

**YOU DESERVE BETTER: IMPROVING SERVICES FOR  
DOMESTIC ABUSE SURVIVORS AND THEIR PROVIDERS  
BY USING EXPERIENCE-BASED CO-DESIGN**

by

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## Thesis Abstract

*Background:* Survivors of domestic abuse may be reluctant to seek help from the police.

When they do, they may be dissatisfied with the response. Survivors may be at increased risk if the police are not engaged with them and providing appropriate responses.

*Aims and Structure:* This thesis examines this issue of help-seeking and reports on an innovative project which aimed to improve services for domestic abuse survivors and their service-providers. It engaged survivors, police employees, IDVAs (Independent Domestic Violence Advisors) in an Experience-Based Co-Design (EBCD) process. EBCD is a collaborative approach to service improvement, widely used in healthcare, but new to the policing context.

The first component of the thesis covers the EBCD project that this thesis is based on. It examines the potential of EBCD as an approach to service improvement in the context of policing. The second component of the thesis reports in greater detail on two in-depth interview studies. One of these explores the help-seeking experiences of domestic abuse survivors. The other reports on the understandings of police employees and IDVAs, regarding the issues arising in providing a help-seeking pathway for survivors. Thus, these chapters explore in greater depth the insights from the research phase of the EBCD project.

*Findings:* After a Reflexive Thematic Analysis of the interviews with six domestic abuse survivors, two sets of themes were developed. The first set relates to the experience of suffering from domestic abuse: *Relationships are Dynamic; Domestic Abuse Has Accumulative and Sustained Consequences; Survivors Make Sense of Their Experiences in the Context of Other People's Expectations*. The second set of themes are related to the help-seeking experiences of domestic abuse survivors from the police and the domestic abuse organizations: *The Importance of Being Understood, Believed, and Cared For; It Is Important*

*That There Is Good Communication Between the Survivor and Formal Services; Survivors Want a Victim-Centred, Rapid, and Meaningful Response; Specific Circumstances Sometimes Influence Opportunities for Help-Seeking.*

Following Template Analysis of the interviews with 23 police employees and four IDVAs, the following themes were identified: *Domestic Abuse Is Varied. Therefore, Tailored, Meaningful, and Rapid Responses Should Be Provided; Satisfaction of Domestic Abuse Survivors with Services Provided by the Police and IDVAs is Varied; Supporting Domestic Abuse Survivors Can Be Dangerous, Challenging, Relentless, and Psychologically Taxing with Little Support Available, but Worthwhile.*

Conclusions: Together these findings suggest that, while there are some important areas of difference, there is considerable agreement between stakeholders on what a poor response to help-seeking looks like, and what problems need to be addressed to improve service responses. The thesis draws on different theoretical models to interpret these findings and brings these theories together into a single integrated model. It also examines the potential acceptability and utility of EBCD for further implantation in domestic abuse contexts and makes recommendations for services.

EBCD has not been used with victims in a policing setting before. The thesis adds to knowledge in two ways. First, it demonstrates that EBCD can be implemented in this setting, with domestic abuse survivors. Second, it proposes an integrated theoretical model to explain survivors' help-seeking behaviours. This thesis argues that EBCD has considerable potential for use in this context and identifies several areas where insights from this project could be used to improve the future viability of any such initiatives. Improved domestic abuse services will benefit survivors, their service-providers, and the wider community.

***This Thesis is Dedicated to My Family***

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I hope that the findings are helpful in informing practice and suggesting future research directions.

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## **List of Abbreviations**

COM-B =	Capability-Opportunity-Motivation-Behaviour
CPS =	Crown Prosecution Service
EBCD =	Experience-Based Co-Design
IDVA =	Independent Domestic Violence Advisor
MARAC =	Multi-Agency Risk Assessment Conference

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Some of the material in this thesis was published in a paper first-authored by the author of this thesis:

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# Chapter 1

## Introduction

### 1.1 Introduction

This thesis examines the experiences of domestic abuse survivors when receiving support from the police and the domestic abuse organizations. Furthermore, it explores the experiences of representatives of the police and IDVAs (Independent Domestic Violence Advisors – this term will be explained later in this chapter) when providing support to this population. It also investigates whether a process for service improvement, Experience-Based Co-Design (EBCD), can be used to improve the service provision for all groups involved. It will also propose an integrated theoretical model for understanding the help-seeking behaviors of domestic abuse survivors. However, before doing so I will set the scene for this thesis through this introduction chapter which has six additional parts. In the first part I will examine the definition of domestic abuse, its prevalence, as well as its consequences. In the second part I will review the background literature on the help-seeking experiences of domestic abuse survivors. In the third part, I will inquire if the police in England view domestic abuse as priority crime to tackle, their collaborative work with IDVAs, and the impact that police work has on the well-being of police officers. In the fourth part I will explore what EBCD is and where it has been previously applied. In the fifth part, I will introduce several relevant theories which can help explain the findings of this thesis. Finally, in the sixth part, I will state the rationale for this thesis, introduce my research questions, and review the structure of this thesis.

## 1.2 Domestic Abuse and Its Consequences

In the United Kingdom domestic violence and abuse is defined as:

*“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, emotional”* (Home Office, 2013 p.2).

In this thesis I will refer to the people who have experienced domestic abuse as survivors instead of as victims, because this aligns with the views of the steering group who guided the wider project this thesis is based on. The steering group will be introduced in Chapter 2. Previous studies have indicated that the word “survivor” is regarded more positively overall (e.g., brave, agency, strong) and that the word “victim” (which connotes innocence, but also evokes an image of weakness and passivity) (Dunn, 2005; Papendick & Bohner, 2017). In addition, Thompson (2000) found that those who experienced rape regarded the term victim appropriate at the time of the rape, because it indicated lack of responsibility and blame, but was unwanted as a long-term solution. They considered the term survivor more positively (Thompson, 2000).

The definition of domestic violence and abuse indicates that domestic abuse refers to controlling, coercive, or threatening violence or abuse towards any family member including intimate partners (Home Office, 2013). This contrasts with intimate partner violence which refers only to violence and abuse between intimate partners or ex-partners, but not towards other family members (HM Inspectorate of Constabulary, 2014). This thesis will focus on domestic abuse.



It is important to consider two terms in the definition of domestic abuse, controlling behaviour and coercive behaviour. Controlling behaviour is a number of actions which are done in order to make a person dependent and/or subordinate (Home Office, 2013). Perpetrators exert control trying to remove from survivors, sources of support as well as dispose from them aids required for escape, resistance, and independence (Home Office, 2013). They will also try to regulate the survivors' everyday behaviour and exploit their capacities and resources for personal gain (Home Office, 2013). Coercive behaviour, which was added to the definition of domestic abuse in 2013, refers to an action or pattern of actions and threats, assault, intimidation, and humiliation or other abuse that is utilized in order to frighten, harm, or punish their survivors (Home Office, 2013).

According to Stark (2007) coercive control is described as a range of on-going behaviours, in which the male perpetrator tries to control, intimidate, and isolate the female survivor. He adds that assault is a key part of this, and it can be injurious or fatal. However, he argues that the primary harm that the perpetrator causes to the survivor is not physical. Instead, they try to control their survivors by micro-regulating their daily behaviours which are connected to stereotypic female roles, for instance how the survivor dresses, socializes, cares for any children, cooks, cleans, and performs sexually (Stark, 2007). The survivors are often denied access to important resources, such as money, while they are socially isolated (Stark, 2007). Even though Stark (2007) argues that coercive control is gendered, because it is dependent on the women's vulnerabilities *as women*, it has also been found that men can suffer from coercive control, which is perpetrated by a female partner (Bates, 2020). Bates (2020) found that men experienced coercive control by their female partners when they limited their personal freedom by controlling their money, mobile phones, social activities, and work life, and that this could escalate to physical abuse as a result of non-compliance.

Some researchers have proposed that domestic abuse can best be understood via a typology. One typology put forward by M.P. Johnson (1995, 2006) separates different forms of domestic abuse relationships according to the motivations for controlling behaviour of the perpetrator. These relationships are defined as patriarchal terrorism, common couple violence, violent resistance, and mutual violent control. Patriarchal terrorism (later labelled intimate terrorism) is mainly perpetrated by men to control and own women by any means (e.g., violence, isolation, threats) (M.P. Johnson, 1995, 2006). Furthermore, in a situation in which the perpetrator is violent and controlling and the spouse is violent but non-controlling, this type of individual violence would be defined as violent resistance (M.P. Johnson, 2006). M.P. Johnson (1995, 2006) argued that the latter form of violence would mainly be perpetrated by women. In contrast, common couple violence (later called situational couple violence) is not so much a product of patriarchy, but rather a dynamic in which at times the conflict becomes uncontrollable resulting usually to “minor” forms of violence, and more infrequently growing into serious and at times life-threatening forms of violence (M.P. Johnson, 1995, 2006). Thus, common couple violence, in contrast to patriarchal terrorism, does not result from the need of the perpetrator to be in charge of the relationship, but rather an irregular reaction to the sporadic dispute of everyday life, prompted by the desire to control the specific situation (M. P. Johnson, 1995). Common couple violence is no more possible to be enacted by men than by women (M.P. Johnson, 1995). Lastly, in mutual violent control relationships both partners are violent and controlling and is therefore gender symmetric by definition (M. P. Johnson, 2006).

As indicated above, Johnson states that although there are no sex differences for minor physical aggression, these differences do exist for more severe physical aggression because women are more likely to suffer from more controlling behaviour (M.P. Johnson, 1995,

2006). A later study tested this and found that women and men were equally likely to be a survivor of situational couple violence and intimate terrorism (Bates & Graham-Kevan, 2016).

Domestic abuse is a global issue (Garcia-Moreno et al., 2006). It has a high prevalence in England and Wales. The Crime Survey for England and Wales found that 27.1% of women and 13.2% of men suffered from domestic abuse since the age of 16 (Office for National Statistics, 2016). For the year ending March 2020, the Crime Survey for England and Wales estimated that 5.5% of adults aged 16 to 74 (2.3 million people) suffered from domestic abuse in the last year. The findings of this report also indicated that a higher percentage of adults suffered abuse perpetrated by a partner (4.0%) than by a family member (1.9%) (Office for National Statistics, 2020a). When examining the survivors' characteristics, an estimated 7.3% of women (1.6 million) and 3.6% of men (757,000) experienced domestic abuse in the past year (Office for National Statistics, 2020b). These findings emphasize that both men and women can be survivors of domestic abuse. Therefore, this thesis will hold a family conflict research approach (Straus, 2011), which in contrast to the violence against women research perspective (Dobash & Dobash, 2004), holds a societal view which addresses the possibility for both genders to be equally likely to be perpetrators of intimate partner violence. I will hold this approach because it has been found that women in heterosexual relationships in the United Kingdom reported perpetrating more intimate partner violence than men (Thornton et al., 2016). Furthermore, holding such an approach, can lead to improved services for survivors of both genders.

Domestic abuse has a high cost to society. The report of SafeLives (2015) stated that the cost to public services of domestic abuse is £4.3 bn. Most of these costs are for health services (£1.9 bn) and the criminal justice system (£1.4bn), approximately half of which is the

cost of policing (£700m) (SafeLives, 2015). The report adds that the cost per family who suffer from domestic abuse is £18,730 and this is probably an underestimate because it only encompasses the cost to the NHS, criminal justice system, and police, and excludes other agencies (including children's services). It also does not take into account the human and economic cost to the family (e.g., help for survivors who are unable to work due to domestic abuse) (SafeLives, 2015).

Domestic abuse has negative consequences on the health of survivors. For example, history of intimate partner violence is associated with the development of temporomandibular joint disorder in women (Chandan et al., 2019). Female and male survivors can suffer from mental and physical consequences (injury, developing a chronic disease, substance abuse, posttraumatic stress disorder, depressive symptoms, suicidal thoughts, loneliness) due to the intimate partner violence they experienced (Coker et al., 2002; Laskey et al., 2019). In addition, a higher level of mental health problems is related to the amount of violence the survivors suffer from, regardless of gender (Próspero, 2007). Furthermore, a comprehensive literature review by Lawrence et al. (2012) which examined the physical and psychological consequences of physical and psychological abuse on partners found that women who suffered physical intimate partner violence were more likely to be seen by a physician or visit a hospital or emergency room, in comparison to non-abused women. Furthermore, women who were physically abused as well as women who suffered from psychological abuse were more likely to engage in unhealthy behaviours (i.e., smoking, unsafe sexual behaviour). Lawrence et al. (2012) also reviewed the consequences of physical victimization in men. They indicated that male survivors who suffered from physical violence were more likely than non-abused men to have a disruptive behaviour disorder, to suffer from more than one psychiatric disorder, and use substances (Lawrence et al., 2012).

Domestic abuse cases can also be fatal. As an example, in the period between the year ending March 2017 and the year ending March 2019 the police in England and Wales recorded 357 domestic homicides (19% of all homicides of cases in which the victim was aged 16 years and over during the time period) (Office for National Statistics, 2020a). These studies imply that domestic abuse carries high-risk and that it is important that survivors obtain effective help early on.

Children may be a part in the domestic abuse case. They could be involved by being witness to the abuse, including watching the violence occur, hearing the fights and experiencing the repercussions, viewing police interventions and arrests, going with the survivor to obtain medical help, seeing the physical injuries and damaged property (MacDonell, 2012). Children can also be used by the perpetrator to hurt, manipulate, and control the survivor (Gregory et al., 2020). In addition, the child might be abused themselves by the perpetrators or even by the survivors, which highlights the overlap between child abuse and domestic abuse (Dixon et al., 2007). The implications of this are important because a systematic review by Capaldi et al. (2012) has indicated there is low to moderate significant association between suffering from child abuse and being exposed to violence between parents in the family of origin and later victimization via, or perpetration of, intimate partner violence. However, this study also stated that the findings were based on retrospective reporting, and limited findings have indicated that that more proximal factors, such as adult management and the person's antisocial behaviour, may mediate the association (Capaldi et al., 2012). Nevertheless, a later study has found that a predictor of committing violent offences for young female juvenile offenders in the UK is witnessing violence in the home (Stephenson et al., 2014). Furthermore, a review by MacDonell (2012) which examined the impacts of witnessing physical intimate partner violence, as well as the consequences of

suffering from both childhood maltreatment and witnessing physical intimate partner violence found that these experiences can have detrimental effects in childhood and into adulthood. For example, this review found that compared to non-exposed youth, those who have been exposed to mutual intimate partner violence have decreased feelings of self-worth, increased feelings of self-blame, and increased involvement in bullying victimization and perpetration. This review also found that several of the long-term effects among youth-exposed adults included increased use of aggressive behaviour with their intimate partner and families as well as elevated rates being victimized by others, usually their intimate partner. MacDonell (2012) found mixed results if suffering from both child maltreatment and exposure to intimate partner violence had significant additive effects compared to only witnessing intimate partner violence. In other words, some of the studies included in that review found more negative outcomes (e.g., more depressive symptoms, increased trauma symptoms and dissociation, greater involvement in delinquency) for youth who have experienced both, compared to youth who have only witnessed intimate partner violence whereas other studies suggested that there are no additive effects. Due to the negative impacts that these types of experiences can have, MacDonell (2012) suggests that one needs to create and implement interventions, but also to change policies which aim to stop these types of violence from happening.

As highlighted above, witnessing domestic abuse can take an important toll on children. Children and adolescents living with domestic abuse are at increased risk of developing behavioural and emotional problems (Holt et al., 2008). For example, Dodaj (2020) states that these children are more likely to consequently suffer from a low self-esteem, difficulties in cognitive and academic functioning, anxiety, depression, commit suicide, and exhibit violent behaviour in adulthood. In addition, they are more likely to develop physical diseases (e.g., diabetes, cardiovascular diseases, hypertension) (Dodaj,

2020). Moreover, a comprehensive review which investigated the impact of emotional abuse and parental conflict on children found that children of mothers who perpetrate verbal and emotional abuse towards their partners have a higher likelihood of developing depressive symptoms (Sturge-Apple et al., 2012). Thus, domestic abuse affects the physical and mental health of survivors, but also that of their children.

Domestic abuse can affect the physical and mental health of the adult informal supporters of the survivors (family members other than children, friends, colleagues) (Gregory et al., 2017). For example, Gregory et al. (2017) state that they may suffer from anxiety or depression about the situation; be angry about the perpetrator's behaviour towards the survivor or towards professional services they thought were lacking; feel frustrated towards the survivor who might not use their capacity to act; feel guilt at not realizing the abuse sooner; suffer from suicidal thoughts; have trouble sleeping; have a loss of appetite; and lose weight. These emotional, physical, and psychological impacts can have a long-lasting effect, with some suffering from it long after the abuse has ended (Gregory et al., 2017).

Domestic abuse can also have an impact upon family members of survivors by endangering them (Riger et al., 2002). Riger et al. (2002) state that this occurs when some perpetrators threaten or act violently against family members of the survivors and ruin family property. Thus, they argue that perpetrators can be abusive towards the survivors themselves, but also towards their family members. This can create a situation in which survivors might seek shelter from their family first, but then become worried about staying out of fear that they might endanger them (Riger et al., 2002). Furthermore, this might cause some families to distance themselves from the survivors and be reluctant to provide emotional and financial support (Riger et al., 2002). Naturally, this would in turn reduce the help-seeking

opportunities of survivors. This indicates that domestic abuse is an important issue for the survivors as well as for their family members and support network.

### **1.3 The Help-Seeking Experiences of Domestic Abuse Survivors**

In order to try to ensure that domestic abuse survivors seek help, it is vital to understand their barriers and motivators for doing so. It has been previously indicated that barriers of disclosure of female domestic abuse survivors from ethnic minority populations living in the United Kingdom include: immigration status (e.g., not having recourse to public funds, fear of deportation, little understanding of their legal rights); issues with language and interpretation (e.g., lack of ability to communicate with formal services); unsupportive attitudes of people working in mainstream services (e.g., stereotypical attitudes from police officers which lead to survivors' distress and impact negatively on their help-seeking practices); and pressure from the community to stay in the abusive relationship (Femi-Ajao et al., 2020). An additional study by Evans and Feder (2014) found that the help-seeking obstacles for female domestic abuse survivors from White as well as from ethnic minority backgrounds residing in the United Kingdom included: survivors blaming themselves that the abuse was their fault; fear of repercussions of disclosure which would have implications on their own safety and that of others; worries that disclosure to formal services would lead to their children being taken into care; and not recognizing the behaviour as abusive. In addition, a systematic review by Pocock et al. (2020) on this topic found that additional barriers include fear, hope (e.g., that the perpetrator will change his behaviour), and viewing control and power as indicators of romantic love. However, it is interesting to note that this systematic review also states that some of these barriers are also prevalent in non-abusive relationships. As with abusive relationships, in non-abusive relationships women might stay out of fear



(e.g., fear of being alone) and hope (e.g., what the relationship can develop into) (Pocock et al., 2020). However, what differentiates these two types of relationships are survivors' fears for their safety if they would try to leave the relationship as well as viewing control and power as indicators of romantic love (Pocock et al., 2020).

The help-seeking barriers for male survivors have also been previously studied. A systematic review on this topic which included studies which were conducted in multiple countries (United Kingdom, Sweden, Portugal, United States) found that their barriers for doing so included: fear of disclosure (e.g., that they are less of a man if they admit the abuse, fear of not being believed and being falsely accused of being the perpetrator; fear of repercussions from their partner); commitment to their relationship; feeling hopeless due to diminished confidence; not knowing about services available to them or viewing them as inappropriate (e.g. considered them a space for female survivors) (Huntley et al., 2019). In addition, Hogan et al. (2012) highlighted through conducting interviews with counsellors in England that due to societal beliefs, male survivors of domestic abuse might not recognize that they are being abused. Even if they do acknowledge the abuse, some male survivors are fearful that they would not be believed or would be viewed as less of a man or weak if they admitted their victimization (Hogan et al., 2012). More recently, call handlers, working at a United Kingdom domestic abuse agency which helps male survivors, recounted similar barriers their clients face (Hine, Bates, et al., 2020). However, they added that additional barriers include fear of losing their children, not knowing where to seek additional help, not being able to afford to leave the relationship, and unhelpful services (Hine, Bates, et al., 2020). Together these studies emphasize the variety of barriers that male domestic abuse survivors face when seeking help.

In contrast, Evans and Feder (2014) found that motivators of help-seeking of White as well as ethnic minority female domestic abuse survivors from a domestic abuse agency in the United Kingdom, include wanting to protect children and family members from additional abuse; wanting to make a change in their circumstances and realizing that they would not be able to do so without help; enhancing their knowledge about domestic abuse in order to avoid it in the future; obtaining non-judgemental advice about the abuse from someone who was not a family member or friend; experiencing a crisis (e.g., rape, physical violence, becoming homeless). Contacting a domestic abuse agency was a big step in acknowledging the abuse to themselves as well as to others and followed a long journey of considering the pros and cons of disclosure (Evans & Feder, 2014). In addition, motivators of male survivors to seek help from the police include: hoping that the police could end the abuse, when children were involved, and needing help (Drijber et al., 2013). However, it has been previously emphasized that before men seek help, a crisis often needs to occur (Huntley et al., 2019).

Together, these studies highlight, that survivors have a variety of barriers and motivators for help-seeking. They indicate that women and men might encounter similar barriers such as: fear of disclosure, worries about repercussions, concerns about losing contact with their children, issues surrounding formal services, and not recognizing the behaviour as abusive (Evans & Feder, 2014; Hine, Bates, et al., 2020; Hogan et al., 2012; Huntley et al., 2019). Motivators for help-seeking for both genders surround the involvement of children, wanting to change one's circumstances, and needing help (Drijber et al., 2013; Evans & Feder, 2014). In addition, the impetus for seeking help is often a crisis (Evans & Feder, 2014; Huntley et al., 2019). Therefore, it is important that when survivors *do* decide to seek help that effective help is provided to them (Liang et al., 2005).

As has been briefly introduced above, domestic abuse survivors might seek help from varied informal networks (Gregory et al., 2017). Informal support networks have been found to support domestic abuse survivors in multiple ways. For example, informal support networks can provide emotional support as well as instrumental support (e.g., financial help, somewhere to stay, and childcare) as well as assist survivors access domestic abuse support services (Evans & Feder, 2014). Moreover, this support can be important because domestic abuse survivors find it helpful when they are provided with emotional support, advice, practical forms of assistance (e.g., transportation, childcare), and support with direct interventions (e.g., informal networks support the survivor by calling the police) (Trotter & Allen, 2009).

