



POLICY BRIEF

Improving Support and Justice
for Victims of Intimate
Partner Violence
in the UK



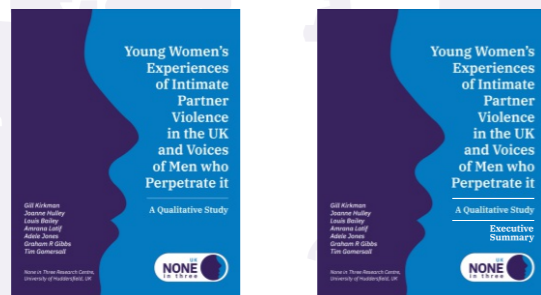
University of
HUDDERSFIELD
Inspiring global professionals

Gillian Kirkman · Nadia Wager · Adele Jones · Roslyn Cumming

THE POLICY CHALLENGE

This Policy Brief is drawn from research on intimate partner violence (IPV) conducted by the None in Three Research Centre UK (www.noneinthree.org/united-kingdom/). The studies include two systematic reviews of the existing literature and a primary qualitative study with survivors and perpetrators of IPV carried out in 2018-19. One of the systematic reviews focused on the qualitative evidence on the impact of IPV on survivors and the other explored the efficacy of schools-based programmes to prevent IPV. The primary research involved in-depth interviews with 52 female and three male survivors of IPV and focus groups with 19 male perpetrators of IPV.

The Executive Summary and full report on the primary research, entitled “Young Women’s Experiences of Intimate Partner Violence in the UK and the voices of men who perpetrate it”, are both available here: www.noneinthree.org/united-kingdom/resource/.



Information about the broader policy context available at: www.noneinthree.org/united-kingdom/uk-policy-hub/

UNITED KINGDOM

IPV is a severe problem in the UK, in terms of both its prevalence and potential consequences for those who are victimised. While IPV can affect anyone, women and girls of all ethnicities and backgrounds are disproportionately represented among those victimised.

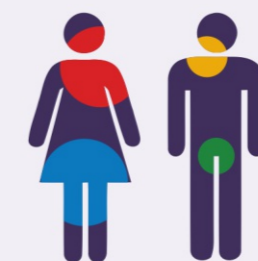
Many survivors have **experienced routine abuse, being controlled and living in fear**, all because of their gender. The impact of IPV is broad ranging, continuing post separation with potential devastating long-term effects on survivors' physical and psychological health.

Young people aged 16-24 experience the highest rates of IPV out of any age group. This age group face challenges in their intimate relationships that arise due to their lack of education, maturity, and prior life experiences.

They are **influenced heavily by peers** who share similar notions of what constitutes a healthy relationship and as heavy users of technology young people are particularly vulnerable to online abuses, such as controlling behaviour, sexual coercion, and stalking by some IPV offenders.

A multifaceted approach is needed to reduce men's violence and abuse to women and children and provide better support and justice for survivors. **The policy recommendations in this document aim to support the Government in achieving these objectives.**

50-70% of young people report experiencing abuse through digital technologies, most often controlling behaviour and surveillance through messaging or social networking sites¹.



31% of girls and **16%** of boys report experiencing sexual abuse.

25% of girls and **18%** of boys report experiencing physical abuse².

Over **half of women** aged 16-21 have experienced controlling behaviours in relationships.



1 in 3 young people find it difficult to distinguish between caring and controlling behaviours³.



Young people normalise abuse in their relationships, with **47%** of girls stating that physical violence towards them was acceptable in certain circumstances (e.g. after flirting with another boy or liking their post online)⁴.

¹ Stonard, K., Bowen, E., Lawrence, T., & Price, S.A. (2014) *The relevance of technology to the nature, prevalence and impact of Adolescent Dating Violence and Abuse: A research synthesis*. *Aggression and Violent Behavior*, 19(4), 390–417.

² Barter, C., McCarry, M., Berridge, D., & Evans, K. (2009). *Partner exploitation and violence in teenage intimate relationships*. London: NSPCC

³ Refuge & Avon, (2017). *Define the Line* <https://www.refuge.org.uk/our-work/campaigns/define-the-line/>

⁴ (GirlGuidesurvey, 2017).

HIGHLIGHTS FROM OUR FINDINGS

Effects of IPV

- The **impact of living with violent and abusive men** was described by the women as traumatic, terrifying and life changing.
- The **control, manipulation, anticipation, and fear**, which were often experienced daily, kept women in a constant state of heightened alertness, generating problems with sleep and day-to-day functioning.
- **Sexual violence**, which was often accompanied by **verbal abuse**, was noted as having an **enduring impact**.
- **Loss of self-esteem, low self-worth, and a lack of self-confidence** were commonly reported.
- The interviewees reported that their **mental health was severely impacted**. Diagnoses of depression and/or anxiety, bipolar disorder, borderline personality disorder and PTSD were common. Several had **self-harmed, engaged in suicidal ideation, or attempted suicide**.
- The interviewees reported **isolation** as contact with friends, family and colleagues was heavily restricted, as was their access to social media.
- The **financial abuse** experienced by many of the women left them with **insufficient resources to leave**.

traumatic, terrifying and life changing

heightened alertness

enduring impact

severe mental health impact

isolation

The reported impact of IPV on women's mental health was severe.

