whether there are nearby toilets). Any recording equipment should be tested to ensure there is no background noise that will interfere with transcribing. Consider whether the participants will feel at ease in the proposed location – places they already know may be better, or alternatively they may prefer a neutral space.

Food? Food can help people relax, which is important in focus groups where participants don't know each other. It is also important to provide food, drinks and breaks in extended interviews or those that take place during mealtimes. In both cases, ensure that food is appropriate for participants and that there is sufficient cutlery and crockery available.

The interview

Arrive early, to prepare the space and to be there to greet participants when they arrive.

Bring:
- Consent forms
- Information sheets
- Flipchart and pens (if using)
- Notebook for researchers
- Audio Recorders, with a spare if possible
- Spare batteries (for recording equipment)
- Spare, blank memory cards (for recording equipment)
- Details of support groups and helplines
- Water or water jugs
- Water glasses/cups
- Food, plates and cutlery (if providing food)
- Tea, coffee, milk, sugar and cups (if providing hot drinks)

Arrange the interview space and any waiting area. Have a chair for each person, laid out in a circle or round a table, so that everyone can see everyone else. Water should be easily available before and during the consultation, particularly to stop people's throats going dry. Toilets should be easily accessible. Food or other drinks (if provided) should be available before or after the interview, to avoid it distracting participants or muffling their voices.

Check any recording equipment (audio or visual), including how background noise is affecting it on the day. Before starting the recording of a session, the researcher should dictate and audio record details of the session (date, time, place, respondent identifier, focus group etc.) on all the memory cards being used.

Welcome all participants (and anyone accompanying them) warmly and try to make them feel relaxed.

Explain housekeeping arrangements, such as where the toilets are, and answer any questions people they have.

Introductions. Researchers should introduce themselves and their roles in the project, then ask participants to introduce themselves (if a focus group) - by pseudonym if they wish

Researchers explain purpose of the None in Three project, including the focus on resilience and strengths of persons affected by gender-based violence.

Give out information sheet

Explain participants' rights in relation to the interview, notably that they do not have to take part in the research, that they can refuse to answer any questions if they wish, that they can decide to withdraw from the research if they wish and that none of the above decisions would have any negative consequences.

Provide time for questions.

Give consent forms to participants to sign. Collect signed copies and retain.

Using recording equipment- Check it can pick up everyone's voice well enough for transcription. Ask everyone to speak briefly ("hello, my name is..." is enough) and then play back the recording. This is particularly important in a focus group where there are many voices coming from different directions. Ask participants to turn off mobile phones.

Taking notes- Ensure there is sufficient space for writing and explain that will be taking notes during the focus group. If conducting an interview – notes should be taken immediately afterwards.

Explain role of researcher, which is to ask questions and listen to participant's answers. As researcher, you may try to clarify or reflect on what is said, or ask follow-up questions not on the original interview schedule, to develop the discussion or ensure you understand the point the participant was making.

Begin with easy questions that participants are happy answering, moving onto more detailed or difficult issues later.

How to ask questions. Active efforts must be made to minimize any possible distress caused by the research. Gender based violence is a sensitive and stigmatized issue, and women are often blamed for the violence they experience. All questions about violence and its consequences should be asked in a supportive and non-judgemental manner. In addition, care needs to be taken to ensure that the language of the questionnaire cannot be interpreted as being judgemental, blaming or stigmatizing

Focus groups

Explain ground rules for focus groups, which should include:

- Respect, particularly being polite, not talking over another person and giving everyone a chance to participate;
- Confidentiality (not repeating content of the meeting to anyone else);
- Anonymity (not giving examples in ways that reveal personal or confidential information to other group members)

Explain role of researcher, which is to ask questions but not participate in the discussion. However, researchers may try to clarify or reflect on what people have said to develop the discussion or ensure they understand the point the participant was making. The researcher will also intervene if the discussion is being dominated by some participants or to move the discussion on.

Interactive sessions. Some participants answer better when being more interactive. One way of doing this is to ask people to write down or draw answers to questions on Post-it notes, with one response on each (they can use as many notes as they like). All the Post-it notes are then placed on a chart, with identical/similar answers from different people placed together. This can be useful for stimulating discussion about lots of issues covered by one question and for seeing which issues are important for many people. It can also allow quieter focus group participants to participate equally with those who dominate conversations. However, this format can take up lots of time and result in long discussions, so researchers may need to halt discussions to enable other questions to be asked.

Endings

Finish on time. Some participants will have other commitments and you may only have the venue for a fixed period of time.