Although informal support can play an important role in the lives of domestic abuse survivors the experiences of utilising them can be negative. For example, Evans and Feder (2014) indicated that domestic abuse survivors residing in the United Kingdom suffered from adverse experiences when they disclosed the abuse to their informal networks. This occurred when they were not taken seriously; people tried to normalize their experiences; family and friends tried to support the perpetrator or urged them to leave the perpetrator prior to them being ready to do so; some groups, such as the family of the perpetrator and the church community, allied against them after disclosure (Evans & Feder, 2014). This emphasizes one of the reasons why it is important that domestic abuse survivors can access help through formal resources, such as the police. A good response from the police is also especially important because they are the main gatekeeper to the criminal justice system (Sleath & Bull, 2015).

Even though the implications of obtaining good and effective help are significant, this is not always readily available from the police in the United Kingdom. SafeLives (2015) have

highlighted that families suffer from domestic abuse for a long duration of time prior to obtaining effective help (on average three years for medium-risk and 2.6 years for high-risk abuse). Furthermore, 78% of high-risk survivors and 62% of medium-risk survivors reported the abuse to the police in the year before they got effective help, on average 2.8 times each for high-risk and 2.3 times for medium-risk survivors (SafeLives, 2015). In the most extreme cases, survivors stated that they went to the police 50 times (SafeLives, 2015). However, it is important that domestic abuse survivors obtain help which they find good and effective when they first seek it. One of the main reasons this is important is because at the point when a survivor obtains help, the abuse is probably escalating in either severity, frequency or both (SafeLives, 2015). For example, the abuse may escalate when the perpetrators find out that the survivors sought help from the police and other criminal justice interventions, leading the survivors to feel increasingly unsafe and vulnerable (Wydall & Zerk, 2020). In addition, cutting the time it takes to find and help survivors and their families is crucial because it will help stop serious injury and harm as well as prevent murder (SafeLives, 2015). Therefore, it is important to understand what survivors find helpful and unhelpful when seeking help. This will also help to ensure that survivors *do* contact the police when they need help. Indeed, it has been previously found that survivors who are satisfied with police services and find their services helpful are more likely to contact the police again (Johnson, 2007).

It is important to understand which aspects of police services are helpful to domestic abuse survivors and associated with satisfying their needs. It has been previously found that female survivors living in the United Kingdom appreciate it when the police appear respectful, demonstrate understanding, show concern, take the situation seriously, take the time to listen, and speak to survivors separately from the perpetrators (A. L. Robinson & Stroshine, 2005). Similarly, female survivors in the United States preferred it when police

officers were sympathetic, explained to them which option they had in dealing with the abuse, and wanted their opinion into how they wished to proceed with their case (Johnson, 2007).

In order to provide meaningful services, it is also important to examine which experiences of criminal justice services the survivors of domestic abuse might view as unhelpful or even as traumatizing. McCarrick et al. (2016) identified that male survivors of female-perpetrated intimate partner violence in the United Kingdom felt upset when they were treated by the criminal justice system like a guilty perpetrator even though they were survivors because they were men. These survivors also felt dismissed and ignored (McCarrick et al., 2016). Similarly, female survivors of domestic abuse in the United States have also stated that they don't find it helpful when police officers were not sympathetic towards them or were too worried about what the perpetrator had to say (Johnson, 2007). These studies highlight the importance of police officers' demeanour when handling a domestic abuse case. However, it is also important to examine the perspectives of the police when providing support to domestic abuse survivors as well as the impact that police work can have on officers. This will be reviewed next.

## **1.4 The Perspective of the Police on Providing Services to Domestic Abuse Survivors**

Domestic abuse offences are a priority to the police in England and Wales (Her Majesty's Inspectorate of Constabulary & Fire Services, 2019). It also constitutes a high proportion of recorded crime. For example, for the year ending March 2020, over one-third of violence against the person offences were considered domestic abuse-related (Office for National Statistics, 2020a). That year the police in England and Wales recorded a sum of 1,288,018 domestic abuse-related crimes and incidents (this excluded Greater Manchester

Police due to issues with their data supply) (Office for National Statistics, 2020a). As a further example, on average there is an emergency call to the police relating to domestic abuse every 30 seconds (HM Inspectorate of Constabulary, 2014). This highlights that domestic abuse is a significant issue for the police in England.

In high-risk cases, the police work in partnership with IDVAs (Madoc-Jones & Roscoe, 2011). IDVAs are specialist case workers who mainly work with high-risk domestic abuse survivors, who are most of risk of serious harm or homicide (Howarth et al., 2009). They provide interventions which are tailored to the individual circumstances of the survivors and the abuse experienced (Howarth et al., 2009). For example, IDVAs can support domestic abuse survivors with safety planning, support them with their criminal court case as well as with housing issues (Howarth et al., 2009). They coordinate a response with a large range of statutory and voluntary agencies who might be involved in a case but are independent of any single agency (Howarth et al., 2009). Furthermore, IDVAs can act as a link between the survivor and the criminal justice system (Madoc-Jones & Roscoe, 2011).

IDVAs can have a positive impact on the lives of survivors. For example, intervention provided by IDVAs can improve survivors' safety, well-being, and cease the abuse (Howarth et al., 2009). In addition, IDVAs are able to provide domestic abuse survivors with emotional support, advice, a non-judgemental attitude, feelings of safety, and help them with adjusting to life after suffering from domestic abuse (Madoc-Jones & Roscoe, 2011). These studies demonstrate the importance that IDVAs have in the lives of domestic abuse survivors.

Although I demonstrated above that a good response by the police to a domestic abuse incident is significant, because the police act as an important gatekeeper to the criminal justice system (Sleath & Bull, 2015), it is also important to examine the impact of working with domestic abuse survivors on police employees. Occupational stress can lead to issues with job

performance, but also with career satisfaction for police employees (Nisar & Rasheed, 2020). Thus, developing a greater understanding of this topic might hopefully lead to reduced frustrations and improved provision of services for service-users.

A study by Johnson (2004) has found that survivors of domestic abuse who are uncooperative, do not want to leave the abusive relationship, or recanted their statements were one of the sources of frustration for police officers in the United States. Thus, they were frustrated by the behaviours of survivors that made it more difficult to arrest and prosecute offenders. This study found that other areas of frustration for police officers included the operations of the criminal courts (e.g., when a case is pled down to a lesser charge or is dropped), police organisation (e.g., dispatchers not sharing important information about an incident before the officers arrive, too much paperwork, supervisors' directing officers not to conduct an arrest), negotiating legal factors (e.g., deciding who was the perpetrator), complexity of family problems (e.g., needing to go to deal with the same people and attend the same address over and over again) (Johnson, 2004). These frustrations acted as barriers to successfully arresting the perpetrator (Johnson, 2004). It is important to examine this issue because it might have a negative impact on police officers' work. Indeed, Horwitz et al. (2011) found that when handling domestic abuse cases police officers in the United States felt powerless and that they were only able to provide temporary relief for survivors. They were also frustrated, that survivors often did not go through with their legal case which required them to revisit the same cases several times. Consequently, several officers described that due to these issues they felt desensitised and dealt with domestic abuse cases insensitively (Horwitz et al., 2011).

Previous research has examined the perspective of police officers on performing their job and the toll which it has on their well-being. For example, a prior study has found that a

large proportion of detectives from Family Protection Units in the United Kingdom, who primarily investigated child protection and abuse cases experienced secondary traumatic stress symptoms, difficulties sleeping, and altered emotional response to work (e.g., crying) (MacEachern et al., 2019). This is especially poignant because in addition to exposure to traumatic incidents police officers in the United Kingdom also deal with a variety of additional stressors within their role, including: being unable to help a person, difficulties maintaining work-life balance, and workload due to insufficient staffing (Duran et al., 2019). Overall, these studies demonstrate that work-related stress can play a role in developing mental health problems amongst police officers and that this adds to the additional stressors which they already face within their role.

I have highlighted above that domestic abuse is a significant issue for the police in England. I have further argued that it is important that domestic abuse survivors are provided with effective and satisfactory services from their formal service-providers when seeking help. One way of attaining this is by involving survivors in service development. This could be achieved by utilizing an EBCD approach. This approach will be reviewed next.

## **1.5 Using Experience-Based Co-Design in Order to Improve Services**

EBCD, first termed experience-based design, is a user-focused approach that tries to improve patient experience (Bate & Robert, 2006). Experience of a service is defined in terms of how people feel about it while they are using it, to what extent do they understand it, to what degree does it serve its purpose, to what extent it fits into the context in which they are utilizing it (Bate & Robert, 2006). It was developed in the field of physical health and first piloted in order to improve the care and treatment experience of patients, suffering from head and neck cancer, and their carers (Bate & Robert, 2007b).



Bate and Robert (2006) state that EBCD tries to move beyond focusing only on the performance (functionality) of the service which examines if the service fits its purpose, and the engineering of the service which measures how reliable and safe it is. They add that it extends to the usability of the service, which inquires how the entire interaction with the service *feels* or is experienced. Thus, it focuses on all three aspects - performance, engineering, and the aesthetics of the experience of a service (Bate & Robert, 2006). Bate and Robert (2006) argue that in order to do so, the aim of EBCD is to transform the service-user from being a passive recipient of the service to a co-designer of the service. They state that this is because service-users are viewed as experts regarding their experience of the service. Therefore, it focuses on the “*co*” in the sense that both the service-users and the service-providers share leadership and work together to focus on designing the experience, changing the process, and improving services together (Bate & Robert, 2006). Therefore, it goes beyond the interview or survey (Bate & Robert, 2006).

The aim of EBCD is to move healthcare beyond the first two features of design which it has always been interested in, which are performance (using evidence-based practice) and engineering (clinical governance as well as standards and safeguards for patients) (Bate & Robert, 2006). Instead, it focuses more on designing the experience people have with the service (Bate & Robert, 2006). It tries to move healthcare closer to the field of product design and architecture by making a service better for its users (Bate & Robert, 2006). It does so by making the service-users and the stories they share about their experiences essential to designing the service itself (Bate & Robert, 2006). It goes beyond just being patient-centred or encouraging a stronger patient participation because it views patient experience in the same status as clinical goals and uses it in order to improve the experience of a service (Bate & Robert, 2006).

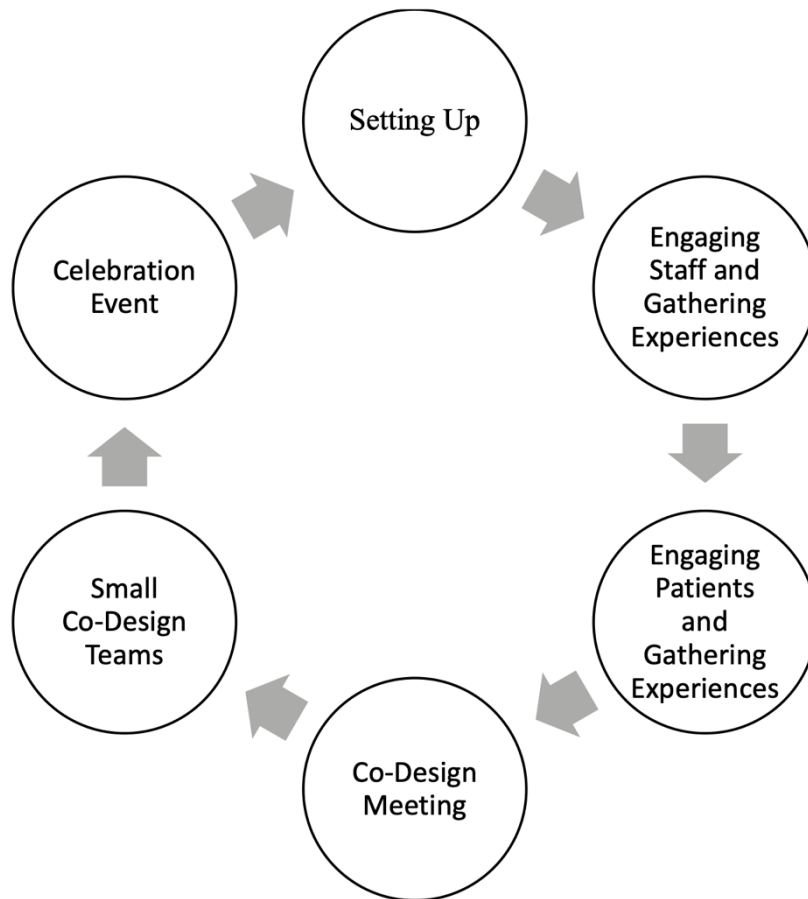
Traditionally, the EBCD process contains six stages:

- (1) Setting up the project.
- (2) Gathering information about the experiences of service-providers through in-depth interviews and observational fieldwork. The interviews can be transcribed and analysed thematically.
- (3) Gathering information about the experiences of service-users and carers through observations and filmed interviews. The researchers then identify 'touchpoints', which are the key moments or events (good and bad), that stand out for those involved as important to their experience of receiving or delivering the service. These two stakeholder groups might identify different touchpoints. The term touchpoints originated in the airline industry. The films are edited to produce a composite film, which represents all of the main touchpoints in a service. The interviews can be transcribed and analysed thematically. The service-users and carers are brought together and view the composite film in order to discuss them and vote on shared priorities for improving services. This stage can run in parallel to stage 2.
- (4) Gathering service-users, carers, and service-providers in a first co-design event of mixed groups to share their experiences in order to identify joint priorities for improving services. The service-providers view the composite film for the first time.
- (5) Continuation of the co-design in small working groups which are based on those priorities in order to design and implement improvements to services initially over a period of three months.
- (6) The co-design working groups meet again in a celebration event to discuss the work that has been done and plan the next steps of the improvement process (Bate & Robert, 2007b; Donetto et al., 2014; Robert, 2013).

**Figure 1**

*EBCD Cycle*

(Modified from Donetto et al., 2014)



EBCD has been used in various clinical physical health settings, such as: emergency medicine, paediatrics, cancer, maternity, palliative/end-of-life care, geriatric outpatient services, primary care for service-users with multi-morbidities (Donetto et al., 2015; Green et al., 2020). It has also been used in mental health settings (Larkin et al., 2015). However, according to my knowledge it has not been fully implemented and evaluated in a policing setting with victims before.

## 1.6 Theoretical Context

This thesis will draw upon several theoretical frameworks to shed some light on the findings. These theoretical frameworks will be described below.

The first theoretical model this thesis will focus on is the *barriers model* (Grigsby & Hartman, 1997). This model, which provides a theoretical roadmap for therapists, describes the barriers that female domestic abuse survivors face by placing them in the centre of four concentric circles. Each circle signifies a layer of barriers in the life of the survivors which hinders their safety. These layers are *barriers in the environment* (e.g., unhelpful response from the police; the abusive behaviour of the perpetrator); *barriers because of family/role expectations/socialization* (e.g., the impact of socialization on survivors due to the beliefs and values of the family of origin); *barriers as a result of the psychological consequences of the abuse* (e.g., isolation because the perpetrators discourage or even forbid the survivors to see their family and friends); and *barriers because of childhood abuse/neglect problems* (e.g., suffering from childhood trauma may increase survivors' vulnerability to further abuse because of the long-term psychological impact it has on their lives). The model states that survivors might face barriers in some combination of them or in all of them, but that it is important for therapists to focus on the barriers in the environment before moving on to the other ones to avoid putting blame on the survivors (Grigsby & Hartman, 1997). Overall, this theory considers the barriers survivors face from the community as well as the barriers they may have due to more internal factors (e.g., family of origin, female socialization, the psychological impact of trauma as well as unresolved childhood abuse and neglect problems) (Grigsby & Hartman, 1997). This model argues that these more internal barriers are rooted in a social and cultural context (Grigsby & Hartman, 1997).

This thesis will also draw upon the theoretical framework of Liang and colleagues which aimed to understand the help-seeking process among survivors of intimate partner violence through a help-seeking and change model (Liang et al., 2005). Similarly, to the barriers model, Liang et al.'s model examines how individual, interpersonal, and sociocultural factors influence help-seeking of intimate partner violence survivors. This model states these factors influence three stages of the help-seeking process: problem definition and appraisal, deciding to seek help, and selecting a help-provider. Furthermore it adds that these stages are not linear to one another, but instead inform each other (Liang et al., 2005). It argues that although survivors' appraisal and definition of their experience influences their decision if to seek help and from whom, it is also the case that the helper they choose will impact how they define the problem and whether they decide to seek help again (Liang et al., 2005).

The 'problem definition and appraisal' stage describes how domestic abuse survivors might have difficulties assessing that they are suffering from domestic abuse as well as recognizing the severity of it. Liang et al. (2005) suggest that this can be influenced by individual influences. For example, whether survivors are ready to make changes in their lives. Furthermore, this model states that interpersonal influences can also play a role in this. For example, survivors may find it difficult and confusing to define the relationship as abusive due to the shifting behaviour of the perpetrator between abusive behaviour and loving remorsefulness. In addition, the survivors' recognition of the abuse as a problem for which they should seek help is said to be influenced by the sociocultural influences in which they live (e.g., the extent to which their culture views abuse as acceptable or as a private matter rather than a crime) (Liang et al., 2005).

Liang et al. (2005) state that the second stage in the help-seeking model, 'deciding to seek help' depends on two internal conditions: (1) identifying the abuse as undesirable; (2)

recognizing that the abuse will not stop without assistance from others. According to the model, other interpersonal and sociocultural influences can play a role in whether survivors decide to seek help from family, friends, and formal services. For example, Asian cultural traditions which stress the importance of family privacy or expect negative experiences when seeking help from the police, can both influence survivors' likelihood of asking for help (Liang et al., 2005).

The last stage of Liang et al.'s help-seeking process is 'selection of a help provider', either formal or informal, after recognizing the abuse and deciding to ask for help (2005). Individual influences may play a role. For example, the model states that when selecting a help provider, survivors engage in a cognitive process, in which they weigh relative costs and benefits of potential sources of support, as well as the course of action they take to define and cope with the problem. The decision-making is further influenced by the survivor's relationships and interpersonal interactions (e.g., the level of availability and supportiveness of family and friends). Moreover, selecting a help provider is also affected by the sociocultural context (i.e., the cultural world of the survivor). For example, patriarchal beliefs may influence if survivors decide to seek help from formal sources (police, lawyer, counsellor) or within the family (Liang et al., 2005).

A third theoretical model this thesis will engage with is the *intimate partner violence stigmatization* model (Overstreet & Quinn, 2013). This model, similarly, to the two previous models described above is interested in the help-seeking process of intimate partner violence survivors. However, in contrast to them, this model focuses on stigma as a barrier to help-seeking. This intimate partner violence stigmatization model (Overstreet & Quinn, 2013) states that three stigmas can prevent help-seeking for intimate partner violence: stigma internalization, anticipated stigma, and cultural stigma. *Stigma internalization* addresses the

degree to which individuals believe, or even only consider, that the negative stereotypes about people who suffer from intimate partner violence are true of themselves, which in return can impact psychological distress and help-seeking behaviours. *Anticipated stigma* focuses on the concern survivors have about what will occur when people find out about the abuse (e.g., rejection) which can impact the decision to disclose as well as seek help. *Cultural stigma* considers societal beliefs that invalidate the experience of suffering from intimate partner violence (e.g., the belief that intimate partner violence survivors give rise to their own abuse) which can delay help-seeking (Overstreet & Quinn, 2013).

The intimate partner violence stigmatization model examines how stigma operates at the interpersonal, sociocultural, and individual levels. Thus, Overstreet and Quinn's model (2013) indicates that the sociocultural context in which intimate partner violence survivors live can negatively influence them – increased cultural stigma around intimate partner violence increases anticipated and internalized stigma around intimate partner violence for intimate partner violence survivors. Moreover, cultural stigma can directly influence the attitudes as well as behaviours of their support providers. The model also suggests that internalized stigma and anticipated stigma can impact the survivors themselves because they might consider or believe that the stereotypes are true of themselves; they might be worried that they will suffer negative social outcomes if others found out about their stigmatized identity. Overall, this model suggests that cultural stigma, anticipated stigma, and internalized stigma are important barriers to help-seeking (Overstreet & Quinn, 2013).

The three models described above focus on the help-seeking process of intimate partner violence survivors. To interpret the findings this thesis will apply an additional theoretical framework which is non-domestic abuse specific: the *four aspects of the communication of a victimization* framework (Strobl, 2004). This model will be adopted

because it can provide a useful lens through which to interpret the findings. More specifically, it may help to explain some variations in the response of services. This model argues that the process of designating an individual as a victim can be explained as a communication process between the institutions and representatives of society (e.g., the police, the judiciary) and the victim. This model argues that four aspects are important for the failure or success of this communication: (1) *The actual facts of the victimization* - it is crucial that the listener decides after communicating with the victim that this person was actually victimized (e.g., by sustaining a serious injury). (2) *The sort of impression the victim forms* – the model argues that the victim's appearance and behaviour can influence the receiver's impression. Thus, an individual who seems to be shy, vulnerable, and weak is more likely to be viewed as a victim than a person who seems to be powerful, aggressive, or strong. (3) *The social group to which the victim belongs* – The model states that it is salient that the victim is considered as a member of the in-group who abides to the law. Thus, people who are associated to the non-accepted out-group have a higher likelihood to be viewed as offenders instead of victims. Physical appearance (e.g., skin colour) can have an important role in this type of categorization, and therefore, the victim's control on the outcome can be rather limited at times. (4) *The distinctness and clarity of the victim's request for help* – The model argues that it is essential that the receiver gets a notion of the type of help the victim requires. A satisfactory outcome is improbable if the receiver does not know what actions can be taken regarding the victimization. Thus, victims who clearly state their needs and give correct information have a higher likelihood of obtaining help than victims who only provide an unclear request for assistance (Strobl, 2004). This would suggest that victims with high social capital have a better chance of eliciting a good service response than those with low social capital. The model further argues that even though the victim can influence all aspects of the



communication to a certain degree, whether the communication is successful is also very much dependent on the receiver's interpretation (Strobl, 2004).

It is important to indicate that because this thesis adopted a qualitative approach, it will not test these models, but instead enter into a dialogue with them. Furthermore, since the thesis is based on an action research project, the theoretical frameworks will assist in making sense of the findings, but the practical findings are also important in their own right. The theoretical models are a useful resource for conceptualizing both the problem of help-seeking, and the challenge of improving services, but they are not the sole emphasis of this thesis.