*The significant health issues resulting from the abuse left women with a **loss of identity and feeling unable to take back control of their lives**, which increased their vulnerability to further abuse.*

Impact on Children

- One third of the women in the study had **experienced abuse as children**, which they associated with their becoming a victim of IPV in later life due to the normalisation of violence. Therefore, violence was deemed something to be expected in the context of intimate relationships.
- Many of the interviewees had their own children and thus were also able to share their observations of the **impacts on their children**.
- IPV emerged as a **significant child welfare issue**. Women reported children feeling fearful, which resulted in emotional distress and some behavioural issues.
- Mothers told of incidents where children had tried to protect them from their father's or stepfather's violence and, in the process, found themselves at **considerable risk of accidental or non-accidental harm**, causing further distress to the mother.
- **Sons sometimes imitated their father's behaviour** and, as they grew older, behaved disrespectfully towards their mother, creating concerns for mothers that their sons would also become abusive within their own intimate relationships
- Mothers expressed **concerns that their daughters might become susceptible to victimisation** within intimate relationships as they grew older on account of witnessing their mother's victimisation.
- Most male perpetrators interviewed had **witnessed IPV and/or had experienced abuse** during their formative years.
- In most cases, these men's experiences of abuse were characterised as being **perpetrated by an older male** (father, uncle, schoolteacher) and these provided a **blueprint for subsequent behaviour**.
- **Children were often the main reason female survivors of IPV took the decision to seek help**; when they realised the impact of IPV on their child's behaviour, or when the perpetrator inflicted direct harm towards their child, or threats to kill included the children.

Help Seeking

It is reported that even high-risk victims live with domestic abuse for an **average of 2.3 years before seeking help** (SafeLives, 2015).

Barriers to Help Seeking

Inability to label the experience as abuse

- Initially, many women **did not realise that their relationships were abusive**, often not understanding that the abuse was unacceptable or unusual, or a form of violence⁵.
- Women were **more likely to recognise abusive behaviour when it involved physical violence**. Thus, often recognition of the abuse was delayed until emotional abuse escalated to physical abuse, despite being aware that there was something 'wrong' with the relationship.
- Being in love with the perpetrators **impacted on survivors' ability to label their experiences as abuse**. Women were more likely to recognise the abusive behaviours once this love dwindled.

Fear of discrimination and racism

- For Black, Asian and minority ethnic women, **racism and discrimination** were major concerns which impacted on their decision-making and undermined their sense of agency. This was particularly the case for women with uncertain immigration status⁶.
- The current **culture of victim blaming**

Isolation and Abuse

- in domestic abuse meant that the women interviewed felt blame and shame for being a victim, silencing them and **preventing them** from reaching out to friends, family, and professional agencies.
- Women had been repeatedly told by their perpetrator that they were mentally ill and an unfit mother. The threat of having their children removed ensured many **delayed leaving**.

⁵ Walby, S., & Allen, J. (2004). *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*. Home Office.

⁶ Hulley et al., (2022). etc...

<https://doi.org/10.1177/15248380211050590>

Turning points, abuse recognition and help-seeking

- Women said it was the **escalation and increased frequency of violence** that gave them strength to leave as they feared they and their children would not survive if they remained.
- Some of the women began to **recognise their experiences as abuse** on learning about IPV from knowledgeable others (e.g. police officers, teachers, lecturers, friends and parents who worked in the field of IPV) who helped them make the connection between their own experiences and these other accounts.
- Women often recalled that pregnancy led them to contact the police during abusive episodes, due to the **recognition of the potential harm to their unborn child**.
- Some women spoke of making the decision to leave after spending time away from the abuser. They felt the distance helped them **see their circumstances more clearly**.
- For survivors who left the relationship, there was typically a **delay** between abuse recognition and physically leaving the relationship.
- At the point at which survivors reach out for help, they are typically in a **state of crisis**.

