



Broken Silence

The Domestic Violence Report



**By Kensington & Chelsea Local
Involvement Network**

May 2011

Contents

1.	Background	3
2.	Executive Summary	3
3.	Acknowledgements	5
4.	Aims of Research	5
5.	Methodology	5
6.	Confidentiality	6
7.	Definitions of Domestic Violence	6
8.	Statistics on Domestic Violence in RBKC	7
9.	Research Findings	8
10.	Recommendations	9
11.	Conclusion	11
12.	Appendices	
	Appendices A: Focus Group	12
	Appendices B: 1-2-1 interview	14
	Appendices C: Domestic Violence Survey	16
	Appendices D: Keyworker	24
13.	Useful addresses	27
14.	References	30



1. Background

Kensington and Chelsea Local Involvement Network (K&C LINK) is an independent network for people who want to have a voice in (or, “to have their say about”) the delivery of health and social services in the borough and beyond. K&C LINK works on the principle that users of services should be involved in the design and commissioning of services and the decisions that affect their daily lives.

In 2010-2011, the Kensington and Chelsea LINK Mental Health Sub-group identified access to health and social care services by women who have experience of domestic violence as a priority area of research. In May 2010, K&C LINK started peer-research¹ to gather evidence from female survivors of domestic violence regarding their experiences with care providers in the Royal Borough of Kensington and Chelsea (RBKC).

Initially (or “in the first phase of this study”) K&C LINK worked closely with the RBKC Domestic Violence Co-ordinator to identify groups, individuals and organisations to take part in the research.

2. Executive Summary

Domestic violence is characterised by a pattern of repeated abuse, usually carried out by the same perpetrator.² Until recently domestic violence was not officially recorded, making it a challenge to measure and support. Many agencies still do not distinguish domestic violence when publishing crime rates (Crimestoppers 2011, Police, March 2011). Domestic violence is a private, secretive crime; victims often do not report incidents and some victims do not realise that domestic violence *is* a crime. Having reported domestic violence a survivor can either receive support at home or flee the home to accommodation with or without support.

Domestic violence is often a ‘silent’ or hidden crime and the experience of survivors fleeing domestic violence is rarely charted. This report is therefore innovative and important research as it presents evidence about survivors’ experience of service provision in RBKC.

The secretive nature of this crime led to relatively few responses to focus group invitations or to questionnaires. However, the responses received were extremely valuable, as this social microcosm gave much needed insight into the experience of the domestic violence survivor. Of the women surveyed the highest risk group of respondents were those aged 26yrs to 35yrs; this group made up over 50% of those who participated. 40% of respondents were aged 16yrs to 25yrs.

K&C LINK gathered information from domestic violence survivors using a number of methodologies also recommended by [womensaid.org](http://www.womensaid.org). This research examines the experiences of women who have survived domestic violence and are currently

¹ The research was carried out by K&C LINK members who had personal experience of domestic violence

² <http://www.womensaid.org.uk/domestic-violence-articles>



accessing services in RBKC with an aim to inform and influence future service provision for survivors in RBKC.

It is clear from the respondents to the research that RBKC are providing a much needed service to women fleeing domestic violence. However, it is also clear that there are still gaps in service provision. The main area highlighted was the lack of referrals to quality agencies: 50% of the women who responded stated that they had approached domestic violence agencies, which demonstrates the need for specialist services. Respondents state, **“Care agencies need to improve their referral systems.”** However one service provider maintained that many of the women are satisfied when they use their services.

Many respondents reported difficulties with languages when they used services. The service users also highlighted a general lack of up to date information on quality services; hence respondents state, **“No support offered after I found a refuge”** and **“I haven’t been told about local services.”**

A large area of concern for domestic violence survivors is their experience with GPs. They felt that they were not always listened to, they did not like the body language used and they felt they were over-prescribed medication. One participant stated: **“for chest pain and tightness [my doctor] was not very sympathetic and prescribed pain killers.”**

The experience of survivors at A&E paralleled this. The women felt that hospital staff did not recognise domestic violence - however many reported a good overall experience at hospitals. One woman reported being told to **‘just go home’** by social services. Survivors agree that, **“Care agencies need to train their frontline staff about domestic violence.”** Service users highlighted a need of training for frontline staff to recognise and deal with domestic violence and stated **“Specialist training is needed for frontline staff”** and **“more awareness of Domestic Violence is needed”**

Many of the survivors were pleased with the work of the police. **“The police were very helpful and managed to get both me and my baby out safely.”** That survivor was satisfied and grateful with the help and support she received from the police. However, just over a quarter of those surveyed felt the police were unhelpful. The Refuges were thought to be extremely helpful. However there was a clear lack of information about referrals to quality agencies and self referral agencies. **“I was placed in a women’s refuge but follow up services were nil – none.”** Some women felt that there are not enough resources put into domestic violence services. Some maintained services were available but there can be a long waiting time for such services as counselling.