## **1.7 Rationale for Thesis**

To explain the rationale for this thesis it is important to set the scene. To do so I will first introduce the project on which this thesis is based and outline the appropriateness of utilizing EBCD with vulnerable populations. I will then review how domestic abuse survivors have been involved in domestic abuse services in the past, which will act as a platform to understand why the project this thesis is based on is novel. I will also elaborate on why this thesis is important and what I expect to find that we didn't know before using other methodologies. This will help us to understand how this thesis adds to knowledge and extends the field from an applied perspective. Furthermore, I will discuss the limitations of the theoretical models I have discussed above. This will help to explain how the integrated theoretical model I will propose in Chapter 6 adds to knowledge from a theoretical perspective. I will conclude by stating the aims of this thesis and what the following chapters will cover.

To set the scene, it is important to understand the context under which this thesis was generated. The inspection of the HM Inspectorate of Constabulary (2014) examined whether

domestic abuse survivors are satisfied with the services they have received from the police. Unfortunately, the results indicated that police response is not good enough (HM Inspectorate of Constabulary, 2014). They found that this can lead to poor service and put survivors at unnecessary risk. Therefore, they stated that action is needed to improve the effectiveness of police response (HM Inspectorate of Constabulary, 2014). A police force in a Metropolitan region of England commissioned the University of Birmingham to explore satisfaction with their services in greater detail and to use these findings to provide recommendations into how to improve the help-seeking pathways of domestic abuse survivors in relation to their services. The HMIC survey was the stimulus for this decision locally, but as we have seen above, the personal, social, and financial consequences of domestic abuse mean that it is crucial to develop services which are accessible and acceptable to survivors, and which are effective in their response.

In this project, the police were joined by the area's Domestic Violence Forum, who aims to support women and families suffering from domestic abuse by bringing together a range of agencies who provide services to domestic abuse survivors. This consortium has agreed that I could conduct my PhD research as a part of this wider project. The research team proposed EBCD as a means of conducting this work and the consortium agreed. The consortium took into account that involving service-users in policy development would be difficult to achieve because it would need to take into account sensitivities of domestic abuse survivors of being involved (e.g., dealing with painful memories, the stigmatising effects of suffering from domestic abuse) (Hague et al., 2003). Therefore, it was important for us to use an approach to service development which has proven to be well suited when working with vulnerable populations. In this respect, EBCD was considered appropriate because it has been applied in projects involving vulnerable populations before (e.g., children and youth suffering

from mental health disorders) (A. Mulvale et al., 2016). We therefore believed that it would be well suited for our work, with another vulnerable group - domestic abuse survivors.

Utilizing EBCD in this field is novel and extends the research in two fields: co-design, and domestic abuse. However, before describing this in further detail it should first be acknowledged that domestic abuse survivors have been involved in domestic abuse services in the past in multiple ways. For example, domestic abuse survivors had an important role in establishing safe houses, shelters, helplines, women's support groups in order to ensure that these services were sensitive to other domestic abuse survivors' needs (Hague & Mullender, 2006). As a second example, domestic abuse survivors have also been involved in consultation about the services they received from shelters as well as helped domestic abuse shelters to produce publicity materials and to represent it to external bodies (Hague & Mullender, 2006). As a third example, survivor participation has also included completing questionnaires, surveys, and participating in research projects on service-user views (Hague et al., 2003). As a fourth example, domestic abuse survivors have also been involved in consultation in governmental policy and legislation (Hague, 2005). However, consulting with domestic abuse survivors is a relatively basic form of service-user involvement which sits on one end of a spectrum of possibilities, the other end of which is actually involving service-users in policy and decision-making (Hague, 2005). In other words, being responsive to service-users by listening to their complaints sits on one end of the spectrum of citizen involvement; and including citizens in focus groups does not go much further than that (Bate & Robert, 2007a). These initiatives, as admirable as they might be, don't go as far as creating a platform in which service-users and service-providers co-design services in partnership, which can be created by utilizing an EBCD approach (Bate & Robert, 2007a).

Involving service-users in service development is important for ethical reasons and for the benefits that it can yield. First, it ensures that services are tailored to domestic abuse survivors' views and real needs (Hague & Mullender, 2006). If achieved, more focussed and responsive services can be produced, and more democratic policy making can be developed (Hague, 2005). The most important direct benefit to service-users is that services improve. However, such approaches may also benefit service-users through experiences of empowerment and confidence building, as secondary consequences of being involved in decision-making processes and, being listened to (Hague, 2005; Hague & Mullender, 2006). Furthermore, this can also benefit service-providers because they have the benefit of insights from service-users, who are the experts of actually using the service, to improve those services (Bate & Robert, 2006). This is also true for policing services. Indeed, Elinor Ostrom, who pioneered the concept of co-production, has highlighted the importance of active participation of citizens, due to their expertise, in improving police response and the needed relationship between the police and citizens in order to do so (Ostrom, 1996). Overall, these studies highlight that by collaborating between service-users and their service-providers, by using EBCD, to develop services, services could be improved for all involved. However, up until now the design of services are primarily based on experts-views; service-users are rarely directly involved as equal collaborators (Bate & Robert, 2006). Thus, it is important to take a collaborative approach in which both the voices of service-users and service-providers are raised, heard, and can be brought into the evaluation and planning process together as equal partners to discuss their experiences (Bate & Robert, 2006). This can be achieved by using an EBCD approach (Bate & Robert, 2007a). An EBCD approach is valuable because it allows the voices of survivors to be heard, can increase our understanding of their needs, and because evidence shows that it can contribute to improvements to services (Donetto et al., 2014). This

is important for several reasons. First, SafeLives (2015) has reported that survivors often have to report abuse multiple times before obtaining effective help. If an EBCD approach can support improvements to poor responses like this, then that will reduce harm, and may save lives. Second, if services do improve, survivors may experience a more helpful response when help-seeking, which will influence the likelihood of seeking further support in the future (Liang et al., 2005). Thus, it is important to understand whether EBCD can be adopted, in an acceptable and effective manner, in a policing context. If it can, then there are potential beneficial implications for violence reduction and for ensuring survivors' safety.

EBCD has not previously been used in a policing setting, with victims of abuse. There are only two EBCD studies, which I am aware of, which tried to collaborate between citizens and their service-providers from the criminal justice system. However, these citizens were offenders. In the first attempt, the study tried to improve justice services for young offenders, but unfortunately, the study was unsuccessful in recruiting service-users due to legal anonymity of people who offend below the age of 18 and disinclination of staff members to help with the recruitment (G. Mulvale et al., 2019). Therefore, it was unable to fully implement the EBCD process and evaluate it. This emphasizes the challenges of conducting an EBCD study in this setting. The second EBCD study, by Robert et al. (2021), focused on citizens returning to the community from the county jail. It involved offenders as well as a wide range of service-providers, including criminal justice, in the United States (Robert et al., 2021). Thus, this project was not executed with victims, did not include an implementation phase, and was not conducted in the United Kingdom. Therefore, this thesis extends the field of research on EBCD by aiming to understand whether EBCD can be used with survivors, and by identifying adaptations which may be required.

In respect to extension of this thesis compared to other participatory action research studies, it should be recognized that this is not the first study to use a form of collaborative research with people affected by domestic abuse. For example, in the study of Rodriguez et al. (2018), youth who were affected by domestic abuse were involved in the research process. They examined the impact of immigration policies on Latino families suffering from domestic abuse in the United States (e.g., they developed the interview guide and interviewed participants) (Rodriguez et al., 2018). However, this study did not involve collaboration between service-users and service-providers. Furthermore, this is also not the first project to involve collaboration between service-users and service-providers from the police. In a study which involved collaboration between service-users and service-providers from law enforcement and public health (people with lived experience, policing, mental health nursing, emergency medicine, paramedics, psychiatry, third sector, policy makers, and academia) their aim was to co-create most important priorities for research by identifying the greatest shared difficulties that they faced (Murray et al., 2021). Thus, their study did not focus on service development nor on domestic abuse and did not use EBCD.

Although participatory approaches have been used with domestic abuse survivors before, EBCD is different from other participatory approaches for several reasons. First, it focuses on user experience rather than on their views, perceptions, needs, and attitudes, although these determinants are all part of their experience (Bate & Robert, 2007a). Therefore, instead of focusing on the objective pathway (e.g., stages, steps, and activities that a person goes through while receiving a service) it focuses on the subjective experience (how the service-user experienced the objective pathway which was shaped by the events, issues, and people along the way) (Bate & Robert, 2007a). The second difference is that in co-design

service-users are active partners, alongside their service-providers, in designing their care due to their knowledge and expertise of their experience (Bate & Robert, 2007a).

Overall, these accounts demonstrate that although it is a significant issue, it is unclear whether EBCD can be used successfully to improve services for domestic abuse survivors. Thus, prior to this thesis it has not been demonstrated whether EBCD can be used in this setting, and if so, what adaptations may be needed. Furthermore, by using the other methodologies it is unclear whether one can create a platform in which domestic abuse survivors and their formal service-providers, e.g., from the police, IDVAs, Crown Prosecution Service (CPS), can co-design services in partnership to improve the experience of the services survivors receive. Thus, this thesis will fill this gap in knowledge. This thesis goes on to show that it *is* possible to conduct EBCD in this setting and that domestic abuse survivors can collaborate with their service-providers to improve the experiences of services. Therefore, this thesis extends the field of research on EBCD because it increases our knowledge of how EBCD works, for whom, and in what contexts especially surrounding the issues involving domestic abuse. This finding is important for the co-design field because it shows how a robust approach to co-design like EBCD can be adopted in a particularly complex setting if thought is given to psychological sensitivities and inter-organizational differences. It is even more important for the field of domestic abuse because it demonstrates that co-design has the potential to be an ethical, acceptable, and effective way of improving services, in a domain where service quality can have life or death consequences. Taken together, these contributions comprise internationally significant work.

This thesis will also add to knowledge by proposing an integrated theoretical model to help-seeking. The results chapters in this thesis will explore the experiences of survivors when suffering from domestic abuse and seek support for it, and integrate these with the

experiences of their service-providers when providing them with this support. Through the barriers model (Grigsby & Hartman, 1997) I will show that survivors face distinctive barriers which impede their safety, and which stem from their environment (e.g., police services, perpetrators), their family and social role expectations (e.g., values and beliefs of the family of origin), the psychological consequences of the abuse (e.g., isolation), and the experience of childhood abuse and neglect (e.g., early messages about abuse and safety). Through the addition of the Liang's (2005) help-seeking model, I will show how these factors can influence whether survivors recognize that they are suffering from domestic abuse, decide to seek help, and how they select their source of support. This thesis will further argue, by drawing on the intimate partner violence stigmatization model (Overstreet & Quinn, 2013), that even when survivors decide to seek help, they may face cultural stigma from their formal and informal support networks. This, in turn, can increase intimate partner violence survivors' reluctance to seek help again (Overstreet & Quinn, 2013).

Thus, the commonality of these three models is that they argue that two important factors influence whether survivors decide to seek support: the individual context and the socio-cultural context. However, these models have not looked at these factors in terms of how they influence the capability and opportunity of survivors to seek help, and their motivation to do so. I will fill this crucial gap in our understanding of help-seeking for domestic abuse, by examining the findings through the Capability-Opportunity-Motivation-Behaviour (COM-B) model. This theory examines how opportunity and capability influence motivation (Michie et al., 2011). This model will be explained in greater detail in Chapter 6. Although this model does not focus on domestic abuse nor help-seeking, it can increase our understanding in relation to help-seeking behaviours of survivors through examining this



behaviour via these additional influences, and its application to this field has potential to be helpful in capturing psychological aspects of help-seeking.

However, a limitation of the COM-B model is that it does not examine some contextual aspects which may play a role in the recurrence of behaviour: expected performance, disconfirmation, and satisfaction. These components can be examined through the expectancy disconfirmation model (Oliver, 1977, 1980) which was initially utilized to understand consumer satisfaction with products and services. In short, this model states that satisfaction with a product or service is determined by the degree to which they satisfy consumers' expectations (A.L. Robinson & Stroshine, 2005). A person's expectations will be negatively disconfirmed if the product is poorer than anticipated, confirmed if it presents as expected, and positively disconfirmed if it presents better than expected (Oliver, 1977). The expectancy disconfirmation model was not generated to explain either help-seeking or the experiences of domestic abuse survivors. However, I will use this model to explain whether domestic abuse survivors decide to seek help again. This model will also be covered in Chapter 6 in greater detail. Furthermore, these models don't examine which factors may influence the ability to communicate one's victimization. This will be explored by using the four aspects of the communication of a victimization (Strobl, 2004). Although this model was not developed to explain help-seeking of domestic abuse survivors, it can provide a useful lens to understand the experiences of domestic abuse survivors with services once they have sought help.

By utilizing these six theoretical models this thesis will propose a new integrated theoretical model which helps us to understand the help-seeking experiences of domestic abuse survivors which is the *Holistic Perspective on Help-seeking*. Thus, each theory provides us a useful, although limited, lens through which we can understand help-seeking, but by

integrating them together we can obtain a more holistic perspective on the issue. Therefore, this new theory is important because it helps to increase our understanding in relation to domestic abuse help-seeking. Furthermore, it has been previously argued that the benefit of the COM-B model is that it allows us to examine mediators and moderators of behaviour which are important to consider when developing interventions (McDonagh et al., 2017). I am proposing a new, integrated theoretical model of help-seeking behaviours of domestic abuse survivors because the development of effective interventions and tailored services requires us to understand the contribution of complex factors to individual help-seeking. This will be explained in greater detail in Chapter 6.

Thus, this thesis's aims are: (a) to understand domestic abuse survivors' experiences of help-seeking; (b) to understand the experiences of police employees (uniformed police officers and ununiformed police staff, e.g., call handlers) and IDVAs of that process; (c) to reflect on the suitability of EBCD as a mechanism for improving that process. (d) propose an integrated theoretical model which helps us to understand the process of help-seeking for domestic abuse survivors in greater depth. To do so this thesis addresses the following questions:

- (1) Can a process of bringing together domestic abuse survivors and their providers from the police and the domestic abuse organizations, in an EBCD process, help us in developing services for all involved?
- (2) What are the experiences of domestic abuse survivors when receiving support from the police and the domestic abuse support organizations? What features could be improved?
- (3) What are the experiences of police employees and IDVAs when providing support to domestic abuse survivors? What features could be improved?

- (4) Can an integrated theoretical model be proposed which helps us to understand in greater detail the help-seeking process of domestic abuse survivors?

This thesis has an additional six chapters. In the next chapter, Chapter 2, I will explore my methodology in order to conduct the thesis and the project it is based on. Thus, I will explain the different phases of the project and justify the methods I used to conduct my analysis. I will touch upon my epistemology, my role as a researcher in the project, and how I ensured the trustworthiness of my work.

The aim of Chapter 3 is to focus on the first question. However, it will also take an initial look at questions two and three. This chapter covers the process and findings of the different phases of the EBCD project: the research phase, the feedback groups, and co-design event. Although it is beyond the scope of this thesis, it also touches upon the implementation phase. The chapter then explores the challenges this project faced and references those challenges, through previous literature, to other EBCD projects which were conducted in physical health settings and in mental health settings. The findings are also discussed in relation to relevant theory.

Chapter 4 examines in greater depth the perspective of domestic abuse survivors on their help-seeking experiences from the police and the domestic abuse support organizations (as per the second question). It will cover my findings through two sections. In part one, to set the scene, I briefly address the experiences of survivors when suffering from domestic abuse. In the second part, I explore in greater detail the help-seeking process itself. The importance of receiving a compassionate, non-judgemental, victim-centred, and meaningful response, are addressed. It also emphasizes that specific circumstances (e.g., being a male survivor, having children) can influence opportunities for help-seeking. The findings are reviewed in connection to previous literature in the field and interpreted in relation to relevant theory.

Chapter 5 examines more closely the experiences of police employees and IDVAs when providing support to domestic abuse survivors (as per the third question). It is important to indicate that since the police were the primary partners of this project, the chapter mainly focuses on their experiences and less on the experiences of IDVAs. However, because the police work in close collaboration with IDVAs, the perspectives of IDVAs are also examined. The findings indicated that it is important for police employees and IDVAs to provide tailored and meaningful responses to domestic abuse survivors and that they feel that their work is worthwhile doing. However, they also indicated that supporting domestic abuse survivors can also be challenging and psychologically taxing with little formal support available. This chapter also explores what police and IDVAs believe about the level of satisfaction of domestic abuse survivors with their services. The findings are discussed with reference to previous scholarship and relevant theory.

Chapter 6 proposes a new integrated theoretical model of help-seeking (as per the fourth question). It aims to provide a holistic perspective on this topic by integrating several theoretical models. The strengths and limitations of the model proposed are also discussed.

This thesis concludes with Chapter 7 which is the Overall Discussion and Conclusions chapter. This chapter addresses what I have done to advance the field and the contribution of this thesis to knowledge. It also examines how the findings inform theory. Furthermore, it discusses how the keypoints and themes relate to one another. It also reviews the adaptations EBCD might require, to involve domestic abuse survivors. The thesis comes to an end by reflecting on the implications and future directions of this thesis to police practice as well as to EBCD research.

In summary, this thesis is based on a wider project which tried to improve the services domestic abuse survivors receive from the police and domestic abuse organizations in the

county this project was based in. Through these two components this work tried to improve practice. This thesis also aimed to add to knowledge in two main ways. First, by examining if an EBCD process can help us in developing services for all involved. Second, by proposing an integrated theoretical model which is interested in the help-seeking process of domestic abuse survivors.

## **Chapter 2**

### **Methodology Chapter**

#### **2.1 Introduction**

As discussed in greater detail in the previous chapter, this thesis will examine how the help-seeking pathway can be improved for domestic abuse survivors as well as for their service-providers, specifically for members of the police and IDVAs. In this chapter, I will cover my study design. I will also address my methodology. Therefore, as the term implies, I will justify the methods I used in this thesis (Carter & Little, 2007). To do so I will also address my epistemology, the methods I used in to conduct the analysis (I will discuss how I used these methods in order to conduct the analysis in the results chapters), why I choose to use these methods, how they fit with EBCD, and ethical approval. I will then reflect on my role as a researcher while conducting the project as it might have influenced the research process (Braun & Clarke, 2013). I will conclude the chapter by indicating how I ensured the trustworthiness of the thesis.

#### **2.2 Study Design**

The project was guided by a steering group which included representation from all stakeholder groups (please see Chapter 3 for a more detailed description). It included three phases which are covered briefly below.

### ***2.2.1 Phase 1: The Research Phase***

The aim of first phase, which acted as the research phase, was to gather the experiences of the domestic abuse survivors, the police, and IDVAs. In order to do so, I interviewed domestic abuse survivors ( $N=6$ ).

The research phase also included service-providers. This comprised a diverse group of police employees ( $N=23$ ). It also included three IDVAs (three women) one of whom was a court IDVA. There was a fourth male participant who was a Service Delivery Officer. Thus, technically his job role wasn't as an IDVA. He was included as a participant due to his professional expertise of providing support to male survivors. However, because he contributed less often to the discussion than the other IDVAs, and the most active participants were IDVAs, for the purpose of brevity I will refer to them as IDVAs.

Participation was voluntary. The process and results of this phase are discussed in greater detail in the next three chapters. A master's student and I collected the data from the domestic abuse survivors by conducting individual interviews between August 2016 and May 2017 (I conducted four of the interviews and she the remaining two). I collected the data from the service-providers through individual interviews and focus groups. I collected the data from the police participants between July 2016 and September 2017. I collected the data from the IDVAs between May 2017 and June 2017. All the participants were interviewed by using a semi-structured interview guide. This meant that when conducting the interviews and focus groups I varied my questions according to the responses of my participants and related them to the issues they wanted to speak about. Therefore, the interview guides were used flexibly.

When developing the interview schedules, I refined the questions with the members of steering group which included representation of all stakeholder population. However, in practice, as is the case with most qualitative research, not all questions were asked of all

participants and some additional questions were asked in response to what participants shared with us. This was important in order to collect rich data (Braun & Clarke, 2021b). The interviews and focus groups were transcribed and all the participants and the people that they named were provided with a coded pseudonym.

Prior to the second phase of the project, I identified the touchpoints. As a reminder, touchpoints are the key moments, good and bad, which shape people's subjective experience of the service (Robert, 2013). I did this to inform the subsequent two stages, the feedback groups and co-design event. After consultation with domestic abuse survivors, I decided to term touchpoints as keypoints because domestic abuse survivors stated that they felt uncomfortable with the term touchpoints. I choose the term keypoints instead since the term conveys the key aspects of the service. When identifying the keypoints, I examined the survivors' subjective account about their experiences when seeking help as well as the aspects they liked and disliked about the services. I also examined the perceptions of the police participants and IDVA participants on these topics (e.g., their experiences when providing support and their challenges when doing so). It is important to indicate that the keypoint analysis does not form a key component of this thesis, but it is an important part of the EBCD process which forms the context for the thesis. Subsequently, I conducted a more comprehensive qualitative analysis of this data. This analysis is described and reported in Chapter 4 and Chapter 5.

### ***2.2.2 Phase 2: The Feedback Groups***

Following the research phase, my PhD supervisor (Dr Michael Larkin), a Research Fellow who was involved in the project (Dr Gemma Unwin), and I conducted 12 feedback groups with approximately 40 people. We conducted the feedback groups to identify the



priorities for change of the three stakeholder groups. We recruited the participants from several cities across the county the project was conducted in. The participants included domestic abuse survivors, police employees, and representatives of domestic abuse organizations.

Feedback groups began in autumn 2017 and ended in spring 2018. The feedback groups with the survivors were held between November 2017 and April 2018. The feedback groups with the representatives of the domestic abuse organizations took place between November 2017 and March 2018 and those with the police between December 2017 and March 2018.

The three stakeholder groups were asked to identify their priorities for change. We entered all the prioritized keypoints from each event into a spreadsheet, and this chart was then used by the steering group to identify areas of consensus. These five areas are described in Chapter 3. The five consensus areas were used to set the agenda for the final stage, which was the co-design event.