Experiences of help-seeking

- Women faced **systemic barriers to accessing the help** that they had sought, and while some agencies were helpful, being able to access help was something of a lottery.
- **Unhelpful responses** from formal support providers included, minimising the abuse, being dismissive, seeing the abuse as an isolated incident, justifying the abuser's actions, failing to respond to a call for urgent help, being unsympathetic, and not giving enough time to feel comfortable to make a disclosure.
- Survivors who reached out to **domestic violence specialist organisations** for help (e.g. Women's Aid) reported particularly good experiences, some of which were **described as life changing**.
- Adolescent women reported particularly **negative experiences of interactions with service providers** whom they felt dismissed their needs.
- There were **mixed views on the experiences of being housed in refuges**, with some reporting feeling empowered by their engagement with the refuge and others feeling unsafe and unsupported.
- **Survivors felt let down** by the fact that when they reached out at a point of crisis (e.g. suicidal thoughts) they were put on a two-year waiting list for trauma counselling.
- **Lack of continuity in support providers** meaning that survivors had to repeatedly recount the experience that brought them to seek-help, which many found to be **re-traumatising**.
- Different women variously found different forms of support (psychoeducational programmes, counselling, group therapy etc.) to be helpful or unhelpful, which indicates that there is **unlikely to be one ideal service for survivors of IPV**, rather they need to have a choice of options.
- Some interviewees reported very **favourable experiences** of interacting with the police, while others were **upset by the delays or failure** of police to respond to calls for assistance, not being kept informed of case progression (e.g. release of the abuser after arrest), judgemental or disinterested responses and the over focus on the risk of harm from physical abuse.
- Many of the mothers in the sample reported that their **efforts to protect their children from the perpetrator were thwarted by the actions of CAFCASS workers** who were often perceived to be 'unprofessional' or lacking understanding of the dynamics of IPV.

Leaving an abusive partner

- Leaving an abusive relationship is a **process** rather than an event. Women faced multiple difficulties in exiting. These included **financial, psychological, emotional, cultural and physical obstacles** which were compounded by the intense fear of repercussion including death (to themselves, their families, and children) and post-separation abuse.
- Therefore, unsurprisingly, many women spoke of **cycles of leaving and then returning** to the abusers.
- Not all survivors who left the abusive relationship pre-planned their departures. Rather they described reaching a '**snapping point**', where they decided that they were unable to endure further abuse.
- Abuse does not necessarily end when a woman leaves. Most women recounted their ex-partner establishing a **continued campaign of harassment, intimidation and stalking** which resulted in relentless stress for periods of up to four to five years post-separation.
- **Technology played a significant role** in post-separation abuse, enabling the perpetrator to have 24/7 access to the victim at their fingertips – to monitor, stalk, and issue threats against her and her family. Such harassment hindered women's ability to rebuild their lives and construct a new identity as a 'survivor' rather than a 'victim'.

*For many survivors, the journey from **recognising abuse to leaving a violent relationship** involved interactions with many people and agencies, and often involved several attempts to leave (separating and then reuniting).*

POLICY RECOMMENDATIONS FOR VICTIM SUPPORT AND JUSTICE

Services for Survivors

While there are some excellent services, provided primarily by voluntary organisations, access is something of a **'postcode lottery'** and availability is subject to the vagaries of funding constraints.

Government and local authorities should:

Facilitate access to services for all victims of IPV

Ensure all victims of IPV (including children who have experienced parental IPV) can **access services** that enable them to transition from victimhood to thriving and achieving positive outcomes.

- Ensure that all services/organisations who encounter potential victims of IPV **directly enquire** about abuse (including schools, colleges, universities, employers and social services).
- See young people as **vulnerable to dating abuse** and assess accordingly.
- **Provide** more refuge places or other such **'safe'** accommodation.
- Ensure that women are **listened to** when they voice their fears and proactive steps to mitigate risk must be taken collectively.
- **Actively address institutional racism and discrimination** and ensure that Black, Asian and minority ethnic women can access appropriate and culturally informed services.
- **Challenge current legislation** within the Domestic Abuse Act to ensure it adequately protects and provides refuge for migrant or asylum-seeking women.

Ensure all needs can be met through a range of service provisions

- Recognise that **women need support** not only during the relationship, but post-separation, and not only with emotional issues but to address practical concerns such as physical safety, finances, housing, education, and employment.
- Ensure that **debt advice services** are offered to women post-separation to help them move on and become financially independent.
- **Routinely and sensitively enquire** about **women's experiences of sexual violence** in IPV to ensure that specialist interventions can be provided for victims of rape and sexual abuse.
- Make programmes such as the **'Freedom Programme'** available to survivors as a matter of course to assist in enhancing survivors' self-esteem and thus preventing revictimization
- **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. A holistic approach to change using the **Good Lives Model** may prove a valuable model for IPV offenders guiding them towards what they can achieve, rather than a deficit model approach.
- Provide mental health and counselling services to manage **Continuous Traumatic Stress** arising from the domestic abuse.

Reduce the barriers that prevent engagement with services

- Make it easier for women to make a **homeless application** instead of seeing them as making themselves 'intentionally' homeless when attempting to escape violence and abuse.