The respondents also highlighted the need for outreach support and capacity building services such as maths, English and IT classes as well as confidence building classes for mother and children and stated **“there is the need for more outreach support – home help to study or engage in other outside interests.”** With the current changes in service provision this is a timely study the aim is to inform future service provision to further support domestic violence survivors in their recovery.



“I ran to the front door and opened it. The police were there and they helped me get my baby and myself out. I know that it was my uncle who called them. I went to stay with my uncle. I stayed with him and his family for six days and then moved into a women’s refuge. I was so grateful to them to have come out alive with my daughter. I don’t think that I can ever get over it. It is hard to understand why people can be so horrible. I did nothing wrong to them.”

Domestic Violence Survivor

3. Acknowledgements

Kensington and Chelsea LINK sincerely thank the domestic violence survivors and service providers who have attended meetings, completed questionnaires and taken part in quality discussions. K&C LINK recognises the importance of receiving feedback from service users and very much appreciates their having given us their time during such a difficult period of their lives.

We are deeply indebted to Elizabeth whose patience and commitment enabled us to complete this research.

4. Aim of Research

This original piece of research examines the experiences of women who have survived domestic violence in accessing services. By using peer research, K&C LINK aimed to identify gaps in health and social care service provision with a view to informing and influencing service providers when designing, commissioning and delivering domestic violence services in the borough.

5. Methodology

The research took place from the summer of 2010 to February 2011. A number of research methods were undertaken to ensure the research was ethical, transparent and accessible. The research was advertised in RBKC and distributed via voluntary and statutory agencies. Participants were selected by volunteering and/or self-referral. Participants were supported and encouraged to speak freely and openly and were treated with the utmost respect while the research was carried out.

The methods of research used included: book and desk research, focus groups and one-to-one interviews; self completion questionnaires were completed by both service users and service providers; some sessions were structured as informal conversations. Meetings took approximately one hour and an incentive was given to those who took part in the study. All participants were debriefed following discussions. We hope the RBKC Domestic Violence Co-ordinator will use the



recommendations of this report to inform a Strategy for Domestic Violence in the borough.

6. Confidentiality

Particular care was taken to ensure that all subjects who took part were provided with complete anonymity.

7. Definitions of Domestic Violence

The Government defines domestic violence (2004) as:

"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality"¹

This includes issues of concern to black and minority ethnic communities such as so called 'honour based violence', female genital mutilation and forced marriage.

Woman's Aid defines domestic violence as: physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behavior. Domestic violence may include a range of abusive behaviors, not all of which are in themselves inherently 'violent'.³

Other forms of domestic violence include if your partner/ abuser:

- Humiliates, criticises or insults you
- Ignores you or puts you down
- Sees you as property or a sex object, rather than a person
- Has a bad or unpredictable temper
- Destroys your belongings
- Threatens to hurt or kill you
- Forces you to have sex
- Controls what you do or where you go
- Constantly checks up on or stalks you
- Keeps you from seeing your friends or family

Domestic violence can take place in lesbian, gay, bisexual and transgender relationships and can involve other family members including children.

Many theories exist as to why domestic violence happens. It may be learned behaviour

³ <http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200410001&itemid=1272>

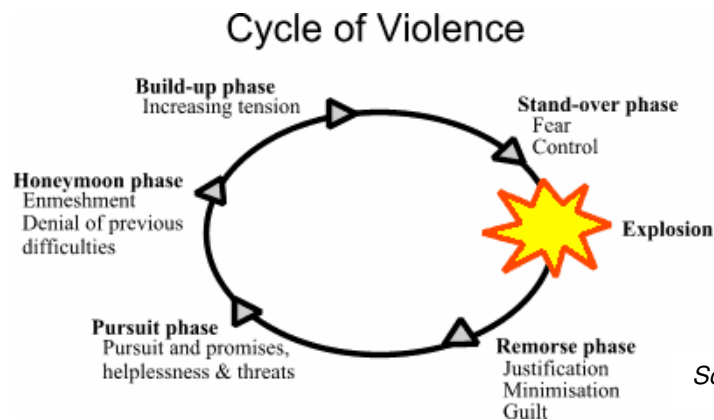


“or behaviour accumulated through life manifesting in violence” (I do not understand this sentence.) Possibly, or severe stress or trauma finding its outlet in violence” (?)

Violence may be drug or alcohol induced or may be a function of cultural factors, i.e. forced marriages.

On average a victim of domestic violence will have been assaulted **35** times before contacting the police: **Victim Support**

It is strongly believed domestic violence may be cyclical, as pictured in this diagram.



Domestic violence is based on one person having power and control over another and it often gets worse over time. Many people who suffer domestic violence live relatively normal lives in very difficult circumstances (Victim Support). It is because of its cyclical nature that domestic violence can be difficult to detect, challenge, support and resolve.