### ***2.2.3 Phase 3: The Co-Design Event***

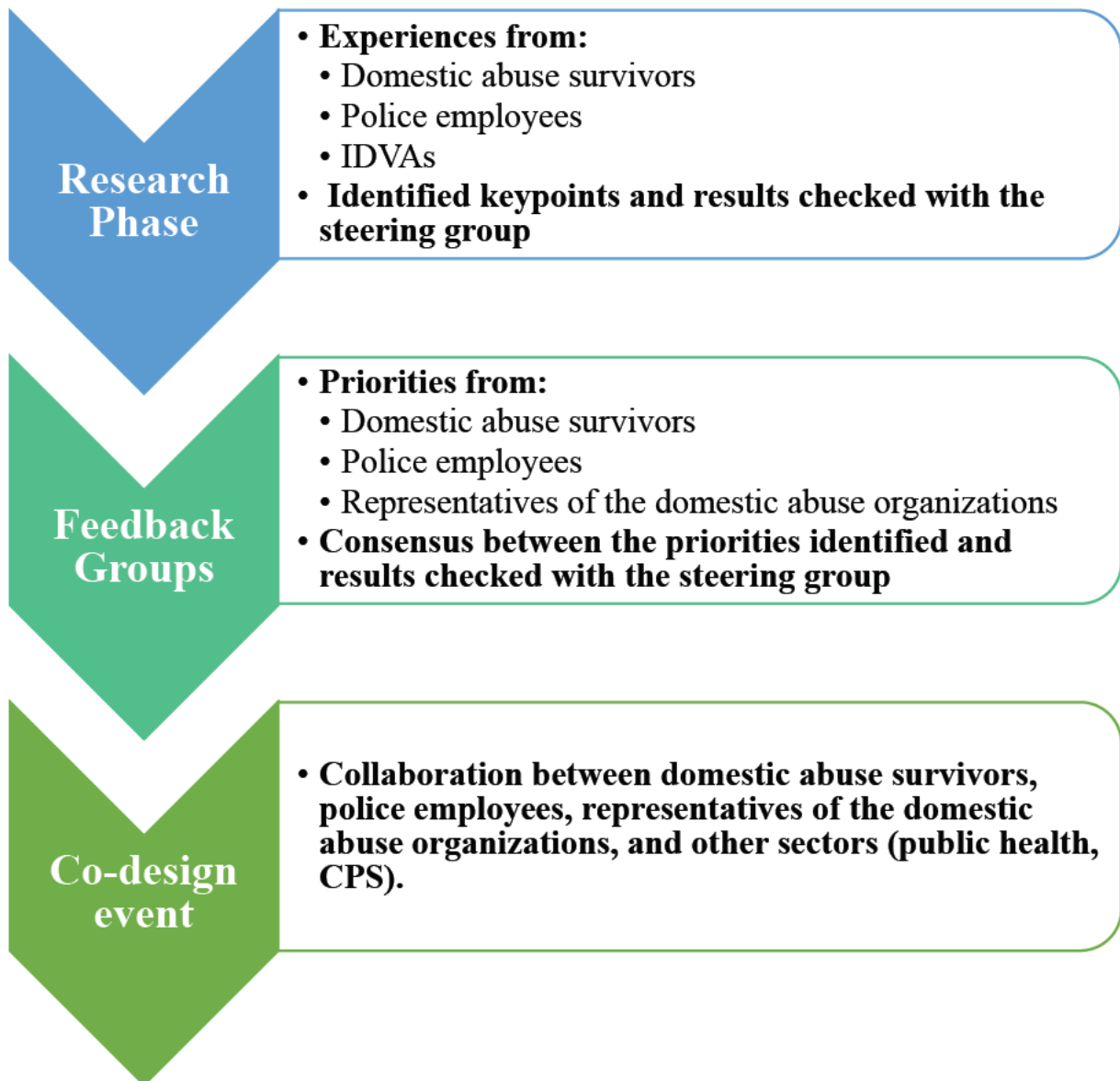
The third phase of the co-design project was the co-design event. In this project, the co-design event was very important because it brought all the stakeholders together to design action plans for the consensus areas in order to improve services. Forty people attended, including domestic abuse survivors, police employees, and attendees from support services, and other sectors (public health, CPS). The participants came from across the county the project was conducted in. The co-design event took place in June 2018 and lasted five hours. The co-design event included five working groups with each group focusing on a different consensus area. Each of the working groups produced at least one action plan. At the end of

the event, feedback from the participants was gathered. This thesis concludes with an account of the co-design event and its outputs.

Following the co-design event, the steering groups met once to discuss their observations from the event, the feedback that was obtained, and steps moving forward. The police were responsible for executing the action plans which were decided during the co-design event. My research colleagues and I stayed in contact with the police to examine whether action plans from the co-design event were executed. This phase, which acted as the implementation phase, is beyond the scope of this thesis and therefore is not discussed in detail.

**Figure 2**

*Flowchart of Study Design*



### **2.3 Reflecting on Contribution**

As the project this thesis is based on was part of a collaborative group project I should indicate on my individual contribution and the extent of collaboration. Information about this is reviewed throughout the thesis but is consolidated in the table below to indicate this more clearly and comprehensively.

**Table 1**

*Reflecting on the individual contribution and the extent of collaboration*

<b>Phase of Project</b>	<b>Task</b>	<b>Execution</b>
<i>Setting Up the Project</i>	<i>Seeking ethical approval</i>	Dr Michael Larkin and Dr Gemma Unwin took the lead in seeking ethical approval for the research phase of the project. They provided further information in the ethics application about the other phases of the project for transparency. However, I contributed to its development and was responsible for writing several of the appendices of the ethics application. Thus, I wrote the interview schedules for all the stakeholder groups, which were reviewed by the members of the steering group. I also wrote the participant information sheets for the service-users and service-providers. My research colleagues were responsible for writing the other appendices of the ethics application, including the flyer about the EBCD project, the invitation to the interview and focus group for police service-providers, the recruitment briefing for the support organization staff, the interview consent form, and the agreement to be added to the contact list for future updates.
<i>Phase 1: Research Phase</i>	<i>Recruiting participants</i>	I was responsible for recruiting the participants through the relevant gatekeepers from the police and the domestic abuse organizations. Five of the domestic abuse survivors were recruited through the domestic abuse organizations. Their support workers provided the survivors with the information sheet and set up the room. One of the survivors was recruited through the police and I provided her with the information sheet prior to the interview and the room was set up by Domestic Violence Forum manager.

Phase of Project	Task	Execution
<i>Data collection</i>	<p>The police participants were recruited through police gatekeepers. When interviewing high ranking police officers, I often liaised with their secretaries prior to meeting with the participants in order to set up the interviews.</p> <p>When recruiting IDVAs, the Domestic Violence Forum manager provided me with the names of IDVAs, she thought were suitable. I was responsible for contacting them in order to ask them if they would be interested in participating.</p>	<p>I interviewed four domestic abuse survivors. A master's student interviewed the other two.</p>
<i>Transcription</i>	<p>I interviewed all the 10 police participants who were interviewed individually. Together with my supervisor, Dr Michael Larkin, I ran the three focus groups with the police. Furthermore, I ran with a master's student the focus group with the IDVAs. Thus, I conducted all of the focus groups. I conducted individually the interview with the IDVA. Thus, I conducted 19 of the 21 interviews and focus groups.</p>	<p>Most of the audio-recordings were transcribed by an independent transcriber. However, I transcribed one of the interviews with a survivor and an additional interview with a survivor was transcribed by a master's student.</p>
<i>Conducting the keypoint analysis</i>	<p>I conducted the keypoint analysis on 11 of the 21 transcripts. Thus, my colleagues conducted the analysis on the remaining 10 transcripts. The keypoints were reviewed by the</p>	

<b>Phase of Project</b>	<b>Task</b>	<b>Execution</b>
		members of the steering group to ensure that they were sensitive and accurate.
<b>Phase 2: Feedback Groups</b>	<i>Setting up the feedback groups</i>	I was responsible for setting up eight of the twelve feedback groups which were conducted with the police and with one survivor. Dr Gemma Unwin was responsible for setting up four feedback groups which were carried out with the domestic abuse survivors and with the representatives of the domestic abuse organizations.
	<i>Conducting the feedback groups</i>	I conducted most of the feedback groups. More specifically, I was responsible for conducting nine out of the 12 feedback groups with all the stakeholder groups. Some of these feedback groups I have led with Dr Gemma Unwin or with Dr Michael Larkin and others I have conducted by myself.
	<i>Identifying the priorities for change</i>	The steering group collaborated to identify the priorities for change through the results of the feedback groups.
<b>Phase 3: The Co-Design Event</b>	<i>Organizing the co-design event</i>	I was responsible for inviting the attendees to the co-design event and answering their queries. Dr Gemma Unwin was responsible for hiring the venue and catering as well as printing the needed materials for the day.
	<i>Conducting the co-design event</i>	I was responsible for conducting the co-design event with Dr Michael Larkin. During the event we presented together information about the project.
<b>Secondary Analysis after the EBCD project</b>	<i>Conducting the reflexive thematic analysis and template analysis</i>	Following the co-design event, I conducted the reflexive thematic analysis (Braun & Clarke, 2006, 2020) on the accounts of all the domestic abuse, and the template analysis (King et al., 2004) on the reports of all the

Phase of Project	Task	Execution
		police employees and IDVAs, and I wrote this thesis. I used the available supervision to answer any queries I had to ensure that my analysis was of a high quality.

Following the co-design event, the police were responsible for monitoring and executing the action plans generated from the co-design event without my involvement or that of my research colleagues. However, in order to help them to do so, the steering group wrote an interim report about the project which included a description of the action plans. Dr Michael Larkin took the lead in compiling the interim report, but I contributed to its content as well as verified the information in it. Furthermore, we offered to stay in contact in case we could be of help. It should be emphasized that the implementation phase is beyond the scope of this thesis or the project and is therefore not considered one of its phases.

## 2.4 Ethical Approval

My research colleagues and I sought ethical approval for the first phase of the project because it included formal data collection. Ethical approval was granted by the University of Birmingham STEM Ethics Committee. Due to this we ensured: informed consent, right to withdraw, compensation for travel, confidentiality, data management, disclosure of risk, that support needs of participants are met, and safety of participants and researchers. These issues are covered in the information sheets which were sent to participants, according to their stakeholder status, at least 24 hours prior to the interview and focus groups, to give them time to consider if they wished to participate. The information sheets can be found in the Appendices (see Appendix A for the service-user participant information sheet and Appendix B for the service-provider participant information sheet). The information sheets stressed that

taking part is voluntary and that prospective participants were free to withdraw from the study before the interview, during the interview and during a two-week reflection period after the interview, and that they could do so without giving a reason by contacting the researcher. Thus, participation was voluntary and it was important for me to ensure that the participants did not feel coerced to participate. Furthermore, at the start of the interview, participants were provided with an interview consent form (see Appendix C) as well as an agreement to be added to contact list for future updates (see Appendix D). It was important for us to recruit only participants who were in a safe place to participate. To ensure this, survivors were recruited via stakeholders from organizations which support domestic abuse survivors and the police. The stakeholders were sent a recruitment briefing (see Appendix E) which listed the inclusion and exclusion criteria as well as a flyer about the EBCD project (see Appendix F). Only survivors who had a current or recent experience of being a survivor of domestic abuse; and were in a psychologically, emotionally, and physically safe place to engage in research without risk of psychological, emotional, or physical harm, were eligible to participate.

It is important to indicate that although participants had the right to withdraw before, or during the interview, and during a two-week reflection period after the interview, no participant decided to do so. Furthermore, the participant information sheets, both for the service-users and the service-providers, stated that in case during the interview the interviewer thinks that the participant or someone else is at risk of harm, the interviewer will seek advice from the Domestic Violence Forum Strategic Lead of the city this project was conducted in so that appropriate notifications can be made. In this project no notifications were needed.

In this project ethical approval was not sought for the feedback groups and co-design event. This was because of two reasons: (a) the feedback groups and co-design event did not involve any formal data collection and participants did not have to share their personal



experiences; (b) typically, EBCD projects are exempt from ethical approval since they are conducted as a quality improvement design projects, do not involve modifications to people's treatment, and are not studies of human subjects (Springham & Robert, 2015). However, it should be added that information about the feedback groups and co-design event were included in the ethics application for transparency. When reviewing the ethics application, the ethics committee agreed with the assessment my colleagues and I had made, that the feedback groups and co-design event did not require ethics review (see confirmation for this in Appendix G) because they did not constitute research data collection events. The ethics committee also felt that these stages represented an important source of feedback to participants and allowed them to be involved in addressing the findings of the research.

Nevertheless, these co-design processes have ethical implications for both safeguarding and responding to immediate distress (Kelly, 2019), and we took care to consider and plan for these. The formal research oversight and governance for the co-design phase was led by the police, as the host organization for this stage of the work. In terms of being prepared to respond to immediate distress, it was possible for us to draw on IDVAs who we had available in case we needed them. In terms of safeguarding, we had a multi-professional steering group that we could take issues to, if we needed to get an opinion on what the right course of action would be, in the event of a disclosed risk. Furthermore, the planning and implementation of the co-design phase was overseen by the project planning group which was chaired by the police but included representatives of all stakeholders. At this group we discussed issues around safeguarding and risk that would need to be included in the safe conduct of the co-design process. That meant that when we were conducting feedback groups with survivors present, that these were done with the knowledge of IDVAS or other members of the third sector support organizations and that we followed their guidance in

terms of what information was given and shared. However, participants knew that we had IDVAs or other staff from the support organizations available to talk to if we needed to and that we were also able to share concerns with those people. There were no disclosures of serious risk during the feedback groups or co-design event. This was largely as we expected, since these events were specifically designed so that people would not need to speak about their own experiences, but instead were invited to respond to the material that we brought along, based around the keypoints drawn from the interview and focus group phase. No ethical issues (risk disclosure or distress) arose during the implementation of the feedback groups or the co-design event.

Although the feedback groups and co-design event did not involve data collection and were not research per se, the safety and support and wellbeing of the people who were involved in these consultation events was given careful consideration. For example, although we did not collect data from them, we did think carefully what information we shared with them and what kind of reaction they might have to that information and, hence, we made sure that appropriate support was available to them in case they needed it (e.g., there were IDVAs available during the feedback groups and co-design event in case survivors wanted to seek support). As a second example, even though they were not research participants it was made clear to them (e.g., in the presentation I conducted with my supervisor, Dr Michael Larkin, at the start of the co-design event) that they could withdraw from these events if they were uncomfortable and that their involvement was voluntary. As a third example, even though we were not collecting data from them it was made clear that we would not be using their real names without their permission in any descriptions of the events. I think that this was a good example of how applied practice prompts one to think about one's ethical responsibilities to

people who may not be research participants but are nevertheless the responsibility of the psychologist in the field.

## 2.5 Epistemology

Epistemology concerns itself with the nature of knowledge and tries to answer the question of *what* is possible to know (Braun & Clarke, 2013). What is considered as knowledge decides how meaningful knowledge is generated (what it represents) (Braun & Clarke, 2013). It can influence the method of research for the researcher in three ways: it can determine the way they view the participants (e.g., if they believe that they can get into a participants' mind and see the world through their eyes or only observe them); the manner they assess the quality of the data (e.g., if one researcher analyses the data or multiple in order to test their level of agreement of the coding); how they communicate with their audience (e.g., if they reflect on themselves and the role they might have had in influencing the research) (Carter & Little, 2007). This thesis adopts a contextualist epistemology. Contextualism states that there is no single reality and that we cannot get a single truth, but that there is knowledge, which can be valid and true in certain contexts (Tebes, 2005). Therefore, according to contextualism human action does not develop in a social vacuum, but instead is situated in space, time, and culture (Tebes, 2005).

Through reflexivity, I have come to understand my approach as adopting a contextualist position. I have come to this conclusion because I believe that my research is based on knowledge that was true in the contexts in which I conducted my research and true for the participants I interviewed. However, I also maintain that if I would have done the project in another context, for example in another country or would have interviewed other participants, my research might have looked different. I hold that reality exists, independent

of me which I am able to access to some degree through research. That is, I think that there is some relationship between the results of my analysis and the actualities of the world outside. Thus, in my opinion my analysis does reflect a reality and truth about the experiences of the domestic abuse survivors and their service-providers from the police and the domestic abuse organizations to some extent.

I assume that I am only able to access the truth partially for several reasons. First, I only interviewed several domestic abuse survivors and their service-providers. Thus, if I would have interviewed more people and/or persons from other backgrounds their realities might have been different. This means that my findings would have been different as well. Second, I am aware that my research was conducted through interviewing people whose thoughts and memories are not always accurate due to human errors in memory (Wells & Hasel, 2007). Their knowledge and memories are shaped by their social and cultural backgrounds and by the context in which they live (Braun & Clarke, 2013). Therefore, their reality is true for them, but because the way they view reality was shaped by these factors it probably does not reflect the complete accuracy of the world outside (Braun & Clarke, 2013). Third, I am aware that my research was conducted with people who did not know me and thus they might have seen me as an outsider. Because I interviewed all of them, except one, the first time we met, I am unsure if they all felt comfortable to confide everything which was relevant to the research, since a rapport has not been yet properly established. This is probably especially true for the survivors who are especially wary due to the abuse they experienced (Evans & Feder, 2014). Thus, the reality I attempt to describe might only be partial. Fourth, I am conducting the analysis with my own preconceived understanding of the world, and this might impact the way I understand the reality of my participants (Braun & Clarke, 2013). In other words, I feel that I am only able to view the reality of my participants through a camera

obscure and even though I try to remain neutral this can have some unconscious impact on my analysis. Fifth, the reality I attempt to describe is multi-perspective: it incorporates the perspective of police employees as well as those who work for the domestic abuse organizations. However, it does not, for example, incorporate the views of perpetrators and so we can foresee that there are limits to our perspective on the topic.

## **2.6 Thematic Analysis**

To analyse my data, I used two forms of thematic analysis. When analysing the accounts of the domestic abuse survivors I used reflexive thematic analysis (Braun & Clarke, 2006, 2019). Furthermore, in order to analyse the reports of the police employees and IDVAs I used template analysis (King et al., 2004).

Thematic analysis is a theoretically flexible method in which one generates themes within the data (Braun & Clarke, 2006). Themes are patterns of shared meaning which have a joint core concept (Braun & Clarke, 2019). Typically, it focuses on analysis across cases instead of within cases (Brooks et al., 2015). Moreover, it is a useful method to examine participants' lived experience, perspective, behaviour, practices, and views (Clarke & Braun, 2017). Thus, it is advantageous for experiential research which aims to understand what participants' feel, think, and do (Clarke & Braun, 2017). It can be used to analyse interviews, focus groups, and texts (Braun & Clarke, 2006). Template analysis, which is a form of codebook thematic analysis, and reflexive thematic analysis are two different clusters of thematic analysis (Braun & Clarke, 2020). These two forms of thematic analysis, in contrast to coding reliability forms of thematic analysis, do not try to achieve consensus between coders (Braun & Clarke, 2020). I will discuss this in greater detail below.

In reflexive thematic analysis, the researcher's active knowledge production, through subjectivity and reflexivity, is at the heart of the approach (Braun & Clarke, 2019, 2020). Thus, it adheres to the importance of deeply reflecting and engaging with the data and the analytic process (knowing why and how the researcher is conducting the analysis) and not on correctly following procedures (Braun & Clarke, 2019, 2020). A research team is not advantageous for quality (Braun & Clarke, 2020). In reflexive thematic analysis there is no use of a coding framework (Braun & Clarke, 2019, 2020).

Template analysis (Brooks et al., 2015) is a style of thematic analysis which is epistemologically flexible and has been often used in organizational research. On the basis of part of the data, a coding template is developed which is then used for additional data, refined, and revised (Brooks et al., 2015). In addition, because template analysis is a flexible approach, it can be altered according to a study's specific needs and topic (Brooks et al., 2015). It can be used with varying sizes of sample, including with single autobiographical cases (Brooks et al., 2015).

As indicated above reflexive thematic analysis and template analysis are two different styles of thematic analysis (Braun & Clarke, 2020). They are similar in a sense that they are both flexible approaches which can build a hierarchical coding structure (Brooks et al., 2015). However, they are also different from one another. In reflexive thematic analysis, themes are developed, and structure of codes is created after the researchers have initially coded all the data (Brooks, et al., 2015). Conversely, in template analysis it is common to produce a preliminary version of the template and to define themes on the basis of part of the data in order to guide further template development and coding (Brooks et al., 2015).

I decided to use thematic analysis in this thesis for several reasons. First, because my thesis examined the *experiences* of domestic abuse survivors and their service-providers from

the police and the domestic abuse organization the most suitable analytic method were thematic analysis and interpretative phenomenological analysis due to their experiential focus (Braun & Clarke, 2013). It is recommended to use thematic analysis instead of interpretative phenomenological analysis when the sample is heterogeneous and the research has a focus which includes pragmatic implications (Braun & Clarke, 2021a). Since my thesis fulfilled both criteria, I chose thematic analysis. Furthermore, I chose template analysis for police employees and IDVAs and not for domestic abuse survivors because in template analysis it is normal to develop the template on the subset of the sample (e.g., on five of the interviews out of 20) and then apply it to further data (Brooks et al., 2015). Since my sample of domestic abuse survivors only included six participants, I felt that it was relatively too small for this. Second, thematic analysis fits with my contextualist approach because it is epistemologically flexible (Braun & Clarke, 2006; Brooks et al., 2015). Third, thematic analysis is well-matched to studies with an experiential focus (Clarke & Braun, 2017). Therefore, it fits with my research questions which examine the experiences of domestic abuse survivors and their providers when receiving/providing support. Fourth, as indicated above thematic analysis aims to focus on the analysis between cases instead of within cases (Brooks et al., 2015). Since the aim of the project discussed here is to try and improve the aspects of service provision for a population of domestic abuse survivors and their providers, I wanted to focus more on the commonalities between the reports of my participants rather than examining in depth their individual accounts. Therefore, I found thematic analysis fit for this purpose. Fifth, thematic analysis is a practical method for people who are conducting more applied research or when conducting research outside of academia (e.g., research which focuses on practice and policy) (Braun & Clarke, 2014). Thus, thematic analysis is useful for researchers who want to execute rigorous qualitative analysis, but would also wish to present it in a way which

is easily accessible to non-academics (Braun & Clarke, 2014). Therefore, by utilizing thematic analysis I hoped to present my findings in an accessible way to a diverse audience (to other academics and to non-academics from the police and the domestic abuse organizations).

It is important to reflect on data saturation which is defined as the stage when additional data fails to produce new information or themes (Braun & Clarke, 2013, 2021b). It is possible to achieve data saturation with a sample of between six and twelve participants (Braun & Clarke, 2021b). Thus, technically, my sample included a sufficient number of domestic abuse survivors and service-providers to achieve data saturation. However, the concept of data saturation was not a valid concept in this thesis for several reasons.