Protection and Criminal Justice

Domestic abuse is the most common form of violence against women and girls therefore the response from government, police, family courts and local authorities to those who perpetrate it must be more robust to **ensure consequences for offenders**, and they should also provide professional, targeted help. Effective and scientifically evaluated **perpetrator interventions** are essential to change patterns of behaviour.

Additionally, it must be **recognised there is a risk** of the continuation or escalation of abuse when a woman leaves a violent relationship. **Support services must be provided** over a protracted period if the risk is not diminished.

Government, police and criminal justice agencies should:

- **Ensure all staff working in IPV and domestic abuse** have robust, up to date training, using recent research and survivor testimonies to challenge biased thinking and responses. For example, training on the:
 - **tactics** employed by perpetrators (gaslighting, coercive control, and wider manipulation of professionals).
 - **risk** of severe harm or death to women and their children post-separation
 - **learning** from the recent report on domestic abuse homicides.
 - ways in which professionals can be **manipulated** by perpetrators, especially in situations involving children.
- Ensure that victims are dealt with by **specialist officers** or domestic abuse teams.
- **Enable police personnel** to use and monitor the new Domestic Abuse Protection Notices (DAPN) and Domestic Abuse Protection Orders (DAPO) that have come into effect due to the Domestic Abuse Act 2021. To utilise the learning from recent/current pilot projects to ensure best practice can be achieved.
- **Enforce** local authority (already legally required) provision of adequate and safe houses to women escaping IPV.
- **Invest** in the implementation, monitoring, and sanctioning of legal protections such as non-molestation and non-stalking orders which currently often fail to ensure women's safety.
- Provide support (e.g. Sanctuary Schemes) and legal protection (e.g. Occupation Orders) to **enable women to remain in the family home** should they so wish.
- **Ensure closer post-release monitoring** of convicted perpetrators of violence when they are released from prison.
- Raise public awareness of **Clare's Law** (The Domestic Violence Disclosure Scheme in England and Wales) to enable it to maximise its efficacy to prevent victimisation.
- Ensure that **male-perpetrated IPV is addressed** through a joined-up approach across the realms of social work, criminal justice, family courts, child protection and health/social care, providing men with meaningful and sustained opportunities for change. This should apply across the continuum of **early intervention** through to repeat offenders.
- Ensure **closer collaboration** with technology companies to prevent technology being used as a weapon with which to harass, stalk, threaten, and further control victims.
- Ensure **public education is provided** through a government campaign including TV advertising, to insist that **IPV is a public issue and therefore everyone's business**. Bystander intervention programmes should be available and promoted in all workplaces and educational establishments.
- **Recognise and address** the ways in which perpetrators can use the court system and contact and custody proceedings to continue to control and intimidate victims. The current belief in Parental Alienation in the family court where domestic abuse is evidenced **must be challenged** and the safety of the children should be considered paramount.

Health and Social Services

Health professionals and Social Services may be the **first port of call for victims** of IPV, but our study showed that women were rarely directly questioned about their presenting problems (namely, physical injuries, sleep deprivation, low mood and anxiety). Health and Social Services should:

- Ensure that 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, is rolled out nationwide.
- Recognise that **trust and respect** must be developed for victims to feel comfortable to disclose abuse. Bureaucratic form completion hampers disclosure.
- **Ensure A&E staff are trained** in signs and symptoms of domestic abuse. This can often be the first interaction with services for women and children and consideration of domestic abuse must be a priority: women must routinely be seen alone.
- Ensure that midwifery and health visiting services **recognise the vulnerability and increased risk** victims face whilst pregnant and assess risk accordingly.
- **Recognise children as primary victims** and ensure that support services are provided to prevent, or else stem, the negative impact that experiencing parental IPV has on children. Building resilience for children is essential to limit the intergenerational transmission of IPV.
- Services for children must also **address the repercussions** that the parental IPV has on their lives. For example, the impact on their relationship with the perpetrator, change of school, loss of friends post separation etc.
- Mental Health professionals, when working with men, should **routinely enquire about their relationship status** and ensure they also conduct assessments (separately) with their partners. According to the homicide review of 2016 (Home Office), of the 33 homicides considered, 21 involved perpetrators with mental health issues.

The impact of IPV is broad ranging, continuing post separation with potential devastating long-term effects on survivors' physical and psychological health.



None in Three is a global research centre which develops and evaluates prosocial games to prevent gender-based violence. It is based at the University of Huddersfield; the project which produced this work was funded by the UK Government's Global Challenges Research Fund through UK Research and Innovation, in an international partnership including institutions in India, Jamaica, Uganda and the UK.

The Centre takes its name from the fact that, according to the World Health Organisation, one in three women and girls are subject to physical or sexual violence in their lifetime. We aim to make this none in three.



University of
HUDDERSFIELD
Inspiring global professionals