8. Statistics on Domestic Violence

Womensaid.org reports the following statistics on domestic violence:

- One incident is reported to the police every three minutes
- In any one year there are 13 million separate incidents of physical violence or threats of violence against partners or former partners
- Internationally - 1 in 4 women experience domestic violence in their lifetime
- On average 2 women a week are killed by a male partner or former partner



- The free phone 24-hour National Domestic Violence Helpline (run in partnership between Women’s Aid and Refuge) received just over a quarter of a million calls in its first 12 months
- Children who live with domestic violence are at an increased risk of behavioural problems, emotional trauma and mental health difficulties in adult life
- In 75% to 90% of incidents of domestic violence children are in the room

9. Research Findings

During the study it became apparent that there are many recurring themes in discussions with domestic violence survivors. We hope the Royal Borough of Kensington and Chelsea in partnership with Inner North West London NHS Sub-cluster will lead on implementing the findings of this report. A strategic and coordinated approach in terms of health, social care and addressing the wider determinants is required.

- There is a need for service providers (GPs, domestic violence agencies, social services etc) to **refer/ signpost survivors to other quality agencies** to create more effective delivery. Many survivors stressed that **“more outreach support is needed”**
- **Identification of domestic violence** by service providers is an issue. Many participants stated that **“care agencies need to train their frontline staff about domestic violence”**
- **Body language and communication skills are of great importance** when dealing with women who have fled violence. **“Care agencies should display positive body language”**
- There is a clear need for GPs and other agencies to receive **specialist training on how to treat victims of domestic violence**. As one participant stated, **‘doctors did not want to give me the treatment I needed’**
- There is a **need for service providers (i.e. GPs,) to listen more**. Again, one participant echoed the sentiments of many when she stated **‘I need to someone to confide my problems to and to advise me - which I don’t get at the moment from staff and other services.’**
- **GPs should not just prescribe anti-depressants** – to do that is to treat a symptom without treating the cause of that symptom.
- There is a clear need for education to re-build confidence/ self esteem. (Suggested training ranges from personal development to Maths,



English and IT classes.) The research has also identified a need for much greater legal, financial and emotional support

- There is a need to have **more support with languages**
- There is a need for more translation services.
- More outreach services as highlighted by the focus group
- **Further worker is needed on cross cultural understanding** in order for families and providers to accommodate women's needs.
- There is a need for **confidence building classes** for women
- Social services seemed only concerned with the children/ they should understand the mothers' problem also

10. Recommendations

We hope the RBKC Domestic Violence Coordinator will use the recommendations of this report to inform a Strategy for Domestic Violence in the borough.

Partnerships

The study highlighted the fact that Domestic Violence aftercare would benefit from a more joined-up service (which might well also show cost-efficiency savings.)

- *Recommendation:* Encourage people to work together around common issues and the aspirations of domestic violence survivors to create synergy between services
- *Recommendation:* develop a strategy to enable services to work cooperatively on overarching issues, making the pathway clearer for survivors using those services.
- *Recommendation:* Encourage key individuals and community leaders to take action and work with statutory agencies to ensure concrete changes are brought about
- *Recommendation:* Encourage the survivors of domestic violence to become involved in decision making, and in the design and delivery of the services that they use, working with statutory agencies to ensure concrete changes are brought about.
- *Recommendation:* Work closely with faith groups who provide pastoral support in the community



Resources & Training

The study highlighted a need for service providers (GPs, domestic violence agencies, social services etc) to refer/ signpost to other *quality* agencies to create a more joined-up and effective service. The study also highlighted a need for GPs and other agencies to receive specialist training on how to treat victims of domestic violence.

- *Recommendation:* Create resources in collaboration with survivors and community groups. We recommend including a handbook/ survivors resource pack of quality services including legal advice, financial advice, budgeting, well being, local services (mapping exercise), classes etc
- *Recommendation:* Design an up to date directory listing quality services *for service providers to use* when working with women experiencing or fleeing domestic violence
- *Recommendation:* Design/ commission training to challenge oppressive practices and renegotiate existing power relationships when working with domestic violence survivors
- *Recommendation* :provide training and support to enable service providers to recognise the signs of domestic violence and understand the steps to take to support the victim
- *Recommendation:* Design a toolkit and check list for service providers/ groups/individuals who support domestic violence survivors
- *Recommendation:* Design workshops or work with agencies providing maths, English, confidence building skills etc to provide training for survivors
- *Recommendation:* Provide training packages for community groups and community organisations
- *Recommendation:* Promote expertise within organisations in the wider community

Encourage Participation

The study highlighted the need to involve survivors in the design and delivery of services

- *Recommendation:* Actively involve and encourage people to get involved with issues that affect their lives
- *Recommendation:* Encourage survivors to discuss their needs and their experiences as service users and to work with commissioners to purchase services that reflect the needs and priorities of domestic violence survivors



Service Delivery

- *Recommendation:* More visible outreach support is required to meet the needs of domestic violence survivors; in particular, help with legal services, studying, supporting children and accessing services
- *Recommendation:* Training and support needs to be given to service providers encouraging them to listen to the victims of domestic violence and make recommendations to quality services based on individual needs not resources or assumptions
- *Recommendation:* Service providers need training and support which would encourage them to listen to the victims of domestic violence and make recommendations to quality services based on individual needs, rather than assumptions.
- *Recommendation:* The report highlights the need for more language services at point of first contact and when accessing services. Cultural understanding is also necessary and a good rapport will lead to a less distressing experience for the service user.