First, all of the participants were interviewed by using a semi-structured interview guide. Braun and Clarke (2021b) state that one should not seek data saturation when conducting unstructured interviews because new answers are provided to newly introduced questions. As discussed in greater detail in section 2.2.1, I used the interview schedules flexibly when interviewing my participants. This has long been considered best practice in qualitative research (Smith, 1995). Thus, not all questions were asked of all participants and some additional questions were asked in response to what participants shared with us. This was important in order to collect rich data (Braun & Clarke, 2021b). Therefore, data saturation was not sought.

Second, Braun and Clarke (2021b) also state that data saturation can be achieved when the sample is comparatively homogenous. However, my sample was structured (survivors and service-providers) and heterogenous (e.g., it included a diverse group of service-providers with varying roles and the survivors who were heterogenous in respect to their ethnicity and gender).



Third, when conducting the template analysis and the reflexive thematic analysis, I deeply engaged with the data and my coding did not focus on superficial and obvious meaning. Therefore, data saturation was not warranted (Braun & Clarke, 2021b).

In addition, Braun and Clarke (2021b) argue that the concept of saturation is unhelpful in reflexive thematic analysis because in this form of analysis, coding quality stems from engaging deeply with the data. This *evolving* orientation does not align with data saturation. Braun and Clarke (2021b) state that new insights in research are always possible because it is reflexive, situated, and theoretically embedded practice of knowledge construction. Thus, using saturation to make decisions about when to stop doing something is risky because you don't know what the next case you observe might reveal and it gives you a false sense of security about what you know and what you might find out if you would to continue collecting data or analysing it. In short, although my sample included enough domestic abuse survivors and service-providers during the research phase to achieve data saturation, it was not a useful or valid concept in this thesis.

## **2.7 Reflections on My Role as a Researcher**

I believe that my previous vocational and educational experience had an impact on the way I conducted the project. To set the scene. I was born in New York City, grew up across a variety of continents, and don't have a British accent. My previous education is in the field of education, special education, and mental health counselling. I have worked in a variety of mental health and educational settings. I have completed most of my education and work outside of the United Kingdom. These aspects had an impact on this research in several ways which I will address below.

First, when trying to recruit participants for this project, my status of being a doctoral researcher who was not working for the police or for a domestic abuse organization as well as not being from the area in which the research was conducted probably put me into a ‘neutral’ position and potentially even made me seem like an outsider. This was probably emphasized even further because I don’t have a British accent. I felt that my accent emphasized this, because during an interview with a police officer, he told me that he was trying to guess where I was from. This position might have had some negative as well as positive implications, which I will discuss below.

My outsider status might have caused some survivors to be wary of trusting me which caused difficulties with recruitment. This was in contrast to my hope that having a ‘neutral’ position would allow my survivor participants to feel that they are able to speak about the experiences they had when seeking help without fearing that providing a negative opinion would affect services they were obtaining and reliant on. In this context, it read less as an indicator of potential ‘neutrality’ and more an indicator of potential untrustworthiness. I was an unknown actor, asking for trust, but doing so with no pre-established credibility in lives of vulnerable people for whom trust was currently a crucial issue. To try and establish trust, I offered the survivors an opportunity to meet with me in advance to help them decide, if they would like to participate, but this was not taken up.

This issue became especially clear when trying to recruit survivors for the first phase of the project. While recruiting survivors through the police, I was given a list of 15 people who stated that they would be happy to be contacted by the research team. However, when I contacted the people on the list, I was unable to recruit more than one participant. The issue of brokering the initial contact with potential participants was the main problem here. One aspect involved the mechanism itself: I relied on making phone calls to establish the first connection,

but survivors often hung up, didn't return calls, or had changed their numbers. The phone itself was not a trustworthy medium for them. However, it is interesting to note that several of the survivors who decided to participate in the project, including the one I was able to recruit from this list, were not from the UK themselves. This left me wondering if my outsider status might have caused some survivors, who were not from the UK themselves, to feel more comfortable and willing to participate.

Second, where participants agreed to meet with me, my previous vocational experience and 'neutral' or outsider position appeared to help the research process because it seemed that participants felt comfortable confiding in me. This was evident in several ways. For example, the interviews often lasted longer than expected. They often stopped only after the domestic abuse support providers, who were present at the venue of the interview to provide additional support to the survivors, indicated that they would soon need to leave and encouraged the completion of the interview. Another example was that participants felt comfortable disclosing to me very personal information which was not part of the interview schedule. This was evident when one of the survivors showed me the suicide notes that she didn't show to anyone before and disclosed to me how she overcame her suicidal ideation. She also stated that it had been a long time since she last discussed her experiences the way she did with me. It also seemed that the police and IDVAs felt at ease with me because they seemed happy to discuss their experiences of providing support and at times also the problems, they had with their mental health due the very stressful nature of the job. The survivor participants as well as the service-providers were often frank and reflective about the difficulties which they faced. Thus, my 'neutral' position might have helped in establishing a rapport in which they felt that they could confide in me without fearing that this would negatively impact the services they obtained or their employability depending on their

stakeholder status. Some of the participants even found the process helpful. For example, one of the IDVAs stated that, although she often felt stressed due to her work, the focus group left her feeling re-energized. I should note that members of the police also seemed to feel comfortable during the interview and this came across when they shared personal stories about their private life with me.

Third, my vocational experience had an impact when conducting the interviews during the research phase of this project. Due to my previous vocational experience, I have provided services to a variety of populations including to domestic abuse survivors. Therefore, I felt that although I attended the interviews as a researcher, a part of me also attended as a mental health counsellor. This was evident primarily during the interviews with the domestic abuse survivors. During these interviews, I felt that although I was there to collect the data it was also very important for me to see if there were ways, I could help the people I was interviewing. This caused the interviews to last for a long duration of time and go beyond the interview schedule. For example, in one of the interviews with the survivors I tried to consider with her ways which would help her alleviate the anxiety and depression she was suffering from due to the abuse. After the interviews, I often felt disappointed that I could not meet with the survivors more often on one-to-one basis to try and help them. I compromised with myself that the best way I could try to assist was by presenting their lived experience and voice through the findings of the research so that it would be used to improve services, which I knew was important to them.

In brief, I described how my experiences, characteristics, qualifications, and vocational history might have had an impact on this project (e.g., recruiting participants, data collection). Next, I will address the trustworthiness of this thesis.

## 2.8 Trustworthiness of the Thesis

To conduct and report the findings of this thesis it was important for me to ensure that the thesis was of high quality and therefore trustworthy. It was important for me to ensure that the research question was important, that the research methods were appropriately used, and that the reporting was clear and complete. In order to ensure this, I followed the recommendations and framework of the Standard for Reporting Qualitative Research (O'Brien et al., 2014). This framework consists of 21 items that the developers consider important to report qualitative research in a complete and transparent way. O'Brien et al (2014) state that although it would be ideal if the 21 standards are reflected in reports, that authors should concentrate on those items that are most applicable to their study, context, findings, and audience.

In the table below I review how I adhered to these 21 items. Please note that in the table I specified several times that the selected topic can be found in the results chapters. When I state this, I mean the EBCD chapter; the chapter examining the experiences of domestic abuse survivors when receiving support; as well as the chapter which reviews the experiences of the police and IDVAs when providing support.

**Table 2**

*Following the Standards for Reporting Qualitative Research*

<b>Topic</b>	<b>Action Used to Ensure It</b>
<b><i>Title and abstract</i></b>	
<i>Title</i>	The title I choose is a concise description of the nature and topic of my thesis. I indicated that the project this thesis is based on was conducted to improve services provided to domestic abuse survivors and their providers and used EBCD.
<i>Abstract</i>	I included the key elements of the thesis.
<b><i>Introduction</i></b>	

<b>Topic</b>	<b>Action Used to Ensure It</b>
<i>Problem formulation</i>	In the Introduction chapter, I explained why this thesis is significant, stated its contribution to the field, and reviewed the literature relevant to it.
<i>Purpose or research question</i>	In the Introduction chapter, I explained the purpose of the thesis and listed my research questions.
<b>Methods</b>	
<i>Qualitative approach and research paradigm</i>	In the current chapter, I identified and elaborated on my contextualist research paradigm and justified my rationale for choosing two different styles of thematic analysis. In the Introduction chapter I explained my rationale for choosing EBCD. In the survivor results chapter as well as in the police and IDVA results chapter I described how I implemented thematic analysis in this thesis.
<i>Researcher characteristics and reflexivity</i>	In this chapter, I indicated how my characteristics, personal attributes, qualifications, and experiences possibly influenced the research.
<i>Context</i>	This thesis described that the project this thesis is based on was conducted in a large city in England. No further details were provided due to issues surrounding anonymity.
<i>Sampling strategy</i>	In this thesis, I described how and why my participants were selected.
<i>Ethical issues pertaining to human subjects</i>	In this chapter, I stated that ethical approval from the University of Birmingham was obtained. In this thesis, I addressed how I ensured participant consent, confidentiality, and data management.
<i>Data collection methods</i>	In this chapter, I covered the study design. In this thesis, I included how I collected my data, their procedures, start and end dates of data collection, and my rationale.
<i>Data collection instruments and technologies</i>	In Chapter 3, I indicated the focus of my interview schedules. I included the interview schedules in the Appendices.
<i>Units of study</i>	In this chapter and in the results chapters, I listed the number of my participants and described their characteristics.
<i>Data processing</i>	In this thesis, I addressed data management, anonymization, data coding and transcription.
<i>Data analysis</i>	In this chapter and in the results chapters, I addressed the process I used to analyse the data. In this chapter, I provided my

<b>Topic</b>	<b>Action Used to Ensure It</b>
	rationale for choosing the two styles of thematic analysis that I used.
<i>Techniques to enhance trustworthiness</i>	To enhance the trustworthiness of my research I met with my PhD supervisors and the steering group of this project regularly. We discussed the study design, findings, results, and overcoming the challenges of conducting this project. I also enhanced the trustworthiness of this thesis by following the recommendations listed in this table.
<b>Results/findings</b>	
<i>Synthesis of interpretation</i>	In this thesis, I discussed my main findings and integrated it with prior research and theory.
<i>Links to empirical data</i>	I linked my results and findings to the evidence by including quotes from all the interviews and focus groups. This helped me substantiate my analytic findings.
<b>Discussion</b>	
<i>Integration with prior work, implications, transferability, and contribution(s) to the field</i>	In this thesis, I discussed my main findings and explained how they are connected to earlier scholarship.
<i>Limitations</i>	Throughout the thesis, I reviewed its strengths and limitations.
<b>Other</b>	
<i>Conflicts of interest</i>	I had no conflict of interest. The research was commissioned to be an independent academic study.
<i>Funding</i>	The project this thesis is based on was funded by the University of Birmingham, the Police and Crime Commissioner's Office and by the police force of the county in which it was conducted. This police force was part of the steering group of the project and helped in recruiting the police employee participants.

In brief, the table above highlights the ways in which I ensured the thesis was of a high quality. Furthermore, by doing this in detailed manner, I hope to demonstrate the trustworthiness of my work through my transparency.

## **2.9 Conclusions**

In summary, this chapter covered my epistemology, the research methods I chose to analyse my data and why I chose them, ethical approval, how I addressed the ethical aspects of conducting this thesis, reflections on my role as a researcher, and finally how I ensured that it is trustworthy. The next chapter is the first results chapter. It will examine whether one can bring together domestic abuse survivors and their providers from the police and the domestic abuse organizations, in an EBCD process, to develop services for all involved.



## Chapter 3

# Collaborating Between Domestic Abuse Survivors and Their Providers in Order to Improve the Experiences of Services

### 3.1 Introduction

EBCD (experience-based co-design) has developed from an increasing concern in learning from the way that designers in creative industries call into play ‘user experience’ to improve their prototype, and a ‘service-user’ movement which specify the way that inequitable services stem from inequitable processes (Bate & Robert, 2006). In relation to this, EBCD provides some mechanisms and processes for more equitable ways of collaboration between service-users and service-providers (Bate & Robert, 2006). Since it was first piloted in a head and neck cancer service at Luton and Dunstable NHS hospital in England, EBCD has become more significant in the development of different physical and mental health services (Donetto et al., 2014). As one of its successes it has been found to improve services both for the service-users and the service-providers as well as reduce formal complaints (Donetto et al., 2014; Springham & Robert, 2015). However, because EBCD has not been used in policing with victims before, it is important to examine both whether one can implement such a process in this setting, and also the modifications it might require compared to how it is more usually conducted.

In this chapter, I will reflect upon whether EBCD can be used successfully in policing settings with victims, via what was learned in this attempt to improve the service provision for all groups involved. Thus, it mainly focuses on whether a process of bringing together domestic abuse survivors and their providers from the police and the domestic abuse

organizations, in an EBCD process, help us in developing services for all involved. To achieve this, it covers the three phases of the project. Therefore, this chapter also touches upon other questions introduced in Chapter 1. More specifically, it also covers: (a) What are the experiences of domestic abuse survivors when receiving support from the police and the domestic abuse support organizations? What features could be improved? (b) What are the experiences of police employees and IDVAs when providing support to domestic abuse survivors? What features could be improved?

To do so, this chapter first covers the different phases of the project. The chapter then discusses the findings in relation to theory. It also covers the challenges this project had which are generic to EBCD projects (as typically used in physical health settings). It also touches upon the similar challenges found between this EBCD project and using EBCD in a mental health context.

## **3.2 Process and Findings**

### ***3.2.1 Setting Up the Project***

To conduct this project a steering group was established. This steering group included representation from domestic abuse survivors, the police force of the county this project was conducted for, domestic abuse organizations through a Chief Officer of a Domestic Violence Forum of an area of the county this project was conducted in, and the research partners. The group met once every two to three months for the lifespan of the project. It usually comprised two police officers, two survivors, one support lead, Dr Michael Larkin, who is my supervisor, and me. The group was therefore balanced in terms of different perspectives. The core group was, on occasion, joined by others (e.g., a Research Fellow, Dr Gemma Unwin, working on the project). The group was usually chaired by one of the police officers. The

group set and followed an agenda, but the chair took care to actively invite contributions from all of the different stakeholders. As a result, many of the challenges which this project faced were resolved through this group. It was often the case that my supervisor and I would arrive feeling ‘stuck’ with something (e.g., recruiting participants for the project), but would leave optimistic, furnished with a new set of strategies. Furthermore, the insights of the survivors who were part of the steering group were invaluable. For example, their help was especially important when it came to designing the interview schedules, developing recruitment strategies, reviewing the keypoints from the research phase, and planning and running the co-design event in the final phase.

### ***3.2.2 The Research Phase***

#### **3.2.2.1 Recruitment Strategy and Process Difficulties of the Domestic Abuse Survivors.**

Domestic abuse survivors were recruited mainly through IDVAs and support workers working at domestic abuse organizations. These organizations included: a refuge supporting women and dependent children who are affected by domestic abuse; an organization which provides a range of services to women and tries to enhance their quality of life; an organization which manages council homes; and a charity which supports vulnerable and marginalised men. One additional survivor was recruited via the police.

Initially, we were hoping to recruit 10-15 survivors to ensure a diverse sample. However, this was more challenging than initially thought, which negatively impacted the number of recruited survivors. I will describe this in greater detail below.

The first challenge was recruiting survivors through domestic abuse support organizations which are already overstretched. During the recruitment period, I contacted

several domestic abuse support organizations, told them about the project and asked them if they had any participants who might be well-suited for the project. Furthermore, I suggested that if they had any survivors who they thought were suitable I could meet with them to discuss any anxieties they might have prior to deciding if they would like to participate or not. Several domestic abuse support organizations stated that they wouldn't have time to do so because their employees were very busy already. In addition, many of these domestic abuse support organizations stated that their domestic abuse survivors were too vulnerable to participate. However, many other domestic abuse support organizations were willing to help and I was able to recruit most of my participants via them.

The second challenge I faced when trying to recruit survivors for the project was due to the limitations placed by ethical procedures themselves. An example of when this occurred was during a domestic abuse campaign day. I tried to recruit survivors through a one-day campaign event that was organised by the representatives of the steering group and was held in the same city I was trying to recruit survivors from. This event took place to aid the United Nations campaign in support of ending the violence against women and girls. The event was successful and received coverage from several television channels. During the event, I provided a leaflet about the project as well as my email address to people who identified themselves as domestic abuse survivors and showed interest in the project. Many of these survivors stated that they would consider participating but did not end up contacting me to set up an interview. Another survivor stated that she would like to participate and wanted to be interviewed immediately. However, I informed her that this would not be possible due to ethical reasons because I needed to conduct the interview in a sound insulated room as well as provide her with the information sheet and give her at least 24 hours to consider it. The survivor agreed to contact me so that I could send her the information sheet and set up a time

for an interview at a later date, but this survivor did not end up contacting me. I did ask this survivor to provide me with her phone number, but she stated that she felt uncomfortable doing so in a public space. Therefore, I was unable to recruit any survivors through this event.

A third challenge of recruiting domestic abuse survivors emerged when I tried to recruit survivors through the police. This challenge arose from ethical and safety concerns. A high-ranking police officer offered me to travel with the initial response team on their domestic abuse visits. Although this would have been an excellent opportunity to try to recruit domestic abuse survivors this plan was not executed because it would not have allowed me to provide the survivors with the information sheet and give them at least 24 hours to consider it. The police later withdrew their offer because they felt that it would be unsafe for me to attend those incidents in case the violent perpetrator returns while I am interviewing the survivor.

A fourth challenge in recruiting domestic abuse survivors stemmed from the perspectives of the survivors themselves and potentially changes in their circumstances. This was mainly evident when trying to recruit survivors through the police. The police provided me with 15 names and phone numbers of survivors who gave their permission to be contacted regarding this project. When I contacted these survivors, I had difficulties recruiting them for several reasons, including: I was unable to reach them because their phone number no longer worked and the police did not have any updated contact information for them; survivors seemed disinterested the moment I indicated why I was calling; they felt uncomfortable with the project after reading the information sheet; they feared that the perpetrator would find out and harm them; they did not show up for the interview; an additional survivor no longer wanted to participate because she preferred to be interviewed over the phone, but this was not possible since according to the ethics application, the interview needed to be conducted face-to-face. It is possible that I could have increased my sample of survivors by conducting the

interviews online or over the phone. Interviews were conducted face-to-face to ensure that there was an IDVA available in case the survivor experienced emotional distress and wanted to seek emotional support. Thus, I would not have been able to ensure that there would be an IDVA available if I had conducted the interview through other methods (e.g., online or over the phone). These challenges might have stemmed from survivors being wary of trusting me due to my 'neutral' or potentially outsider position. However, even though recruiting survivors through the list of survivors the police provided me with was challenging I was able to recruit one additional survivor for the project through it.

In brief, I had difficulties recruiting survivors for this project for several reasons which mainly included: the domestic abuse support organizations being overstretched, ethical procedures, safety concerns, and circumstances related to the survivors themselves. Although I faced these difficulties, I was successful in recruiting domestic abuse survivors for this phase of the project.

#### **3.2.2.2 Domestic Abuse Participants.**

Six domestic abuse survivors participated in this phase of the project (five women and one man). It included survivor participants with a range of ethnic backgrounds, and with a range of differing relationships to the perpetrator. All the survivors experienced abuse in the context of a heterosexual relationship, had child(ren), received services from an organization which supports domestic abuse survivors, and suffered from multiple incidents of abuse.

#### **3.2.2.3 Data Collection From Domestic Abuse Survivors.**

Data collection from the domestic abuse survivors began in August 2016 and ended in May 2017, but I tried to recruit domestic abuse participants until September 2017. The

interviews were semi-structured and guided by an interview schedule (see Appendix H), lasted between 58-121 minutes, were conducted in sound-insulated rooms, and were audio-recorded. Thus, I planned ahead what questions I was intending to ask, and I included in my interview schedule prompts that helped with keeping the dialogue flowing and to clarify the questions which were too general. The interviews aimed to focus less on the abuse itself, and more on the help-seeking experiences. However, because it was important for me to understand the situation that domestic abuse survivors find themselves in when seeking help (i.e., their experiences when suffering from domestic abuse) I generated questions pertaining to this topic. Therefore, I included questions about their relationship with the perpetrator, their situation during the time they experienced domestic abuse, how they coped with the situation, how people found out about the abuse, who they were able to seek support from. I generated these questions because previous literature has indicated that the social and familial network of the survivor can play an important role in how survivors experience and cope with the abuse that they are suffering from as well as from whom they decide to seek help (Liang et al., 2005). In addition, to identify the keypoints, I included questions about how the service-provider got involved and why, their interactions with their service-providers, what they thought about the quality of the service provided, what they liked and disliked about the services, how they could be improved, and what should be changed. After developing the interview schedule, I consulted with the stakeholders to examine if the interview questions were clear or needed refining, were sensitive, and comprehensive. I provided the interview schedules to all the members of the steering group. They agreed that they were clear, sensitive, and comprehensive. Furthermore, the survivors on the steering group suggested that if survivors had several contacts with their service-providers they might find it helpful to chart them down on a timeline. Therefore, I included in the interview schedule prompts for this.

However, it should be added that in practice, as is the case with most qualitative research, not all questions were asked of all participants and some additional questions were asked in response to what participants shared with us. This was important in order to collect rich data (Braun & Clarke, 2021b).

I conducted the interviews face-to-face because it provided me with an opportunity to engage in real-time dialogue with my participants as well as address any questions and concerns that came up. I felt that this would not have been possible if I had collected my data through another method such as reviewing the diaries of my participants (Markwell & Basche, 1998).

I tried to ensure that the interviews were conducted in a manner which was sensitive to my participants' needs by doing the following: First, the interview schedule was reviewed in advance by the steering group which included two domestic abuse survivors. They reviewed the questions in order to verify that the right questions were being asked and that the questions were phrased sensitively. Second, due to the sensitive context of the interview, I ensured that the interviews took place either at the civic centre of the town the survivors lived in or at the domestic abuse support organization from which the survivor received services. This ensured that most survivors were interviewed at a place which was familiar to them, and also that in all of the interviews there was a person available whose role was to support domestic abuse survivors in case the survivor needed additional emotional support during or after the interview. Third, at the beginning of the interviews it was important for me to ease any anxieties my participants had about our meeting and to assure them that I was there to hear their story, that there were no right or wrong answers, and that they didn't have to answer any questions they didn't feel comfortable answering. Thus, I tried to create an environment in which the survivors felt comfortable and that they could trust me. I also explained the aims



of the project and provided an opportunity to ask questions. Fourth, during the interviews, it was of great significance to me to examine how the interview was affecting the survivor and to remain attentive to my participant's needs. I did this by focusing on the topics the survivors themselves wanted to speak about instead of only addressing the interview schedule. In addition, I tried to focus more on how the participants understood their experience rather than on what had actually happened. I aimed to be neutral and facilitative while also providing my participants with an opportunity to tell their story and the meaning of what had happened to them.