Provide expenses, if applicable. Make sure you get originals or copies of any receipts/tickets people are claiming. If paying in cash, note down how much is being given out.

Provide support information (National Response Team information) for participants who may want it. This information, which could include telephone helpline numbers or details of organisations, should be easily accessible somewhere that people can take it without having to ask.

Provide researcher contact information in case participants want to clarify anything later or are uneasy about what they said in the consultation.

Wait behind in case any participants want to discuss anything with you in private. Do not look as if you want to leave or begin packing up until the participants have all left.

Label recording memory cards. E.g. put them in labelled envelopes.

16. UNIVERSITY ETHICS APPROVAL

Ethical approval has been obtained from the University of Huddersfield, School of Human and Health Sciences Research Ethics Panel before commencement of the research.

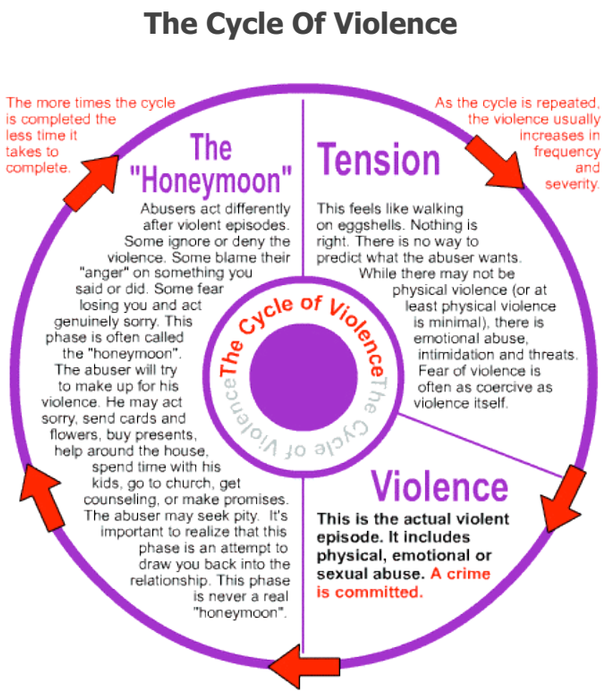
17. GOVERNMENT/AGENCY APPROVALS

In addition to approval from the University of Huddersfield, School of Human and Health Sciences Ethics Panel, written permissions must be obtained from all relevant government departments and agencies in the research countries, where such permissions are appropriate.

18. APPENDIX:

i. Information for Women
ii. Interview Guide for Women
iii. Information for Men/Youth
iv. Focus Group Guide for Men/Youth
v. Ranking Exercise (for male focus groups)
vi. Consent Form
vii. National Response Team Information
viii. Research Check List

Appendix 3: The Cycle of Violence



The Full Cycle of Domestic Violence: An Example

A man **abuses** his partner. After he hits her, he experiences self-directed **guilt**. He says, "I'm sorry for hurting you." What he does not say is, "Because I might get caught." He then **rationalizes** his behavior by saying that his partner is having an affair with someone. He tells her "If you weren't such a worthless whore I wouldn't have to hit you." He then **acts contrite**, reassuring her that he will not hurt her again. He then **fantasizes** and reflects on past abuse and how he will hurt her again. He **plans** on telling her to go to the store to get some groceries. What he withholds from her is that she has a certain amount of time to do the shopping. When she is held up in traffic and is a few minutes late, he feels completely justified in assaulting her because "you're having an affair with the store clerk." He has just **set her up**.

Appendix 4: Equality Wheel

The Duluth Power and Control Wheel (www.theduluthmodel.org)

DOMESTIC ABUSE INTERVENTION PROGRAMS
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.theduluthmodel.org

Appendix 5: Perpetrator Case Studies

Case Study 6 – Tony

'I was on my second marriage. Still married to [name]. I gave her I would say at the time "a look" ok, but on reflection now a nasty look, an aggressive look and I saw the fear in her face and something just clicked. I don't know. I just felt like such a low straight away, that I caused that look, you know, that there was someone I love dearly and it was a look that I've just never seen before, I guess, or never been awake enough to see before. I've spent about a week really sort of going over 20 years of relationships… and I always tried to justify them ending as "ah, well she's a psycho" or "she's an idiot" or "she had issues", you know and then that week of reflection made me hate who I was to the point where I was in a bad place and… somehow found [name of group]…and (it) saved my life'

'I was on the course and it was almost immediate sort of awareness and I realised for 20 years I've been horrible, you know, it's taken me a long time to even start liking who I am again. So yeah, this course has been so valuable for me in that respect and my abuse was controlling, sexual, and physical. Everything that we write on the board I'd done it in some way to a poor girl, you know, and many girls, so there's a lot of behaviours that have been over a lot of time that I need to… I'm still working on it you know, I think you leave this course, personally I think leaving this course 30%, I don't think you're ever cured but I think… I personally think that it gives you the tools to be a better person and that's all that I'm trying to be'.