11. Conclusion

Everyone should have the right to a life free from abuse, fear and harm. While researching the experiences both of those who use services for survivors of domestic violence and those who provide such services, K&C LINK examined those recurring themes and trends that prevent domestic violence survivors from accessing services and from getting the best chance of recovery.

This report illustrates the need to improve the interface between service users and providers, and to address the gaps in service provision to ensure the basic needs of domestic violence survivors are met. At this point many of the needs of the survivors of domestic violence are still unmet and ignored.

The findings of this research suggest domestic violence survivors would value involvement and would benefit from it. The challenge for service providers is how to engage with this group to maximise involvement and change whilst respecting survivors' needs to have time to heal and to remain anonymous.

For these findings to be effective service providers in RBKC need to make a change of emphasis from management led choices to users taking a lead in decision making and offering input into the way these services are delivered.



12. Appendices

Appendix A – Findings of Focus Group:

A focus group was held. Eight women from black and minority ethnic groups attended the meetings

Q.1. When visiting your GP are you satisfied with his/her attitude towards you?

- There is a need for GPs to receive training on how to treat victims of domestic violence
- Found GPs body language unhelpful
- GP tells you that you are depressed and offers medication. Incorrect diagnosis. Prescribed anti depressants
- No Duty of Care
- GPs are very dismissive and restricted with time – NHS Targets
- Lack of awareness. More training is needed to become more aware of DV. Needs to listen more
- GPs should listen more
- GPs are restricted on time
- Need to do more referrals to other agencies

Q.2. During the time of DV have you ever visited A&E?

- For chest (pain and tightness) not very sympathetic – prescribed pain killers
- Don't recognise the problem
- Don't recognise the problem they treat as an illness

Q.3. Help and support from Social Services

- Only concerned with children – don't understand the mothers situation
- Negative body language
- Referral system needs to be improved
- Took away the children – increased the pain
- Neglect the mother's needs – don't look at the real problem
- Care agency workers should display a more positive body language
- Care agency workers need to train their front line staff about domestic violence
- Care agencies need to improve their referral systems

Q.4. Help and support from Housing Office RBKC

- Not very helpful to women experiencing domestic violence
- More awareness of domestic violence needed
- Specialist training needed for frontline staff



- Need to do more referrals to other agencies rather than just send people away

Q.5. Any other comments?

- There needs to be more outreach support (home help to study or engage in other outside interests)
- Dealing with two cultures is problematic and this is what fuels the problem of domestic violence
- Need to educate the men on how to assimilate both cultures to accommodate the wife's needs and value women more
- There is a need for confidence building classes for women to build self esteem/ empowerment
- Relationship training for children will help
- More outreach support is needed
- Foundation courses (IT, English etc) or other courses that lead to a more recognised qualification such as a diploma/ NVQ etc will help to build self esteem and help DV women to feel more valued



Appendix B – One-to-one Interview with Domestic Violence Survivor

The following information was taken from an interview with a domestic violence survivor from another country who came to England who stated:

I was in England for a few days and the domestic violence began. It came mainly from my mother-in law.

I experienced isolation and domestic servitude. I was not allowed to open the door or stand in the doorway in case someone saw me. I had to stay indoors all the time and I was kept busy and had no time for myself at all. I had to clean the whole house on my own. I had no mops to mop the floor I had to go down on my hands and my knees to clean the floors. I washed and ironed for everyone. I had to cook for everyone and they all wanted something different. I had to cook everything that each of them wanted individually. If I did not cook the food the way they wanted they would ridicule me. They would call me names and belittle me, making me inferior to them. My mother in law was the main person who did this to me she made me feel like a slave.

At night I hardly had any sleep. The most sleep had was two hours a night. I would get up at three thirty each morning to say my prayers. It seemed as though my mother in law was waiting for me to get up because as soon as she heard me she would have things for me to do from them. She kept me busy from the time I finished my prayers.

They gave me no money to buy anything for myself. They did all my shopping and bought things they thought I wanted, even though I had no choice in the matter. I was only allowed to eat one meal a day – in the evening. The food was a few days old. When I was hungry at other times they denied me food.

I was not allowed to use the phone, only once every two months to ask my family for clothes. I was forced to tell them I was happy. Any one who came to the house I was forced to put on a happy face.

My father in law influenced my husband (his son), to rape me. When I tried to speak for myself, I was threatened. To keep me from talking, they would buy something expensive after the incident. Who was I going to talk to when they kept me from going outside or speaking to anyone else in the house except them? The cruelty never stopped even when I was pregnant. During my pregnancy, I experienced bleeding and was warned by the doctor that if I do not rest I could lose the baby. In spite of this, I was still not able to rest. I don't know how I carried the baby for the full nine months. When the baby was born the cruelty got worse. I gave birth to a baby girl. They called my baby some horrible names such as ugly horrible nose and so on. Because the baby was a girl the cruelty only got worse.