#### **3.2.2.4 Recruitment Strategy of Police Employees and IDVAs**

People were eligible to participate if they were involved as a professional in a service provided by a support organization or the police force of the county this project was conducted for. Police employees were recruited via the police force mainly through a representative from the police force who was part of the steering group of this project, but also through other police employees who agreed to help with recruiting participants for this project. These representatives sent out invitation emails to appropriate colleagues to participate in the project with an accompanying invitation (see Appendix I) and information sheet. People interested in participating were directed to contact me. I recruited the IDVAs via email after receiving their contact details from a representative of the steering group who was the manager of the Domestic Violence Forum in the city in which this project was conducted. It is important to indicate that I tried to recruit service-providers who work at an organization who provides services to domestic abuse survivors and are not IDVAs as well as an Independent Sexual Violence Adviser (ISVA), but unfortunately, except one, they were unable to attend. I provided them with an information sheet prior to the interview.

### **3.2.2.5 Police Employees and IDVA Participants.**

Twenty-three police participants took part including seven senior police officers. They included: initial response police officers, non-urgent and urgent call handlers, force contact management, dispatch and resource allocation staff, offender management, specialist police officers working for the Public Protection Unit who investigate domestic abuse offences, and those involved in policy and strategy related to domestic abuse. This project also included four IDVAs (three women) one of whom was a court IDVA. Thus, this project included a diverse group of 27 domestic abuse service-providers, including both police and IDVAs. This was in order to hear from a diverse group of participants with varying roles.

### **3.2.2.6 Data Collection From Police Employees and IDVAs.**

Semi-structured audio-recorded individual interviews and focus groups were used with both groups of participants. Ten interviews and three focus groups with the police participants were conducted on police premises and took place between July 2016 and September 2017. The first responders and non-urgent call handlers took part in two separate focus groups. The urgent call handlers, force contact management, dispatch and resource allocations staff were the participants of the same focus group. I led the police focus groups with the assistance of my supervisor, Dr Michael Larkin. I interviewed individually all other police participants participating in this phase of the project.

I conducted the focus group with the IDVAs, with the assistance of a master's student from the University of Birmingham, in May 2017, and the individual 1:1 interview with the court IDVA in June 2017. The focus group was conducted at a civic centre of the town the IDVAs worked in and the individual interview took place at the University of Birmingham.

Interviews with the police and IDVAs lasted between 41 minutes and 107 minutes and focus groups lasted approximately two hours. All the interviews and focus groups were conducted in sound-insulated rooms and were audio-recorded. The focus groups and interviews were guided by an interview schedule that included prompts to keep the dialogue flowing and to clarify points for participants. The schedules focused more on the experiences of providing support and on survivors' help-seeking experiences rather than on the abuse itself. The interview schedule for the initial response police officers and call handlers (see Appendix J) was different to the interview schedule for the senior and specialist police officers (see Appendix K) due to the different focus of their roles. I had an additional different interview schedule for IDVAs (see Appendix L). Thus, the focus groups and interviews were guided by three different interview schedules.

When generating the questions for the interview schedules my main concern was to include questions which would help me to understand the role of my participants as well as what they liked and disliked about the services provided. Therefore, in all three interview schedules, I included questions on the participants' roles in responding to domestic abuse, what experiences they had when providing support, what aspects of the service they liked and which ones could be improved. However, I also considered that because I was interviewing a diverse group of police employees and IDVAs, that I needed to tailor the interview schedule according to the focus of their role. Therefore, I took into consideration whether they had direct contact with domestic abuse survivors (e.g., I asked initial response officers, call handlers, and IDVAs to describe their interactions with domestic abuse survivors, but not the senior police officers because they don't communicate with domestic abuse survivors directly) and the seniority of their role (e.g., I asked initial response police officers about the training they *received*, but the senior police officers about the training they *offered*).

Furthermore, because previous literature indicates that domestic abuse help-seeking might be more complicated in some situations, for example when a survivor was a man (Hogan et al., 2012) or when children are involved (Fanslow & Robinson, 2010), I included questions pertaining to these issues in all three interview schedules. In addition, because I wanted to learn how the police and IDVAs participants perceive what domestic abuse survivors do when suffering from domestic abuse, I included questions pertaining to that (e.g., why they thought some people experiencing domestic abuse do not seek help from service-providers). After developing the interview schedules, I consulted with the stakeholder groups to examine if the questions and prompts were clear or needed refining, if they were sensitive, and comprehensive. I provided all the interview schedules to all the members of the steering group which included representation of the police and the domestic abuse support organizations and asked for their feedback. They agreed that they were clear, sensitive, and comprehensive. However, as explained in greater detail in section 2.2.1, although the interviews and focus groups were guided by interview schedule, they were semi-structured and therefore they only acted as a guide to the questions which I asked. Thus, not all questions were asked of all participants and some additional questions were asked in response to what participants shared with us. This was important in order to collect rich data (Braun & Clarke, 2021b).

At the beginning of the interviews and focus groups it was important for me to ease any anxieties my participants had about our meeting. Thus, I tried to establish a sense of trust in which the participants felt comfortable answering my questions. I also explained the aims of the project and allotted time for queries. Furthermore, most of the participants were interviewed at a place which was familiar to them, and this was done to try to ensure that participants felt comfortable.

The interviews and focus groups were conducted face-to-face because it provided me with an opportunity to engage in real-time dialogue with my participants and to address any questions and concerns that came up. Other methods, such as an online survey, would not have allowed for this. Furthermore, focus groups were conducted in order to gain an understanding of the beliefs of those working in the same field when providing services to domestic abuse survivors. In line with King et al. (2004) the focus groups provided participants with an opportunity to reflect on the opinions and experiences of their colleagues and to reflect back on their personal views and experiences. Individual interviews were conducted for several reasons. First, the interview participants had different expertise in the field and thus it made more sense to interview them individually. Second, for logistical reasons, some participants' availability or location relative to other participants, made it impossible to include them in a focus group.

### **3.2.2.7 Conducting the Keypoint Analysis.**

The recorded interviews were mainly transcribed by an independent transcriber. However, one of the interviews with a survivor was transcribed by a master's student who worked on part of the first phase of the project, and I transcribed an additional interview with a survivor. The interviews were transcribed verbatim, which is widely considered to be fundamental to the interpretation and analysis of verbal data (Halcomb & Davidson, 2006). During transcription pseudonyms were used for participants names and where participants name other people.

My research colleagues and I conducted the keypoint analysis (see example in Appendix M) by identifying in the transcripts the keypoints themselves. The analysis was conducted in Microsoft Word. We did this by first reviewing a set of transcripts from all

stakeholder groups (i.e., survivors, police, IDVAs). When reviewing the transcripts, we populated a table by including quotes which discussed the experience of the services provided, the content and meaning of the quote, the anticipated keypoint, and the page and lines of the transcript where the quote could be found. We created a separate document for each of the survivors and several of the police participants. Subsequently the overarching themes of these anticipated keypoints were identified. These overarching themes were used in the subsequent phase of the analysis in order to examine the rest of the transcripts. We examined them in order to check if the participants' statements fitted with the keypoints and if additional keypoints could be extracted from their accounts. When writing this thesis, I kept the wording as close as possible to the identified keypoints because the phrasing had been agreed on by the steering group.

It was important for me to ensure that my participants and key stakeholders felt that the results were accurate and clear. Therefore, before the feedback groups, the results of the keypoint analysis were reviewed by the rest of the steering group. Furthermore, the keypoint results were also shared during the feedback groups to participants from the stakeholder groups to seek their opinion on them. Unfortunately, it was not possible to involve all the participants from the interviews and focus groups, except one survivor, in the feedback groups. Some had changed their contact details, and some were no longer interested in doing so, had moved out of the area, and felt that the journey would be too long. New stakeholders joined the project at the feedback group stage, ensuring that all key perspectives continued to be represented.

### 3.2.2.8 Findings From the Keypoint Analysis.

The findings from the research phase highlighted that domestic abuse survivors could find it difficult to get/find support from the police and domestic abuse organizations which they felt were sensitive to their needs. Thus, several of the survivors described that when they sought help from the police, they felt that the police did not understand their case, were ineffective, and could even make things worse. For example, this occurred when the police failed to protect survivors from the perpetrator and minimized the abuse. This could also occur when their problem did not fit the mould (e.g., when the survivor was a man) or when the police failed to act fast enough (e.g., when the survivor reported coercive control). Respondents felt that a good response is a prompt and effective response, but that this did not always happen.

By contrast, several of the survivors described how, once other people were involved (e.g., their IDVAs, officers from the Public Protection Unit) the support they received was much better and helpful to them. However, it is important to add that one survivor felt that she received helpful services, which were much better than she expected, right from the start. These positive contacts made them feel safe and reassured.

Although there were survivors who felt that it was difficult for them to find support, there was also one survivor who reported that services were imposed on her. Furthermore, she was worried that if she contacted the police that they would try to solve the problem *for* her instead of *with* her. Thus, she perceived the police to be ineffective, or even make the situation worse. This indicates that not all survivors seek help from police. Therefore, services need to be ready to support people who will have different ‘tipping points for seeking help’. Furthermore, her narrative suggests that services need to be ready to tailor their response to

people who have had ‘help’ imposed on them as well as those who want different sorts of solutions.

The accounts of the police and IDVA participants indicated that they recognized that survivors might want their case to be resolved in different ways (e.g., some survivors might want the perpetrator locked up, but others might want to stay in the relationship but have the abuse stop). Their accounts also indicated that some survivors might not even realize that they are suffering from domestic abuse at times. Therefore, they felt that services need to be ready to support people who: will have different ‘tipping points’ for seeking help, have had ‘help’ imposed upon them, want different sorts of solutions. Thus, the police recognized that police service is only one element in tackling domestic abuse, the law enforcement part, but that they cannot solve domestic abuse alone. Furthermore, they felt that once other people were involved (e.g., IDVAs), their support/involvement was often very helpful to survivors.

The accounts of the police participants also indicated that it was important for them to provide prompt, effective, and helpful services. They added that positive contact can help survivors feel safe and reassured. However, they reported that the services the police provide are variable and that unfortunately not all survivors receive a good response, and, therefore, poor services *do* need to improve. Thus, the police participants did not want survivors to perceive their services as ineffective, or to even make things worse. The police and IDVA felt that poor practices can undermine people’s willingness to return to the police for help. Thus, survivors might not report the abuse because they are worried that the police will not understand. The police and IDVA participants added that it could be especially difficult for some survivors to obtain a helpful response. For example, survivors who don’t have recourse to public funds, those who have experienced coercive control, and male survivors due to the perception that domestic abuse survivors are women. The police and IDVA



participants recognized that in these circumstances survivors can find it difficult to get/find help from the police and the domestic abuse organizations. They suggested that services could be improved through better training which would also help to ensure that tools, which are used to handle domestic abuse cases (e.g., risk assessments), would be used more effectively. However, they also indicated that some tools are not always used, are not available everywhere or are not effective.

Although, the police wanted to provide a service in which the wishes of survivors are listened to, they felt that at times this was not possible. For example, when the survivor wanted to stay with the perpetrator even though it put the children at risk. In these cases, children might need to be removed from the survivor's care. Thus, all professionals need to be aware that children, or the relationship with the children, may be put at risk. The IDVAs also reflected on this issue by stating that when children are involved there can be more routes through which to engage with the survivor (e.g., school), but that when child protection issues are involved, survivors may be reluctant to access services. Moreover, the police and IDVA participants indicated that some people don't report domestic abuse because it is their norm, deep-rooted in their upbringing they don't know what constitutes abusive behaviour, and that it is wrong. Therefore, they thought that it's important to educate the public about abusive behaviour and to teach people from a young age that conflict resolution doesn't entail violence. They said that this will hopefully reduce the likelihood of domestic abuse occurring.

The police participants and IDVAs were frustrated that they had difficulties communicating with other service-providers. More specifically, the police described that it was vital for them to get good information to tailor their response. However, they described that this could be difficult because organizations can be poor at communicating with each other. For example, a police officer from the Public Protection Unit described that it was

frustrating to him when medical providers refused to share medical records which can include important corroborating evidence; or when it was difficult to share computer files with the CPS which can include important evidence – a good image of an injury - due to technical issues because they both work from different computer systems. However, the police participants highlighted that IDVAs were very helpful in providing an effective response. In contrast, the IDVAs were frustrated that although they easily shared information with the police, the police did not do the same. Furthermore, the findings indicated that communication between the domestic abuse organizations themselves can be poor and that organizations can leave survivors feeling excluded from the processes. Furthermore, the domestic abuse survivors highlighted that it was important to them that there was good communication between them and their formal service-providers. Several of these aspects included the promptness of the information provided to them by the police and the domestic abuse organizations, whether their service-providers knew what was going with the case, whether they were followed up on, and if they had to ask for help multiple times. Several of the survivors felt frustrated when organizations left them excluded from their process. Thus, some practices can undermine people’s willingness to return to the police for help. These narratives highlight that although good communication was important to all stakeholder groups this did not always occur.

Although the police participants indicated that it was important for them to provide a helpful response, several police participants indicated that it can be difficult for the police to know how to make a difference in domestic abuse cases. For example, initial response officers were frustrated when survivors repeatedly returned to the perpetrator, and they had to handle the same cases repeatedly. Moreover, they found their work psychologically taxing due to the high volume of traumatic cases they needed to handle. However, they said that

there was little professional support available, and they had to rely on colleagues and family members for emotional support.

The keypoints identified from the research phase are listed below.

**Table 3**

*List of the Keypoints Drawn from the Accounts of the Participants for the Co-Design Event*

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<b>Keypoints Drawn from the Accounts of the Survivors, Police Employees and IDVAs</b>
<ul style="list-style-type: none"><li>• Services need to be ready to support people who will have different ‘tipping points’ for seeking help.</li><li>• Services need to be ready to support people who have had 'help' imposed upon them.</li><li>• Services need to be ready to support people who want different sorts of solutions.</li><li>• The police are perceived to be ineffective, or even make things worse.</li><li>• The police won't understand.</li><li>• It can be difficult to get/find help.</li><li>• All professionals need to be aware that children, or the relationship with the children, may be put at risk.</li><li>• Organizations can leave survivors feeling excluded from their processes.</li><li>• Positive contact can help survivors to feel safe and reassured.</li><li>• Once other people were involved, their support/involvement was often very helpful to survivors.</li><li>• It is perceived to be difficult to get effective help when your problem doesn't fit the mould.</li><li>• It is vital for the police to get good information in order to tailor their response.</li><li>• A good response is a prompt and effective response.</li><li>• Police work is psychologically taxing – relatively informal resources are used to support this.</li><li>• Some practices can undermine people's willingness to return to the police for help.</li><li>• Organizations can be poor at communicating with each other.</li><li>• There are tools which aren't always used or aren't available everywhere or aren't effective.</li><li>• It can be difficult for the police to know how to make a difference in domestic abuse cases.</li><li>• It's important to educate the public about abusive behaviour.</li></ul>

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### ***3.2.3 The Feedback Groups***

Following the research phase, my research colleagues and I conducted 12 feedback groups with approximately 40 participants. These included three feedback groups with domestic abuse survivors (two were conducted with representatives of the domestic abuse organizations), four feedback groups with representatives of the domestic abuse organizations (e.g., those working at a refuge, IDVAs; [two of which were conducted with domestic abuse survivors]), and seven groups with police employees (e.g., senior police officers, police officers working for the Public Protection Unit, initial response officers, call handlers). We conducted most of these feedback groups in a group format, but in three of them (one from each stakeholder group) only one participant attended due to the availability and location of other participants. The individual groups might have created an environment in which participants could feel more comfortable sharing more personal information in them, but on the flipside, they did not allow the participants to reflect on the statements of fellow participants (King et al., 2004). The participants were recruited from several cities across the county the project was conducted in.

Feedback groups began in autumn 2017 and ended in spring 2018. The feedback groups with the survivors were held between November 2017 and April 2018. Those with the representatives of the domestic abuse organizations occurred between November 2017 and March 2018. The feedback groups with the police took place between December 2017 and March 2018.

The aim of the feedback groups was to identify the stakeholder's groups priorities for change (i.e., to identify which keypoints were most important to them). Moreover, the feedback groups also allowed police employees and representatives of the domestic abuse organizations to see how the attitudes of their force/organizations were perceived by domestic

abuse survivors. Furthermore, the feedback groups also tried to prepare the stakeholder groups for the collaborative work of the co-design event (e.g., provide them with an opportunity to reflect how their priorities match or clash with those of the other groups). Participants did not have to talk about their personal experiences in order to take part in these events.

To identify the stakeholder's groups priorities for change, my research colleague and I, engaged these three groups in contextualising, clustering, and prioritising the keypoints. The participants were asked to identify their top five clusters of keypoints to take to the co-design event, the keypoints which are included in that cluster, why this cluster was important, and a proposed name for this priority area. To ensure that participants could easily consider how they thought the keypoints relate to one another they were provided with small cards, each one listing a different keypoint. My colleagues and I thought it would be useful idea to have the keypoints on cards because this provided participants with the opportunity to move these cards easily around and to reflect on how they thought the keypoints fitted together, as well as which ones were more important to them. This would not have been possible by just providing them a list of keypoints on a single sheet of paper. Furthermore, it is important to indicate that although the keypoints were identified during the interviews and focus groups and thus ahead of the feedback groups, there was still scope for participants to raise other issues. To help them identify their priorities for change, we provided them with a document explaining the quotes, by whom this keypoint was evidenced by (e.g., survivors, police employees, IDVAs) and illustrative quotes to represent participants' voice (see example in the Appendix N). The discussions around the identified keypoints helped to strengthen the findings from the research phase. During the event, my research colleague and I listed the

results in a report sheet (see Appendix O). This was followed up by a more detailed report afterwards.

The prioritized areas of change from each event were all entered into a spreadsheet. This chart was then used to identify five priority areas of consensus. This was conducted by considering which common themes and recurrent priorities came across the results of the feedback groups. The first four areas of consensus were identified by all stakeholder groups (survivors, police, support organizations). The fifth area was primarily prioritized by the police and the support organizations but was also evidenced less directly by the survivors. These consensus areas are described in the table below:

**Table 4**

*Description of the Consensus Areas*

<b>Consensus Area</b>	<b>Description</b>
<i>Having an open mind about who needs help, and being ready to provide a humane first contact</i>	This area focused on being open-minded when someone might need help, and what that might look like. This area highlighted the difficulties of survivors in making the first contact and that the first contact is important since it sets the tone of what follows. This area stressed that, at times, the police could be dismissive or patronizing, whereas the police should recognize that some domestic abuse survivors don't fit the preconceptions that they might have about domestic abuse and don't 'fit the mould' (e.g., if it is coercive control, if it is verbal abuse, if the survivor is a male, etc.) since otherwise people might be excluded from services. In brief, this area focused on the importance of providing a humane, non-judgemental first contact and how to ensure that this is consistently provided.
<i>A range of options for responding which do not place further burdens on the survivor or their children</i>	This area was about recognizing that an appropriate response to a case of domestic abuse doesn't come in one form and that organizations need different options for different situations (i.e., prosecution is one option, but early intervention and support can sometimes be better for other survivors). The solutions offered must not put onus on the survivor or their children (e.g., to move away from the area). Instead, more emphasis should be placed on the perpetrators making changes. The area highlighted that survivors need to know and understand their options, which

Consensus Area	Description
<i>Developing support and training for police officers</i>	<p>means that these will need to be explained by someone who understands the options. In short, this area focused on consistently providing a range of options which are clearly explained.</p> <p>It was recognized that it can be difficult to help people who stay in abusive relationships. Furthermore, police work is psychologically taxing and relentless and there are problems of trauma for staff. These are not supported as well as they could be. This can lead to unhealthy coping mechanisms. Appropriate training is needed to conduct this type of work properly and respond to the many complexities of domestic abuse. However, the level of training officers obtain depends on their own professional interest. Appropriate and accessible support is needed for staff to reduce burnout and therefore provide improved services. In a few words, this area focused on the importance of providing appropriate training to police officers, but also on providing excellent emotional support to staff.</p>
<i>Improving knowledge about when and where to seek help, and what to expect</i>	<p>The fourth area focused on making sure that there are many ways for the public to learn about healthy relationships and unhealthy relationships, and many opportunities for people to find out about who can help, what the police can do, and what to expect. This area also indicated that the police service can leave survivors excluded from their processes, often due to a lack of communication about what is happening. However, it is important to help people manage their worries and expectations through good communication and transparent processes. Concisely, this area focused on the importance of improving understanding about domestic abuse and improving knowledge about the help available.</p>
<i>Improving information sharing and collaboration across organizations</i>	<p>The final area was about the importance of coordination between the police, support organizations, the CPS, and survivors. Inter-agency working relies on good information, effective sharing of that information, and good communication about progress. Such processes are needed from the start and should not rely on relationships between individual staff. If done poorly, it can lead to delayed work and add to a high workload. A lot of domestic abuse work is not done by the police and many not even be known to the police which highlights the importance of information sharing, agreed protocols for collaboration, and knowledge of available tools and services. Furthermore, when a response doesn't lead to the expected outcome, good communication with the survivors and other organizations is especially important. In a few words, this area focused on how to</p>

<b>Consensus Area</b>	<b>Description</b>
	create a more collaborative approach to improve working relations between stakeholders and improve outcomes.

The five consensus areas were used to set the agenda for the next stage, the co-design event.

### ***3.2.4 The Co-Design Event***

The co-design event took place at a university, which was associated with other members of the steering group, rather than the researchers. An academic setting was chosen because the police wanted to highlight the strong academic emphasis that had been put into the project and the fact that it was conducting innovative work. In this project, the co-design event was very important because it brought all of the stakeholders together to design action plans to improve services based on the consensus areas.

Approximately 85 people were invited to take part in the co-design event via personalized emails. Forty people attended, including survivors, police employees, support services, and attendees from other sectors (public health, CPS). Some of the attendees were people who took part in previous stages of the project and others only attended this part of the project. The co-design event took place in June 2018 and lasted five hours.