Tony self-referred onto the programme.

Case Study 7 – John

'…the turning point for me was when I hit one of my step-daughters around the back of the head… In response to basically a comment to me "Blah, I'm not going to bed" or whatever. And feeling quite stunned at that moment in that I had done that and I was the one that was preaching and telling the children to not hit each other and shout and scream at each other and, sort of, screaming at the mother and mother screaming at them, you know, that had been my sort of role if you like - try to make that all work and realising that I just completely failed and at what I had just done. And that was the end…. There was no sort of coming back, you can't do it, you can't rewind or do something different. It was just, just completely not who I thought I was going to be, or was…end of a short marriage, three and a half years…with some verbal and emotional abuse, name-calling each other, which then ended up escalating in front of the children'.

'And that happened in 2017 so that's fairly, you know, recent. Thirty-nine years old at the time and that's all gone through stupidity, complete loss of control, whatever you want to call it. Perhaps I am a controlling type as well. I think there's certain values, standards and behaviour and ways you should be and all the rest of it and those are what I try to live by and failed miserably. It's just not the way that I wish to be in any way, shape or form'.

John self-referred onto the programme in 2017.

Case Study 8 – George

'I self-referred to [name of group] after a long marriage and I'm still married but we're now separated, which involved my wife leaving on several occasions and a lot of arguing, a lot of disagreement and unwillingness on both sides to compromise and we'd been to marital counselling a fair amount, and I was very surprised when one of the counsellors we saw said "I need to just check this is safe, you're safe with each other" and she wanted to spend a session with each of us, and she did do that, and it never even occurred to me that we were unsafe. My wife used to throw a lot of crockery [laughs], and threatened me with a knife on one occasion and I, for my part, have been very obsessive and controlling more or less since I was born I think so we're fairly evenly matched would be my view. But, nonetheless, that really shook me and then we had a break for a long separation and my wife, who's worked in mental health, suggested to me that I read a book about domestic abuse and her exact words were "I bet you haven't got the guts to read this" was quite the right thing to say to me I can assure you [laughs]. I did read it and thought "fucking hell!" I hadn't got a clue, I had not got a clue and it was actually "Living with the Controller" [sic - Living with the Dominator]…Yeah, my gosh. That, so that I thought "dear!" [laughs] "Look in the mirror", I thought, "I get it, I get it! You're not meant to do this stuff", which I'd treat as normal, just figured the give and take, the normal sort of robust act, you know. So, I don't recall us actually having physical violence except on one occasion when my wife threw a cup at me, hit me in the face, I grabbed her by the throat and let her go a couple of seconds later but…I knew I'd crossed a line, I knew I'd crossed a line.

And that was a very sort of sinking feeling. I remember very, very clearly though to this day how furious I was with myself, that I lost control, that I'd overstepped. That was my overwhelming feeling. And that was…ugh! But anyway, that's the way it was, so we've attempted reconciliation which didn't really work out and I think to be fair it's probably safe to say we're very, very much happier not living together. So, as far as I'm concerned, that's fine. We still… she's in Australia at the moment, I spent an hour online with her the other day, to discuss a plan together. We will probably divorce at some stage but I'm entirely comfortable about us sharing both of our pensions so I very much regard my wife as a friend for life but we are not safe living together. Whether or not safely with anyone I'm still trying to work out'.

George self-referred to the programme in 2009.

Case Study 9 –¬ Jim

'I've always been quite volatile and again one of the things at [name of group] kind of explains to you what you've seen in earlier life, and particularly with parents, tends to normalise things so we'd had a blazing row and it actually turned into a sequence of blazing rows that went on for about a fortnight, and the combination was that I slapped my wife around the head. She fell on the floor and I was so close to kicking her really hard and I still kicked her but it could have been, ya know… when I saw it myself was… "I'm about to kick you as hard as I possibly can" and at that stage you just get that "crap!" but it was too late at that stage so I didn't kick her as hard as I could but I kicked her bloody hard and… she just looked at me as if "who are you?"…Yeah… which is

kind of what I thought as well. And she could have called the police and she didn't'.