My husband was kind to me, he didn't like what they were doing to me, but his mother did not like this. She kept him from working and he claimed benefits for me



and our daughter, which they took from him. They gave some money, like pocket money. They controlled him too. This is the way they keep him under their control.

Finally things came to a head. I could take it no longer. I had to get out, but this proved to be a lot harder than I thought. I spoke to my husband and he told me to leave but not to take the baby.

His parents became both verbally and physically abusive. I ran to the bedroom and took my husband's mobile phone. I then ran into the toilet and locked myself in. I called my uncle who took only fifteen minutes to get there. When he knocked at the door, my mother in law opened and told him that I did not live there and slammed the door shut in his face. My uncle called me to say that he was outside.

Meanwhile, my father in law broke open the toilet door. He choked me to stop me from screaming and my mother in law closed the window. They beat me.

When my father in law eventually stopped choking me, I managed to push my mother in law against him and ran out of the toilet. I ran to the front door and opened it. The police were there and they helped me get my baby and myself out. I know that it was my uncle who called them. I went to stay with my uncle. I stayed with him and his family for six days and then moved into a women's refuge. I was so grateful to them to have come out alive with my daughter. I don't think that I can ever get over it. It is hard to understand why people can be so horrible. I did nothing wrong to them.

I was not familiar with the law in Britain and they kept me from finding out. Since moving into the refuge, the workers made me aware of my rights and I can now see that what they were doing to me was illegal and against the law.

Special thanks go out to this brave survivor who consented to sharing her transcripts with us to help improve service delivery. Thank you.

Despite her experience the survivor maintains:

- The doctor was very supportive of her needs
- The police were very helpful and managed to get both her and her baby out safely. The survivor was satisfied and grateful with the help and support she received from the police
- The survivor was extremely pleased with the help and support she received from the women's refuge



Appendix C – Kensington and Chelsea Domestic Violence Survey

Thirteen questionnaires were completed and returned – what follows is a summary of findings:

Q1. How long have you been a survivor of domestic violence?

Question: How long have you been a survivor of domestic violence?	Response
One year and under	4
More than one year	8
Other	More than 10 years
Declined to answer	0
Total	13

Q2. What was your experience of domestic violence? (Tick as many boxes as you wish)

Question: What was your experience of domestic violence?	Response
Physical abuse	12
Sexual abuse	8
Mental abuse	12
Bribery (giving expensive gifts as abuse)	3
Denial of food	3
Denial of money	8
Isolation from family and friends	10
Other	<ul style="list-style-type: none"> • Withdrawal of things like tobacco, threats to family • Financial abuse mother in law had total control over my NI number and bank account

Q3. Did your spouse or partner ever abuse your children physically?

Question: Did your spouse or partner ever abuse your children physically?	Responses
Yes	0
No	12
Declined to answer	1
Total	13

Q4. When visiting your doctor were you satisfied with the help you received?



Question: When visiting your doctor were you satisfied with the help you received?	Responses
Yes	5
No	6
Don't know	1
Declined to answer	1
Total	13

Q5. How would you rate the help you received at the time of the visit?

Question: How would you rate the help you received at the time of the visit?	Responses
Excellent	2
Very helpful	3
Helpful	1
Not helpful	5
Don't know	1
Declined to answer	1
Total	13

Q6. Whilst experiencing domestic violence did you visit the emergency department at the hospital?

Question: Whilst experiencing domestic violence did you visit the emergency department at the hospital?	Responses
Yes	6
No	7
Don't know	0
Hospital visited	Royal London Hospital Whitechapel Tower Hamlets Mayday Hosp, Croydon, Coleraine (N. Ireland) Newham General UCH London Hillingdon Hospital
Comments	<ul style="list-style-type: none"> • I was supposed to but I just let it heal by itself • My in-laws did not let me go to the doctor after each incident



Question: Whilst experiencing domestic violence did you visit the emergency department at the hospital?	Responses
Declined to answer	0
Total	13

Q7. How would you rate the service you received at the hospital?

Question: How would you rate the service you received at the hospital?	Responses
Excellent	0
Very helpful	2
Helpful	3
Not at all helpful	0
Don't know	1
Declined to answer	7
Total	13

Q8. Have you complained to the police to complain about the perpetrator? If you did make a complaint please explain why you made a complaint.

Question: Have you complained to the police about the perpetrator?	Responses
Yes	10
No	2
Don't know	0
Declined to answer	1
Why did you make the complaint?	<ul style="list-style-type: none"> • After the attack, police found perpetrator through me telling them where he is • Because I was assaulted by my ex-partner • I worried it might get out of hand • Perpetrator threw brick through window of mum's house causing injuries - he got a caution • To ensure perpetrator will keep his distance • It was when my in-laws tried to hurt me and keep me against my will • Because I was fleeing and scared



Question: Have you complained to the police about the perpetrator?	Responses
	• Because he beat me
Total	13

Q9. How would you rate the service you received from the police at the time you made your complaint?