The co-design event included five working groups with each of them focusing on one of the different consensus areas. Each group was assigned a facilitator and champion. The facilitators were drawn from the police and academia. The role of the facilitator was to get involved in the substantive discussions, just as other members did, but also to keep the group ‘on task’ and keep to-time; ensure everyone’s involvement; make sure that group’s discussions were mutually respectful; and helping the group document their plans. The facilitators were chosen by the steering group as those they personally knew from work and



considered them to have the best skills to fulfil this role. The working groups also included a champion with whom the facilitator worked. The champion was responsible for taking forward actions and/or feeding them forward to the people or organizational structures who will act on them. The role of the champion on the day of the co-design event involved: helping the group to identify the correct procedures, people, or groups for taking forward action plans; helping the group to structure their plans in ways which are likely to be practical for the organization. The champions were chosen by the steering group because they were people with organizational roles which would enable them to bring the action plans forward due to their senior positions and responsibilities.

Each of the working groups was pre-assigned to a different table. On each table the following documents were provided: a document explaining the area of consensus the group would be working on, a document stating the keypoints which were associated with the area of consensus, a document with exemplifying quotes of the different stakeholders in order to illustrate participants' voice. The attendees were pre-assigned to particular working groups based on the steering group's opinions of their ability to contribute. The attendees were told their working group when signing-in to the co-design event.

The co-design event started with a welcome and presentations from the Strategic Lead for Victim's Services and the research team, my supervisor - Dr Michael Larkin, and myself. Our presentation included: the agenda for the day, why the co-design event was taking place, the phases of the project, summary of the keypoints and reflections from them concerning the negative and positive aspects of the service, identifying the patterns of consensus areas from the feedback groups, the working groups for action-planning for the day, and tips on how to work effectively in the co-design groups. This presentation also allowed those who were not familiar with the results of the previous stage of the project to find out about the views of the

different stakeholder groups. Following the presentations, lunch was provided to give attendees time to familiarise themselves with other people in the meeting and feel more comfortable in the event.

After lunch, the steering group’s experts-by-experience took part in a short ‘in vivo’ interview, to demonstrate how several of the keypoints chosen for the co-design event were important in their own journeys. Hearing them speak about their experiences had a strong influence on the attendees. This approach contrasts with traditional EBCD, which uses film segments from the original interviews (see the Discussion section of this chapter for a greater reflection on this topic) (Donetto et al., 2014). The group then worked collaboratively for an hour and 40 minutes (which included a ten-minute coffee break) to design action plans for the consensus areas. Following this work, the groups shared their plans by preparing a short presentation to summarise the plans which included a brief review of what the groups decided to do and the ways of overseeing these plans.

Each of the five working groups produced at least one action plan. When designing the action plan, they completed a table listing the aim, steps needed, and evaluation of their plan (how they know they have achieved it). Some groups produced more than one plan, and some groups coordinated their plans to complement the work of other groups. A total of seven plans were proposed (Barber et al., 2018). These are briefly reviewed below according to their working group:

**Table 5**

*Proposed Action Plans According to Working Group*

<b>Working Group</b>	<b>Proposed Action Plan</b>
<i>Group 1: Having an open mind about who needs help and being</i>	Proposal to improve survivor experience by providing more specialist support, with trial of domestic abuse specialist car (as per mental health triage team; police officer to be accompanied

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<i>ready to provide a humane first contact</i>	by peer support worker or IDVA) to provide timely follow-up to the first response.
<i>Group 2: A range of options for responding which do not place further burdens on the survivor or their children</i>	<p>This group had two proposed action plans:</p> <ul style="list-style-type: none"> <li>• Proposal to reduce risk to survivor by sharpening focus on perpetrators through more routine discussions and monitoring of perpetrators at Multi-Agency Risk Assessment Conferences (MARACs).</li> <li>• Proposal to give safe period of reflection, post first response, to the survivor, by development and trial of ‘brief stay’ respite accommodation for perpetrators, staffed with specialist worker.</li> </ul>
<i>Group 3: Developing support and training for police officers</i>	Proposal to reduce variability of first responses by providing mandatory training to all response officers; this training would be delivered by a range of media (including face-to-face and survivor-led) to improve their understanding of the complexities underpinning domestic abuse, and the range of appropriate responses available to them.
<i>Group 4: Improving knowledge about when and where to seek help, and what to expect</i>	<p>This group had two proposed action plans:</p> <ul style="list-style-type: none"> <li>• Proposal to improve help-seeking in the longer-term by improving young people’s knowledge about healthy relationships, with a campaign/education programme in schools.</li> <li>• Proposal for a survivor-informed review of currently available information (about domestic abuse and the help which is on offer) to identify areas for improvement.</li> </ul>
<i>Group 5: Improving information sharing and collaboration across organizations</i>	Proposal to improve access to support by mapping the available services and tools, and then developing an online resource that provides details of different pathways, and the help, which is available at different points on those pathways, produced to link directly to relevant agency websites.

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The underlying priority areas provide useful context for thinking about how these plans might be implemented, extended, given a sharper focus, or supplemented by further initiatives. For example, the group focusing on developing support and training for police officers, focused on trying to improve consistency of first responses by proposing mandatory training on domestic abuse. However, they also had support in their remit, and there was considerable discussion during the feedback groups about the pressures of staff wellbeing, and

the lack of available support after exposure to trauma or stress. Although this group found staff wellbeing an important topic, they did not design any action plans for this, but only created action plans for the training component. In retrospect, it might have been better to separate this group into two with one group focusing on staff training and the other on staff wellbeing.

The day concluded with a presentation from a senior representative of the police and thank you notes from the research team. Some of the attendees indicated that they would like to stay in contact potentially for future collaboration. There were also discussions about the usefulness of EBCD in policing and the benefit of involving more service-users in service development.

At the end of the co-design event, feedback from the participants was gathered through an open-ended feedback form (see Appendix P). Overall, the feedback from the event was excellent. The participants indicated that the presentations, which were held during the event, were interesting, easy to understand, and respectful of everyone's point-of-view. Furthermore, the groupwork also received positive comments with participants indicating that: it was easy to understand what they had to do; the group leaders kept everyone involved and on track; it was respectful of everyone's point-of-view; and useful because they came up with a plan that could make a difference. Moreover, the responses of the service-providers indicated that: obtaining the feedback of domestic abuse survivors gave them a better insight; it helped pinpoint areas for improvement; they would like to take what they learned into their work; it was productive to have different perspectives at the table; the working groups were balanced in terms of stakeholders; and that they hoped that the ideas that they generated would become a reality. However, the feedback of some of the service-providers also indicated that although the co-design event generated good ideas that it was difficult to

formulate steps needed to execute them and there was not enough time to do so, during the event, either. The feedback from the survivors indicated that they appreciated hearing the views of police employees, especially those of call handlers and initial response officers, and that they hoped that it would make a difference in the field of domestic abuse going forward. The co-design event was the highlight of the project.

### ***3.2.5 Implementation***

The steering group met once following the co-design event to discuss their observations from the event, the feedback that was obtained, and steps moving forward. The police were responsible for monitoring and executing the action plans generated from the co-design event, some of which needed additional steps to execute them. However, according to our knowledge, the small working groups did not continue to meet. Therefore, the project did not include the fifth stage of a typical EBCD project nor the sixth celebratory phase (Donetto et al., 2014). My research colleagues and I have stayed in contact with the police to see if those action plans will be executed. We were informed that all of the action plans would be implemented, and they were subsequently included in the Regional Strategic Plan for Domestic Violence. Furthermore, several years after the project was completed, we were informed that the findings and recommendations of the project were shared with the police lead for domestic abuse. We were also told that the findings of the project have also informed the Police and Crime Commissioners Office's assessment of compliance against the Victims Code. This was very reassuring, but it indicates that since the end of the project it has become more difficult to track progress on these issues. This indicates the importance of having a police representative from the steering group continue for the implementation phase because

it might have aided us in finding out further information. In this project, this was not possible because the person retired.

It is important to indicate that after the last meeting with the steering group, the steering group wrote a short report about the EBCD project for the police. The interim report summarized the process and recommendations from the co-design component (e.g., procedure of the whole project, the identified keypoints, results of the co-design event, illustrative anonymised quotes of the participants). The report also included personal statements of the two domestic abuse survivors who were part of the steering group about the process of being involved in an EBCD project (Barber et al., 2018). It is quoted in the table below:

**Table 6**

*What Is It Like Being Involved in a Steering Group for an EBCD Project?*

<b>Name of Survivor</b>	<b>What Is It Like to Be Involved in a Steering Group for an EBCD Project?</b>
Survivor	<i>“As a survivor I have found being part of this research a huge success. I have been able to share my story of domestic abuse and how it has affected myself and my children, highlighting things that went well and things that went wrong. I have been able to rebuild positive relationships with many people working in the very service I had felt let down by. This process has been hard at times – opening up about difficult experiences. However, I believe this has contributed massively to my healing journey in a positive way. I have become much more confident at public speaking and this is helping me a great deal in my [title] degree. I would like to take this opportunity to thank everyone involved for listening, caring, and making a change.”</i>
Survivor	<i>“Being part of this research project has played a major role in my healing and recovery. Just knowing that it will benefit other survivors/victims, throughout different organisations, made it worthwhile and something that I not only wanted to do but felt I needed to do. I experienced some truly shocking responses from different organisations that were meant to help, so the chance to try and correct that for others wasn’t one to be missed. I am really proud of the work and the dedication from the team. I hope that with it we can make a difference and others will receive the correct help that I so desperately needed.”</i>

These powerful feedbacks from these survivors highlight that taking part in such a project can have an important role in recovery as well as provide an opportunity to try and improve services for the future and make a difference. It also emphasises that being involved in an EBCD project is worthwhile.

### **3.3 Discussion**

This project used EBCD since it was hoped that it would enable domestic abuse survivors to share their expertise of receiving services and work alongside the police and the domestic abuse support organizations in order to co-design a better experience of the service. The project faced some challenges, which were generic to EBCD (as typically used in physical health settings) as well as other challenges which were specific to policing that have been found more commonly in EBCD projects conducted in mental health settings. The aim of this discussion is to reflect on these issues in greater detail. However, before doing so the next section will consider the findings through the lens of several theories.

#### ***3.3.1 Reflections on the Findings in Relation to Theory and Their Implications on Practice***

The findings have demonstrated that it can be difficult for domestic abuse survivors to obtain effective help in certain circumstances. For example, the survivors described that when they reported coercive control the police response was not proactive. Similarly, the police participants also reported that some police employees expect the survivors to have physical injuries. As another example, the male survivor participant described that he did not receive effective services because he was a man. Comparably, the police and IDVA participants also agreed that it can be difficult for some survivors to obtain effective services. For example,

male survivors or those who have not sustained injuries. In other words, the accounts of the survivors as well as the accounts of the police and IDVA participants indicated that not all survivors receive appropriate treatment, due to pervasive societal stereotypes about who can suffer from domestic abuse (i.e., women and not men), what domestic abuse looks like (i.e., those who have sustained injuries), and who needs support with domestic abuse (i.e., women and not men, those who have experienced physical abuse).

These findings can be understood through the ‘four aspects of the communication of a victimization model’ (Strobl, 2004). Although the model of Strobl (2004) does not specifically focus on domestic abuse it suggests that those who are part of a non-accepted out-group tend to be viewed as offenders instead of victims. In relation to the findings here, this implies that male survivors may have difficulties communicating their victimization because men are part of the non-accepted out-group when it comes to domestic abuse (McCarrick et al., 2016). Consequently, they are seen as the offenders and not the victims. Moreover, the model of Strobl (2004) suggests that for successful communication to occur it is vital that the one who hears about the crime decides that a ‘real’ case of victimization happened, and that one of the criteria for this is viewing serious injuries. In relation to the findings here, this suggests that female survivors who have not sustained physical injuries might have difficulties communicating their victimization in the absence of physical evidence. These issues could be made worse by cultural stigma or beliefs about abusive relationships (e.g., that abuse involves physical injuries) which in themselves might make the abuse more difficult to identify even for the survivors themselves (Overstreet & Quinn, 2013). Overall, this suggests that men, as well as survivors who have not sustained injuries, might have difficulties communicating their victimization.



In terms of what this means for practice, this finding highlights that wider governmental and societal issues (e.g., societal stereotypes of masculinity and domestic abuse, cultural beliefs that abuse involves physical injuries) can pervade into the support that the police and support organizations provide to domestic abuse survivors. Therefore, as the results of the feedback groups have indicated, it is important that service-providers have an open mind about who needs help and be ready to provide a humane first contact. Furthermore, they should also be made aware and point survivors to charities which support male survivors. Providing a humane first contact is important because it sets the tone of what follows (e.g., if survivors feel understood) and if survivors who don't fit the preconceptions (e.g., male survivors) receive effective help. To ensure this, it is important that training that is provided, covers that domestic abuse cases can vary from one another, that help should be offered to all domestic abuse survivors, the different types of support which are available, and that services should be tailored according to the circumstances of the survivor.

The four aspects of the communication of a victimization model states that it is important for the listener to know what type of help the victim needs (Strobl, 2004). A satisfactory result is not probable if the receivers do not understand what actions can be taken about the victimization (Strobl, 2004). Furthermore, the model suggests that victims who can state their needs clearly have better probability of being helped than victims who only provide a diffuse cry for assistance (Strobl, 2004). The indication of the theory in relation to my findings is that survivors who repeatedly return to the perpetrators and thus may seem as unsure if they want to remain or leave the relationship may have more difficulties stating what actions they would like their service-providers to take. Consequently, they may have a lower probability of being provided with an effective and satisfactory response.

The findings here demonstrated that one of the reasons that domestic abuse survivors might decide to remain in an abusive relationship is because they don't know what constitutes abusive behaviour and that it is wrong; it is their norm and can be deep-rooted in their upbringing. It is important to consider this issue from a theoretical perspective which will help shed more light on it. First, the barriers model suggests that survivors might not recognize that they are suffering from domestic abuse due to their values and beliefs about relationships which stem from cultural norms, socialization, and upbringing (Grigsby & Hartman, 1997). One example of a cultural norm that can be a barrier is how contemporary culture romanticizes obsession and jealousy (Grigsby & Hartman, 1997). Consequently, survivors may believe that such behaviour is a confirmation of their desirability and their partner's commitment. Therefore, survivors might expect some form of abuse in their lives (Grigsby & Hartman, 1997). Recognizing that the relationship is abusive can also be difficult due to the nature of some intimate relationships where the perpetrator shifts between loving behaviour and violence (Liang et al., 2005). Second, according to the barriers model, survivors might have difficulties leaving an abusive relationship if they have experienced childhood abuse and neglect that has impaired their ability to assess the trustworthiness of others, thereby making them vulnerable to further abuse. Furthermore, these survivors might decide to remain in the relationship because the perpetrators show them love and they feel that this fulfils a need that outweighs the risk (Grigsby & Hartman, 1997). Thus, these survivors may engage in a cost-benefit analysis which influences the way they define and cope with the abuse (Liang et al., 2005). Overall, this suggests that recognizing a relationship as abusive can be complex and influenced by individual, interpersonal, and sociocultural factors.

These findings inform practice by indicating that the police should continue to try to provide tailored services to survivors who want different sort of solutions. It also suggests that

it is worthwhile following up on two of the action plans suggested at the co-design event. One of these proposals was for a survivor-informed review of currently available information (about domestic abuse and the help which is on offer) to identify areas for improvement (Barber et al., 2018). The second action plan suggested that one should improve the help-seeking in the longer-term by improving young people's knowledge about healthy relationships, with a campaign and education programmes in schools (Barber et al., 2018). It would be important to implement such interventions because they have been found to increase help-seeking and knowledge (Stanley et al., 2015). Hopefully, these action plans should help survivors to define their relationship as abusive and encourage them to seek support and will also assist them to obtain effective help once they are ready to do so.

The findings demonstrated that it was important for the survivor participants to obtain good communication from the police and the domestic abuse organizations. For example, good communication was described as finding out correction information pertaining to their case without needing to ask for it, multiple times, and being followed-up on to see how they were doing. Similarly, to the domestic abuse survivors, the police and IDVA participants expressed the importance of good communication and collaborative work to provide a helpful response, but also described that this communication can be patchy. For example, they had difficulties communicating properly with the CPS due to technical issues and with medical providers who were reluctant to share information. They felt that this issue made their job even more challenging. Therefore, one of the consensus areas from the feedback groups was on the importance of improving information sharing and collaboration across organizations. These findings inform practice by emphasizing that it is worthwhile following up on one of actions plans generated at the co-design event. More specifically, the action plan suggested that to improve communication between service-providers themselves an online resource

should be developed. This resource would provide details of the various types of help which is obtainable at different points of the help-seeking pathways, which would produce a link directly to relevant agency websites (Barber et al., 2018). A solution to improve the communication between service-users and their providers is to discuss the significance of following-up with survivors during training. This will hopefully lead service-providers to do so.

### ***3.3.2 Reflections on the Challenges and Concerns Which Are Generic to EBCD***

One of the challenges this project faced was staff turnover. This is not new to EBCD projects conducted in physical health settings because other projects also faced the same challenge (Blackwell et al., 2017). In my project, the high staff turnover was mainly felt when it happened within the steering group itself. Although the members of the steering group were very committed, many had a change in role or employer during the project. These included: leaving a post, relocation of post, starting an academic course, and retirement. Although this had some negative impact on the project, most of it was avoided by the majority of the steering group members staying involved throughout the whole duration of the project. During the project, I was concerned about staff turnover because one of the police steering group members who was fundamental in recruiting police representatives for the first phase of the project changed post. I was concerned that this would negatively affect recruiting police participants for the project. However, this was avoided because I established a relationship with some of the police representatives in the first phase and second phase of the project and thus was able to act as a conduit when I tried to recruit them again for the subsequent phases of the project. Although we offered to stay involved, once the project ended and the steering group members became more committed to their new endeavours, it was more difficult for the

research members of the steering group to find out about the implementation phase. It was felt by my colleagues and I that the police thought that we have delivered the aims of the project and that the implementation phase was in their hands without the need to involve us. My research colleagues and I were left wondering if this might have been different had the police representative of the steering group stayed in role after the co-design event instead of the new lead being someone whom we never met. Thus, similarly to another EBCD study (Larkin et al., 2015), there was a feeling that as long as the steering group remained it pushed the project forward, but once it dissolved so did the project to some extent. This indicates the importance of steering group members' continued involvement in the implementation phase to execute the action plans and update on progress. Furthermore, this might be even more the case if the action plans still need to be further developed to be executed. However, my colleagues and I hoped that this was not the case, especially after being reassuringly informed by the leading police member of the steering group, with whom we had closely worked, that he has been informed by the police that all the action plans of the project will be executed.

Another challenge this project faced, which is generic to EBCD, was the long duration of time it took to complete it. It took much longer than anticipated. Some of the reasons for this included: obtaining ethical approval, the difficulties faced when trying to recruit domestic abuse survivors for the project, the lengthy process of identifying the keypoints from the transcripts, time constraints of the steering group members (e.g., their availability for meetings and the co-design event). It took nearly three years to conduct this project. Although other EBCD projects which were conducted in physical health settings also faced constraints that slowed down this process it took much longer than a typical EBCD project which is usually conducted within a year (Blackwell et al., 2017; Donetto et al., 2014).

### ***3.3.3 Reflections on the Similarities Between Conducting an EBCD Project in Policing and Carrying Out an EBCD Project in a Mental Health Setting***

This project faced some concerns and challenges which are similar to those faced by EBCD projects conducted in mental health settings and others that are different. An example of the latter concern surrounds (re)traumatization of service-users. It has been previously indicated (Larkin et al., 2015) that some of the challenges which are particular to conducting an EBCD project in a mental health setting include issues about ethical concerns particularly around (re)traumatization of participants, consent, confidentiality, anonymity, data “ownership”, and power. Thus, service-users might be vulnerable, might have suffered previously from abuse and trauma, and might have issues that make them worried about being recorded (Larkin et al., 2015). This is especially important because participating in a research project might not be easy for domestic abuse survivors (Yoshihama, 2002). They might feel fearful and anxious about participating and therefore it is important to ensure that the interview provides them with space in which they feel understood and listened to without being judged (Yoshihama, 2002). Moreover, Larkin et al. (2015) state that, compared to people in physical health settings, people suffering from mental health problems might have a higher chance of wanting to hurt themselves or others and if this is recognized during research, it will need cautious management. I found this to be similar to the challenges faced in this project. In other words, due to the vulnerability of domestic abuse survivors, especially due to their past histories of trauma and abuse, I had to ensure that the service-users I involved were in the right place to participate. It was of utmost importance that it would be safe for the participating survivors to be involved in this project and that they would not be re(traumatized) or face being at risk from self or others. Therefore, during the research phase, in which participants shared their personal experiences, it was ensured that survivors would

have access to a domestic abuse support worker during the interview in case the interview caused distress. Furthermore, before the interviews I worked closely with employees of the domestic abuse organizations who provided support to the survivors from the organization I was trying to recruit from and the police in order to make sure that only service-users who were in the right place to participate were approached. Due to these challenges, it took a considerable amount of time to recruit survivors for the project. On the flipside, there were enablers which assisted in recruiting survivors for the project: the willingness of domestic abuse survivors to participate in order to improve future services as well as the good connection between the survivors and the domestic abuse organizations. Indeed, it has been found that a trusting relationship between service-users and their providers can facilitate engagement and recruitment in an EBCD project (Ramos et al., 2020).

When interviewing the service-providers, there was the risk that it might elicit painful memories of difficult domestic abuse cases they had handled in the past, which might cause (re)traumatization. Similar concerns have been noted previously (Larkin et al., 2015). Although the steering group did not arrange for professional support in case the service-providers needed emotional support during the interview, I informed the participants that they were allowed to stop the interview at any time. The challenges of conducting an EBCD project with domestic abuse survivors and their providers in policing might be more similar to the challenges faced in mental health settings than those found in some physical health settings.