'...actually, there were two tipping points. One was my wife and I have had a fairly tempestuous relationship I think... with shouting and things like that and then at one stage in 2017 it did spill over into violence, and violence that shocked me and terrified her. We'd been talking for some time that we really needed to get external help with our marriage. That actually triggered us to jointly go to Relate. Relate said, once we described what brought us there in meeting one, "you're in the wrong place, go to [name of group]" which was great as it turned out and embarrassing at the time but appropriate, I think, because I just... I shocked myself and I just... "that's not me, is it?" Hmm, turns out it is. So, that's what resulted in coming here and it was like...you can feel very lost and when you're in a position where your internal view of yourself has been changed by yourself, which actually makes it worse, but you don't know where to go, actually that's quite mentally dangerous I found. I think I was fortunate to get the direction, because I got it'.

Jim self-referred on to the programme in 2017.

Case Study 10 – Jack

'Well, I've come to the group twice so that's slightly complicated it but I'll focus on the second time and that was when I got referred here by the police... because I crossed the line and I was definitely, undeniably violent. I wasn't like... don't worry, I haven't torn anyone's head off or anything but I did break my partner's thumb at the time and there were all sorts of reasons why I crossed... why I lost it, I did lose it... but then there was the realisation that... apart from all the trouble I got into and the way my life had been immeasurably altered, I used to be a schoolteacher... I'm a farmer, I'm very in the community... There was a massive sort of turning point for me in all sorts of ways but actually, you know, it's just... ignoring that effect, you know the external effect, it was actually... a lot of it was self-pride, self-knowing, you know, just feeling very fucking lost you know, that you can do that to someone that you're trying to build, I was genuinely hoping... I mean I was in a very dysfunctional relationship for... that was a two-sided thing but... I made a choice to be in that relationship and it was... admitting to myself that I've made a choice really to not break her thumb in that way but to pull on it hard enough that the outcome was likely to be breaking her thumb and I was... 40 years old or something like that you know, I wasn't seven'.

Jack got referred into the programme by the police in 2012.

Credits: Suzie Larke photography

Profiles

Professor Adele Jones, PhD

Professor of Social Work at the University of Huddersfield, Adele specialises in international children's rights andprevention of violence against women and children. She has authorednumerous publications on a range of topics around child abuse and gender inequality andled more than 26 international research projects, culminating in the creation and leadership of theglobal Ni3 Research Centre.

http://www.noneinthree.org/meet-the-centre-team/adele-jones/

DrGraham Gibbs,PhD

An expert in qualitative research methodsbased at the University of Huddersfield,Grahamhas led and supported a range of social science research projects, with a focus on computer assisted learning. Graham has written two bookson qualitative data analysis and supported researchers withNVivo data analysis in international projects including Ni3.

http://www.noneinthree.org/meet-the-centre-team/graham-gibbs/

Dr Tim Gomersall, PhD

Senior Lecturer in Psychology at the University of Huddersfield, Tim's research interests include: the psychology of illness self-management; gender, sexuality and health; and health technology evaluation. He has authored and co-authored several publications around psychology and health, and has provided expertise to the Ni3 team in using a metasynthetic approach to reviewing existing literature.

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Gillian Kirkman

Subject Leader in Social Work at the University of Huddersfield (UK), Gillian has responsibility for postgraduate (post-qualifying) social work provision, having extensive practice experience social work, child protection and family support. She is also UK Country Director for the None in Three research centre for the prevention of gender-based violence.

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Dr Joanne Hulley

Joanneis a Research Assistant at the UK None in Three Centre. She has extensive experience of conducting interviews on difficult and sensitive subjects. Joanne's research interests include Intimate Partner Violence, and sexual violence from both perpetrators' and survivors' perspectives.

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Dr Louis Bailey

Louis is a Research Assistant at Ni3UK. His research isfocused on resistance and endurance in the face of stigma, illness and trauma. He is committed to undertaking research which has a practical and creative applicationand, outside of academia, works as a writer and curator.

http://www.noneinthree.org/dr-louis-bailey/

Amrana Latif

Amrana Latif is a Doctoral Researcher at the University of Huddersfield. She is a trained police analyst with extensive police/community safety experience, and has received a commendation for her analysis of complex cases. Her interests predominantly lie in the support structures that are available to women experiencing domestic abuse and early intervention approaches to domestic abuse.

http://www.noneinthree.org/united-kingdom/meet-the-team/amrana-latif/

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