Question: How would you rate the service you received from the police at the time you made your complaint?	Responses
Excellent	2
Very helpful	3
Helpful	2
Not at all helpful	3
Don't know	0
Declined to answer	3
Total	13

Q10. When visiting the Royal Borough Council of Kensington and Chelsea – did they meet your needs?

Question: When visiting the Royal Borough Council of Kensington and Chelsea – did they meet your needs?	Responses
Yes	0
No	1
Don't know	1
Not applicable	7
Declined to answer	3
Spoiled	1
Total	13



Q11. When visiting the housing office at Royal Borough Council of Kensington and Chelsea – did they meet your needs?

Question: When visiting the housing office at Royal Borough Council of Kensington and Chelsea – did they meet your needs	Responses
Yes	0
No	1
Don't know	1
Not applicable	6
Declined to answer	3
Spoiled	2
Total	13

Q12. While experiencing domestic violence, did you visit domestic violence support services?

Question: While experiencing domestic violence, did you visit domestic violence support services?	Responses
Yes	6
No	6
Don't know	0
Declined to answer	1
Total	13

Q13. Which domestic violence services did you visit?

Question: Which domestic violence services did you visit?	Responses
The Royal Borough of Kensington and Chelsea	0
Kensington and Chelsea Police	1
Kensington and Chelsea Women's Aid	1
Eaves Housing Trust	0
Kensington and Chelsea Victim Support	0
Women's Trust Independent Advisory Service	1
Refuge	6
Solicitors	3
Sanctuary Scheme	1
The Samaritans	0
The National Domestic Violence Help Line	3
Childline	0
Forced marriage Unit	0



Question: Which domestic violence services did you visit?	Responses
Honour	0
The Children's Refuge	0
Other	<ul style="list-style-type: none"> • Women's Aid • Women's Safety Officer • Hestia Women's Services
Declined to answer	3
Total	Multiple services used

Q14. How would you rate your experience when you visited the domestic violence support service?

Question: How would you rate your experience when you visited the domestic violence support service?	Responses
Excellent	3
Very good	1
Good	4
Bad	1
Don't know	1
Not applicable	1
Declined to answer	1
Other	Not good
Total	13

Q15. Which age group describes you best?

Question: Which age group describes you best?	Responses
16 – 25	5
26 – 35	7
36 – 45	1
46 – 55	
56 – 60	
65 +	
Declined to answer	
Total	13



Q16. Do you consider yourself to have a disability?

Question: Do you consider yourself to have a disability?	Responses
Yes	0
No	13
Total	13

Q17. Please tick the box that best describes your ethnicity.

Question: Please tick the box that best describes your ethnicity	Responses
White	3
White Irish	1
Black or Black British-Caribbean	2
Black or Black British-African	1
Black or Black British-Other	
Mixed White and Black Caribbean	1
Mixed White and Black African	
Black or Black British Other	
Asian or Asian British-Indian	
Asian or Asian British-Pakistani	3
Asian or Asian British-Bangladeshi	
Asian or Asian British-Other	
Chinese	
Moroccan	
Arab	
Other	2
Please describe	<ul style="list-style-type: none"> • Black African • Mixed Race
Total	13

Q18. In the space below, please describe what your experiences were with the local services? Please give as much detailed information possible.

Question: In the space below, please describe what your experiences were with the local services? Please give as much detailed information possible	Responses
Declined to answer	6
	<ul style="list-style-type: none"> • Very good • They helped me get a safe place to stay and the police put my partner in prison for what he did but I am still waiting for counselling services • The staff at the hostel are very



Question: In the space below, please describe what your experiences were with the local services? Please give as much detailed information possible	Responses
	<p>good but I need someone to confide my problems to and advise me which I don't get at the moment from staff and other services</p> <ul style="list-style-type: none"> • Found my refuge staff very helpful • Was placed in a women's refuge but follow up services were nil • No support offered after I found a refuge • Ok I haven't really been told about local services • Refuge is great



Appendix D – Interviews with Domestic Violence Key workers

There are many frontline staff and keyworkers in RBKC who have first hand experiences of working with domestic violence survivors. What follows is a summary of answers to questions set by domestic violence survivors?

Q.1. How long do women suffer/experience domestic violence before entering the refuge

Some women are placed in a refuge immediately some women suffer for years and years

Q.2. Who usually refers the women to you?

The women may self refer or be referred by social services or other agencies

Q.3 If they self refer how do you assess they need the protection of the refuge?

We complete a risk assessment, the details of all incidents and abuse, we use professional judgement. We have a DV worker and follow a set of guidelines

Q.4. Please describe the physical condition of a woman when she comes into a refuge

Physically many of the women seem OK; they often come to us some time after the incident has happened so we do not always see them in a bad physical state. Often the women are isolated and have reached the end of their tether and we are the only option left.

Q.5. Please describe any psychological symptoms suffered by women who experience domestic violence

The women are often crying and shaking; they are isolated and alone and have been left feeling that they are worth nothing. The women are tearful and depressed, lacking in self-esteem and confidence, blaming themselves and making excuses for their partners.

Q.6. Prior to entering a refuge, have any of the women had any treatment and support from agencies (medical practitioners, A&E departments?)

i) **If yes what help and support do they receive?**



In most cases the GP is aware of the abuse and in some cases hospital care has been given. Some women are referred to a counsellor

ii) How satisfied do you think they were with the help and support

Generally satisfied/ not extremely satisfied

iii) When at the refuge, are the women satisfied with the help and support?

Sometimes it takes a while for the client to see a counsellor – they are usually satisfied when this has been achieved. Sometimes women are satisfied and other times it can be frustrating to exchange information

Q.7. Before entering the refuge did any of the women source any help from the police?

Many women do contact the police. Often we are their first point of call before they come to a refuge and yes they do report incidents to the police especially in cases where it is needed for immigration purposes.

Q.8. Do any women receive help from social services?

Yes, sometimes we find social services already involved.

i) What help does she/they usually receive from social services?

If they have resource to public funds the report is very good otherwise it is very bad. If children are involved social services check the well-being of children and register

ii) Were you satisfied with the help the service users received?

Not really. No, at times it is very difficult to get help from social services

Q.9 Do any of the women have any issues when visiting these agencies? If so what discrepancies do they experience? Please describe

More often than not they face language barriers. Women have been told to 'go back home' by social services – support refused because of their immigration status.

Q.10. What aftercare do you have in place for women leaving the services provided by the refuge?

Women can access services as long as they need it. Services are ongoing.

Q.11 Are there any other agencies in RBKC that you can signpost the women to in order to get more help? Please name the agencies.

Parkside Women's Trust



Q.12. Do you think enough is being done for women sufferers/ survivors of domestic violence by the agencies? Can more be done?

Not enough resources are being put into the DV sector therefore sufferers/ survivors are not getting the service they deserve and need.

Q.13. If you have any suggestions or criticisms, please feel free to write them and send them back to me. We would be happy to receive any input from you.

No responses



13. Useful Addresses

Woman's Trust's Independent Domestic Violence Advocacy (IDVA) Service is a 24-hour specialist support agency that assesses risk, creates individual safety plans and supports women aged 16+ living in Kensington and Chelsea through any action they may decide to take.

The IDVA Service offers an independent and confidential listening ear to provide the following services to women who have experienced domestic abuse from an intimate partner or family member, including in same sex relationships:

- A risk assessment, direction and advice;
- Appointments and full safety plan if at serious risk of harm;
- Information on rights and options
- Legal advice, direction and support through civil courts;
- Advocacy and support through criminal procedures;
- Referral to on-going support services;
- Advocacy and referral to other appropriate support service
- Referral to in-house 1:1 and group counseling
- Specialist support for rape, sexual assault and sexual violence

Contact them on 0207 034 0303 / 0304 (9.30am to 5pm) or 0774 708 0964 (24hr emergency service) www.womanstrust.org.uk

Additional Support in RBKC includes:

Eaves Women's Aid: Free confidential support, advice, information, advocacy and help to find refuge places for any woman aged 18+ living or working in Kensington and Chelsea experiencing violence or abuse within a relationship. 0845 880 3005 or 020 7735 2062 (9.30am to 4.30pm) www.eaves4women.co.uk

K&C Victim Support: Free, confidential support for victims of crime, whether or not the crime has been reported to the police. Victim Support is able to explore different options and help to increase safety. It can provide information on police, legal and housing procedures and referral to solicitors and other agencies that can help. Victim Support is open to anyone experiencing domestic violence, including male victims and victims under 18.

020 7259 2424 (9am to 5pm) www.victimsupport.org.uk

Hestia: Refuge and short term supported housing for women aged 18+ leaving an abusive relationship 020 8960 4202

Al-Hasaniya Moroccan Women's Centre: Advice and assistance for Moroccan & Arabic speaking women of all ages. 020 8969 2292 www.al-hasaniya.org.uk

DVIP / Al-Aman: Domestic Violence Intervention Programme for abusers and a Women's Support Service for their partners. Al-Aman is similar project that works with perpetrators of domestic violence and women aged 18+ who have experienced in the Arabic speaking community. 0208 563 2250 www.dvip.org

THE POLICE

There are three police stations in the borough:



Kensington Police Station – (24 hours) 72 Earls Court Road Kensington London W8 6EQ Tel: 0300 123 1212

Chelsea Police Station - (24 hours) 2 Lucan Place Chelsea London SW3 3PB Tel. 0300 123 1212

Notting Hill Police Station – (24 hours) 99 - 101 Ladbroke Road Notting Hill London W11 3PL Tel. 0300 123 1212

RBKC Police Community Safety Unit (CSU) – The CSU, which is located at the Notting Hill Police Station, investigates hate crimes, including domestic violence, in the borough. Officers are specially trained to deal with these crimes. There is an answer phone for out of hours calls. 020 8246 0226

SOLICITORS

The [National Centre for Domestic Violence \(NCDV\)](http://www.ncdv.org.uk) provides a free, fast emergency service to survivors of domestic violence. This service allows anyone to apply for an injunction within 24 hours of first contact (in most circumstances). They work in close partnership with the police, local firms of existing solicitors and other support agencies (Refuge, Women's Aid etc) to help survivors obtain speedy protection: 0844 8044 999 www.ncdv.org.uk

The **North Kensington Law Centre** provides free, confidential Legal Advice: 74 Golborne Road, London W10 5PS: 020 8969 7473 www.nklc.co.uk

Community Legal Advice also offers free confidential independent legal advice and can help locate a local solicitor: www.communitylegaladvice.org.uk 0845 345 4345.

HOUSING

SANCTUARY SCHEME

The Sanctuary Scheme is designed to enable victims of domestic violence to remain in their own accommodation, where:

- it is safe for them to do so
- it is their choice
- the perpetrator does not live in the accommodation.

The main feature of the scheme is the creation of a 'sanctuary room', providing a safe room or sanctuary from where victims can call and wait for the arrival of the police. Additional security can also be provided, (for example, locks on windows and doors, gated security to the outside of a property, fire hammers, fire blankets and emergency lighting.)

The scheme allows survivors to access extra support to increase security and safety within the home, making it unnecessary for survivors of domestic violence to leave their existing accommodation and their support networks.

For enquiries about this project, or advice with regard to any domestic violence issue, telephone the Community Safety Team on 0207 795 6660. Alternatively, please contact the Woman's Trust on 020 7034 0303/4 or the Housing Advice Service Kensington and Chelsea on 020 8206 5900 or 020 7373 6262.

HOUSING ADVICE SERVICE KENSINGTON & CHELSEA (HASKC):

HASKC provides free, confidential and independent housing advice for people who live, work or study in the Royal Borough of Kensington and Chelsea. They also run a Sanctuary Project. Telephone advice line Monday to Friday 10.30am to 3.00pm on 020 8996 8900 or 020 7373 6262.



NATIONAL HELPLINES AND ONLINE RESOURCES:

The Samaritans - 24 hour helpline that offers confidential, emotional support for people who are experiencing feelings of distress or despair, including those that may lead to suicide. 0845 790 9090

For WOMEN experiencing DV:

National Domestic Violence Freephone Helpline - 24hour helpline providing access to emergency refuge accommodation and information about domestic violence issues and safety planning. 0808 2000 247 www.womensaid.org.uk

For LGBT people experiencing DV (Broken Rainbow):

08452 60 44 60 offering support for lesbian, gay, bi and transgender people (LGBT) experiencing domestic violence www.broken-rainbow.org.uk

For Men experiencing DV (Men's Advice Line run by Respect):

0808 801 0327 (Mon, Tues & Weds 10am-1pm and 2pm-5pm – answer machine when lines closed) www.mensadvice.org.uk

For Abusers wanting to stop (Respect Phonenumber):

0845 122 8609 www.respect.org.uk

Information and advice for British nationals forced into marriage:

Forced Marriage Unit: Tel 020 7008 0151. Out of hours: 020 7008 1500 A Government office that provides support and assistance to British nationals being forced into marriage overseas. www.fco.gov.uk Email: fmufco@fco.gov.uk

For Young People & Children:

ChildLine - Free 24 hour helpline for children in distress or danger 0800 1111 www.thehideout.org.uk

The Children's Refuge - 24 hour emergency service for people under 16 who need a safe place to stay and are unable to stay at home or with their carers. 0800 389

How to leave an abusive relationship:

Contact one of the hotlines listed for help and advice when preparing to leave. The hotline can refer you or your friend to local resources.

Things to bring with you:

- Identification: birth certificate, driver's license, Social Security card, welfare identification, green card
- Personal Papers: marriage certificate, divorce papers, custody orders, legal protection or restraining orders, immigration papers, medical records, health insurance papers, rental agreement/lease, car title, registration, and insurance info
- Funds: cash, credit/debit cards, cheque book, bank card
- Keys: house, car
- Communication: mobile phone



- Medication

(Information provided by the National Women's Health Information Centre)

14. References

- Front cover image taken from <http://www.kataliniclawfirm.com/?p=65> 9th March 2011
- Safer City Partnership – City of London Domestic Violence Strategy 2010 - 2011
- Victim support leaflet – Find the strength www.victimsupport.org
- Domesticviolencelondon.nhs.uk
- Domestic Violence: Findings from the British Crime Survey self-completion questionnaire by Catriona Mirrlees-Black ISBN 1 84082 193 0 ISSN 0072 6435
- Standing Together Against Domestic Violence – Good practice Checklist for Interpreters Working with Domestic violence Situations 2008
- Good practice checklist <http://www.standingtogether.org.uk/pub-bestpractice1.pdf> downloaded 16.55