As stated above, service-users in policing contexts might have similar concerns to service-users in mental health contexts. One way in which this might manifest in an EBCD project is the recording of the interviews. Traditional EBCD projects use film in order to capture the experiences of their participants (Robert, 2013). The films, which capture the

keypoints, are shown to participants in order to help them choose their priorities for change (Robert, 2013). However, previous literature indicates that film might be a challenge in some contexts, such as mental health, because anonymity is probably much more critical than in settings of physical health due to the high level of associated stigma (Larkin et al., 2015). Similarly, this project did not follow traditional EBCD because it steered away from film because using film in this project would make the process of recruitment even more difficult due to the vulnerable state of the survivors. The steering group was aware that many domestic abuse survivors might be wary of being filmed. It was felt that it was important to maintain the anonymity of the survivors in order to avoid a situation in which survivors might feel that their answers could have a negative impact on the services they obtain. Similarly, the steering group thought that staff might appreciate maintaining anonymity because we did not want them to fear that their answers could have a negative impact on their employment or expose them to criticism. Regarding all participants, it was felt that if the participants maintain their anonymity there is a higher chance that they would be honest during the interviews and focus groups. In order to maintain the anonymity of the participants the interviews were audio-recorded instead of filmed and during the co-design event anonymised quotes instead of film segments were provided. This method has been previously used (Larkin et al., 2015). In addition, in contrast to traditional EBCD projects, during the co-design event, instead of using film, the survivors of the steering group participated in a live interview to indicate how the keypoints were important in their own help-seeking journey. This interview had a strong emotional impact on those who attended.

Although audio-recording had the benefits of anonymity, creating a more comfortable interviewing environment for the participants, and an easier recruitment process, it also had its disadvantages. EBCD uses film as a way to create an opportunity for reflection and to identify



shared priorities for improvement (Papoulias, 2018). Since this project did not use film it did not provide an opportunity for the participants to reflect through film on the shared priorities. However, my research colleagues and I tried to compensate for this by providing quotes from the interviews instead and by giving clear descriptions of the keypoints. These quotes helped to illustrate participants' voice.

### **3.4 Conclusions**

This chapter examined whether EBCD can be used well in policing with victims to improve services for all involved. The results indicate that EBCD can be a useful process for service development and improvement if adapted appropriately to the service-users it includes. This chapter indicates that EBCD can be used successfully in a complex, community-based, multi-service context. It is a promising process for supporting vulnerable populations, such as domestic abuse survivors, to be involved in collaborative work to improve the experience of a service. It is important to consider what recommendations should be given to make a more formal evaluation of EBCD's acceptability in this setting as well as what the next police based EBCD researchers should do to strengthen the evidence. I will cover this topic as part of Chapter 7.

The findings have been discussed in relation to several relevant theoretical models. It has been argued that in certain circumstances survivors may have difficulties communicating their victimization. This can occur when they are part of the non-accepted out-group (e.g., male survivors) or when their service-providers are not convinced that a 'real' case of victimization has occurred (e.g., when the survivor did not sustain physical injuries). These issues could be influenced by cultural beliefs about abusive relationships. This chapter has further argued that some survivors may decide to remain in an abusive relationship because

they don't know what constitutes abusive behaviour. This may be due to their cultural norms, socialization, upbringing, and the nature of some intimate relationships. It has then been suggested that to ensure an effective response good communication from the police and the domestic abuse support organizations is important.

Conducting an EBCD project in policing faces challenges, some of which are generic to EBCD, such as staff turnover and frustrations surrounding implementation and progress. However, because it involves a vulnerable group, it also faces challenges which are more commonly found in mental health settings such as those surrounding (re)traumatization of participants and anonymity. Therefore, certain adaptations might be needed (e.g., steering away from film), to suit the population, one is working with. However, overall, this project is the first to demonstrate that EBCD can be used successfully in a policing setting with victims. Hopefully, this will encourage the creation of further EBCD projects in policing settings with more populations and in additional locations.

The next chapter will review the findings from conducting a reflexive thematic analysis of the domestic abuse survivors accounts.

## **Chapter 4**

# **The Perspective of Domestic Abuse Survivors on Help-Seeking From the Police and the Domestic Abuse Support Organizations**

### **4.1 Introduction**

The first chapter of this thesis set the scene for this thesis by describing the detrimental impact domestic abuse can have on the mental health and physical health of survivors (Chandan et al., 2019; Coker et al., 2002; Laskey et al., 2019). I have stated that it is important to know what survivors find helpful and unhelpful when seeking help, in order to ensure that they contact the police when needed (I. M. Johnson, 2007). Furthermore, I argued that to provide services which are fit-for-purpose and to ensure that domestic abuse survivors are not excluded from the decisions that impact their lives, it is beneficial that they have a say in the services which are provided to them. I suggested that an EBCD approach to service development could be an effective means of achieving this.

The aim of this chapter is to present the findings from the reflexive thematic analysis of the reports of domestic abuse survivors on their help-seeking experiences from the police and the domestic abuse support organizations. Thus, it will aim to answer the questions: what are the experiences of domestic abuse survivors when receiving support from the police and the domestic abuse support organizations? What features could be improved?

## 4.2 Method

### 4.2.1 Participants

This chapter reports on the accounts of six domestic abuse survivors who participated in the first phase of the project. In line with the reflexive thematic analysis approach that I used, I required only a small sample size, because it was important for me to focus on the quality and depth of the data rather than on the quantity of it (Braun & Clarke, 2006). The key information about the survivors is described in the table below. It should be indicated that in the transcripts, pseudonyms were used both for the participants and where participants name other people:

**Table 7**

*Key Information About the Domestic Abuse Survivors Who Participated in the First Phase of the Project*

<b>Name of Survivor</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Perpetrator</b>	<b>Received Services from Police</b>
<i>Reya</i>	Female	Asian	Partner	Yes
<i>Ruba</i>	Female	Asian	Mother-in-law	No
<i>Grace</i>	Female	White British	Partner	Yes
<i>Myra</i>	Female	Asian	Partner	Yes
<i>Jake</i>	Male	White British	Ex-partner and eldest son	Yes
<i>Shayan</i>	Female	Kurdish	Partner	Yes

As can be seen from table above, the first phase of the project included a diverse sample of domestic abuse survivors which included both a male survivor and female

survivors. The survivor participants were ethnically mixed. Furthermore, the relationship between the survivor and the perpetrator was also mixed. In addition, all of the survivor participants, except one, also sought services from the police. Although this is not indicated in the table, it should be highlighted that none of the survivors were involved in mutual aggression. Moreover, all of the survivors experienced abuse in the context of a heterosexual relationship, had child(ren), received services from an organization which supports domestic abuse survivors, and suffered from multiple incidents of abuse.

It is important to reflect on the homogeneity of the sample. O.C. Robinson (2014) states that there are several types of homogeneity, including: demographic homogeneity (passed on due to demographic commonality such as gender or ethnicity), geographical homogeneity (a sample in which all the participants are from the same location), and life history homogeneity (homogeneity which is a consequence of participants having a shared past life experience). In relation to the sample here, it should be stated that it lacked demographic homogeneity because it included a sample from both genders and from a variety of ethnicities. It has been argued that a disadvantage of a sample lacking homogeneity is that it can make it difficult to identify meaningful cross-case themes during analysis (O. C. Robinson, 2014). However, I overcame this because my sample included other types of homogeneity - geographical homogeneity (i.e., all the participants were recruited from one city in England) as well as life history homogeneity (i.e., they all shared a common past life experience of suffering from domestic abuse). Furthermore, lacking demographic homogeneity in my project played to its advantage. First, I was successful in recruiting a few domestic abuse survivors. This might have been more difficult if I tried to recruit a homogeneous sample, especially because I was recruiting from a confined area. Second, I was able to ensure that my findings are applicable to a diverse group of domestic abuse survivors.

Since domestic abuse is heterogenous (Office for National Statistics, 2020a, 2020b), I wanted to try and improve services for a diverse group of survivors. However, because my sample was homogenous in respect to life history and geographically it fit with my methodology of reflexive thematic analysis (Braun & Clarke, 2021a).

#### ***4.2.2 Data Collection***

As a reminder (see Chapter 3), six face-to-face individual interviews were conducted with the domestic abuse survivors. They were semi-structured and guided by an interview schedule. The interviews aimed to focus primarily more on the participants' help-seeking experiences.

#### ***4.2.3 Data Analysis***

As indicated in Chapter 2, transcripts were analysed in two cycles. In the first cycle, the transcripts were reviewed to identify keypoints. I completed the keypoint analysis for pragmatic reasons because it informed the feedback groups and the co-design event. I described the process of identifying the keypoints as well as the findings of the keypoint analysis in Chapter 3. However, the keypoint analysis is relatively narrow in focus (concentrating only on those features of the help-seeking pathway which 'make a difference') and does not produce an analytic output suitable for sharing insights into the patterns within survivors' experiences. Thus, following the EBCD project, I conducted a second analysis on the transcripts of the domestic abuse survivors using reflexive thematic analysis (Braun & Clarke, 2006, 2020). I did this for several reasons: First, I wanted to conduct a more in-depth analysis of the accounts of the domestic abuse survivors. For example, although the keypoint analysis thoroughly examined the key aspects of the service which helped shape the

subjective experiences of the survivors, it did not explore their experiences of suffering from domestic abuse. Second, I wanted to examine whether by conducting the reflexive thematic analysis, I would be able to shed more light on the important psychological mechanisms and reasoning behind some of the keypoints. Third, I was hoping that by conducting the reflexive thematic analysis, one could examine how the keypoints relate to one another in the wider context of survivors' experiences of abuse and help-seeking.

For the reflexive thematic analysis, I returned to the same transcripts that I used for the keypoint analysis. As a reminder, during transcription pseudonyms were used for participants names and where participants name other people. I conducted the reflexive thematic analysis in Microsoft Word and through several phases. In the first phase, I familiarized myself with the data by immersing myself in it and tried to identify patterns and meaning across the data set. In addition, because this analysis was conducted after I had already identified the keypoints for the EBCD part of the thesis, I had already a thorough understanding of the data. It is important to reflect on the issue of 'bias' here. Reflexive thematic analysis, in contrast to more 'top-down' forms of thematic analysis, is not concerned with the issue of bias as a threat to reliability. Thus, comparison between multiple coders are not desirable for quality (Braun & Clarke, 2020). Instead, the subjective perspective and skills of the researcher are central to analysing the data (Braun & Clarke, 2020). The aim of reflexive practices in reflexive thematic analysis is to reveal and manage the researcher's relationship to the data, rather than to exclude it. Braun & Clarke (2020) state that attempts to avoid bias, or to establish coding reliability are not consistent with reflexive thematic analysis. This is because reflexive thematic analysis views knowledge and meaning as situated and contextual, and the subjectivity of the researcher is conceptualised as a resource for constructing knowledge, which shapes the knowledge created, instead of being a threat to credibility (Braun & Clarke,

2020). Thus, I made use of supervisory discussions for feedback on the developing analysis, rather than, for example, inviting an unaffiliated researcher to establish coding reliability.

It was important for me not to miss anything that might have not fit with the already identified keypoints. The express purpose of this analysis was to engage with material not fully covered by the keypoints, in order to add depths, context and nuance. I aimed to keep an open mind, and to conduct a comprehensive analysis. I reanalysed the entire six transcripts from start. I tried to consider what the data tells us, over and above the practical insights of the keypoints (e.g., the experience of suffering from domestic abuse, and the meaning and context of help-seeking).

In the second phase, I generated the initial codes by analysing each of the transcripts line by line (see example in Appendix Q1). I analysed the content of the transcripts, by producing initial codes, as well as adding reflexive notes on the content that appeared especially interesting to me. I coded the entire data set and gave equal attention to each data item.

In the third phase of the analysis, I took the vast number of codes that I had developed and sorted them into potential themes. I considered how my different codes combined with one another to form sub-themes and overarching themes. This phase of the analysis involved two subsequent stages. First, in order to consolidate the vast amount of analysis I had already done, I wrote, for each participant, a case summary (see example in Appendix Q2) which helped me to generate the themes and sub-themes that came across for that participant. The case summaries indicated the themes and sub-themes as well as short quotes which illustrated the emotionality of the theme (e.g., words which the survivors used in order to describe the abuse they had experienced). The case summaries also included additional notes which described important information relevant to that participant (e.g., reflexive notes about that



participant, lengthier descriptions of the impacts of the abuse). I then moved on to the second level in which I consolidated my analysis even further by writing a separate document for each of the overarching categories (see example in Appendix Q3). In order to fulfil this part, I identified themes and sub-themes across the data set and considered how the different participants contributed to it. I also included quotes which illustrated the statements of the participants. These documents provide extensive evidence of how the scope of the reflexive thematic analysis work extended beyond the initial keypoints, and captured additional contextual and experiential material.

In the fourth phase of the analysis, I reviewed my themes in order to ensure that my analysis produced a pattern which took into account the experiences of all my participants and refined them when needed. I then completed the fifth phase of my analysis during which I ensured that the names of my themes captured their essence (which are listed in the box below). I also considered how my themes and sub-themes fit with the narrative I was telling about my data in relation to the thesis research question. I then wrote the Findings section of this chapter and tried to provide a concise, logical, and interesting account of my themes, which also addressed my research question.

Although it was important for me to ensure that my participants felt that the results were accurate, the results of the reflexive thematic analysis, in contrast to the findings of the keypoint analysis, were not reviewed by the participants because it has been argued that there is little support that member checks improve research findings (Thomas, 2017).

**Table 8**

*List of Overarching Categories, Themes, and Sub-Themes Generated From a Thematic Analysis of the Domestic Abuse Survivors' Accounts*

<b>Overarching Category</b>	<b>Theme</b>	<b>Sub-Theme</b>
<b>Experience of Suffering from Domestic Abuse</b>	<b>Theme A: Relationships are Dynamic.</b>	A1. <i>The Survivor Might Suffer from Domestic Abuse from Their Partner, but It Can Also Be from Other Family Members.</i> A2. <i>Domestic Abuse Relationships Don't Necessarily Start Out as Such but Can Feel Like a Rollercoaster.</i> A3. <i>The Feeling of Survivors Towards the Perpetrator Might Vary.</i> A4. <i>The Perpetrator Is Controlling Even When the Relationship Has Ended.</i>
	<b>Theme B: Domestic Abuse Has Accumulative and Sustained Consequences.</b>	B1. <i>Domestic Abuse as Changing the Survivor.</i> B2. <i>Suffering from Domestic Abuse Can Feel Like a Ripple Effect.</i>
	<b>Theme C: Survivors Make Sense of Their Experiences in the Context of Other People's Expectations.</b>	C1. <i>Culture Can Play a Role in the Experience of Survivors When Suffering from Domestic Abuse.</i> C2. <i>Men and Women Have to Comply to Different Rules When Suffering from Domestic Abuse.</i>
<b>Help-Seeking from the Police and the Domestic Abuse Support Organizations</b>	<b>Theme D: The Importance of Being Understood, Believed, and Cared For.</b>	D1. <i>Being Dismissed, Including When Reporting Coercive Control.</i> D2. <i>Being Disbelieved.</i> D3. <i>Not Being Understood or Cared For.</i> D4. <i>Being Understood and Cared For.</i>

<b>Overarching Category</b>	<b>Theme</b>	<b>Sub-Theme</b>
	<b>Theme E: It Is Important That There Is Good Communication Between the Survivor and Formal Services.</b>	
	<b>Theme F: Survivors Want a Victim-Centred, Rapid, and Meaningful Response.</b>	
	<b>Theme G: Specific Circumstances Sometimes Influence Opportunities for Help-Seeking.</b>	G1. <i>Domestic Abuse Is a More Complex Experience When You Have Children.</i> G2. <i>It Is Perceived to Be Difficult to Get Effective Help When Your Problem Doesn't Fit the Mould.</i>

The next section will highlight the findings of this thesis. First, it will review the experience of survivors when suffering from domestic abuse. I will examine the accumulative and sustained consequences of domestic abuse, and some of the factors which influence the sense-making of domestic abuse survivors. It will only review this briefly because it is not the main focus of the thesis, but it does help to set the scene. It will then expand in greater detail on the experiences of domestic abuse survivors when help-seeking from the police and the domestic abuse support organizations, which is the focus of this chapter. Since the keypoints integrate into the themes they are underlined below. When writing this thesis, I kept the wording as close as possible to the identified keypoints because the phrasing has been agreed on by the steering group.

## 4.3 Findings

### *4.3.1 Part One: Experience of Survivors When Suffering From Domestic Abuse*

The main focus of this analysis will be on Part Two (help-seeking from the police and the domestic abuse support organizations), but in order to set the scene I will provide an overview of three important aspects of the experiential context of domestic abuse which helps us to understand why help-seeking is complicated.

#### **4.3.1.1 Theme A: Relationships are Dynamic.**

##### ***4.3.1.1.1 A1. The Survivor Might Suffer From Domestic Abuse From Their Partner, but It Can Also Be From Other Family Members.***

The participants often said that their perpetrator was a partner or ex-partner, but at times it was another family member who was abusing them or who aided the abusive partner in the abuse, such as their: mother-in-law, children, the new partner of the ex-partner. As Ruba explained:

*“I’m from Pakistan and er I I came here on marriage visa and then I was living er in er [unclear 1:06] with the in-law and er she was quite abusive like emotionally abusive and er um I I was managing the family and um my husband was my cousin and er he was he was okay with me but but his mother was not happy with me and er she would always she would used go at me and er and she didn’t like me and she just used to abuse and she just um used to treat me like slaves”. [Ruba]*

At times, the friends of the perpetrators were also involved to some extent in helping the perpetrator abuse the survivor (e.g., friends of the perpetrators informing the perpetrator of his whereabouts when seeing him). The important claim here is that survivors might experience simultaneous abuse from multiple people, from the perpetrator but also from the familial or social network of that perpetrator.

***4.3.1.1.2 A2. Domestic Abuse Relationships Don't Necessarily Start Out as Such but Can Feel Like a Rollercoaster.***

The participants often said that the relationship wasn't abusive at the start and that the abuse started slowly after a significant event such as after getting pregnant or giving birth. For example, one of the survivors stated that the abuse only started several months into the relationship and that in the beginning he was "*such a nice guy*" and they "*did have some good times*". As Grace explained: "*Ahhmm I met I met a guy, ahmmm lovely man, we got on well, ahmmm, about six months into the relationship ... [cough]... things started to change*". Several of the female participants described how the abuse and the relationship was like a rollercoaster in which the perpetrator was abusive, then apologetic for his abusive behaviour, and then abusive again.

***4.3.1.1.3 A3. The Feeling of Survivors Towards the Perpetrator Might Vary.***

The feelings of the participants towards the perpetrator varied. For example, several of the survivors described how they did not want to continue to have a relationship with the perpetrator, wanted the perpetrator to leave them alone, and did not love them. However, it was expressed by other participants that they still loved the person that was abusing them. These differences might be attributed to the quality of the relationship (i.e., if the relationship between the survivor and the perpetrator started because both the survivor and the perpetrator wanted to be together) and the relation itself (i.e., if the perpetrator was the survivor's child). However, even if the participant still loved the perpetrator, it did not always mean that the participant wanted to maintain that relationship. As Grace described: "*I still loved him, but I*

*couldn't go back there because if I would have let him get away with that what would he have done to me next" [Grace]*

The important consequence of this is that survivors' feelings, which can be impacted by factors related to the relationship (e.g., if the perpetrator is their child, if they have children together), will influence their decision if they want to leave the relationship.

#### ***4.3.1.1.4 A4. The Perpetrator Is Controlling Even When the Relationship Has Ended.***

The participants stated that the perpetrators were controlling during the relationship, but also after the relationship had ended. Furthermore, several of the survivors described that the abuse also continued after they sought help from the police and the domestic abuse support organizations. They often described the perpetrator as controlling, demanding, jealous, and a *"bully to women"*, and the abuse as *"torture"*, *"you don't know what's going to happen next"*, a *"vicious circle"*, and a *"nightmare"*, and the perpetrators trying to make them *"stupid"*, *"crazy"*, and *"sick"*. As Reya described: *"I think he want to make me mental, tell me I go stupid, crazy, go sick"*. The participants described several ways in which the perpetrator tried to control them during the relationship, such as: not allowing the survivor to dress the way she wanted, trying to ruin their familial and social network, not wanting the survivor to attend college, taking away from the survivor resources which could help her escape the abusive relationship (e.g., their passport), trying to control whom the survivor is speaking to. The participants often described how they felt like prisoners and that the abuse was constant because they were fearful that the perpetrator would hurt them in a public place or inside their home. They felt stuck and had difficulties moving on in life. Therefore, some of

the participants said that they would prefer to “*get beaten up*” by their abusers and for them to get it out of their system rather than continuing to live the way that they were now.

#### **4.3.1.2 Theme B: Domestic Abuse Has Accumulative and Sustained Consequences.**

##### ***4.3.1.2.1 B1. Domestic Abuse as Changing the Survivor.***

The domestic abuse participants experienced several types of abuse including physical abuse, verbal abuse, financial abuse, psychological abuse, and sexual abuse. Accordingly, the survivors reported that the abuse had affected them: psychologically (i.e., the participants often said that they felt overwhelmed, anxious, and very depressed); financially (i.e., the perpetrator did not provide financially for the survivor and their children); physically (i.e., a female participant sustained injuries which negatively impacted her ability to work); and socially (i.e., the perpetrator tried ruin the social network of the survivor). As Shayan described:

*“[Before?] my husband I have I had lot of friend but er my husband called to all my friend, don’t talk to her, don’t talk to [participant name] about my problem, don’t care about my problem, so all friends don’t come visit to me now, I haven’t any friend now...”* [Shayan]

Here, Shayan explains that she used to have many friends, but because her husband told her friends not to speak to her, she has no friends anymore. Consequently, she felt lonely.

As another example, the male participant stated that even though he has a strong physique he felt that, due to the abuse that he was experiencing, he became vulnerable to such an extent that he was unable to leave the house: *“I ain’t been able to go out the house even though you look at me and you think well I’m a big person but, you know what I mean, never judge a book by its cover.”* [Jake]. Thus, the experience of suffering from domestic abuse had

a great impact on the participants themselves. Several of the participants described how they felt that the abuse has impacted the way they feel as a person. For example, one of the participants explained that she changed from being a “*happy go lucky*”, “*so confident*” person who was “*everybody’s friend*” who would help anyone to being a “*broken woman*” and easily nervous.

#### ***4.3.1.2.2 B2. Suffering From Domestic Abuse Can Feel Like a Ripple Effect.***

The survivors described that some of the impacts of experiencing domestic abuse influenced one another. For example, several of the participants said that due to the psychological or physical health problems they sustained from the abuse, they had difficulties retuning to work or finding a job. One survivor stated that due to these financial challenges, she had to sell some of her furniture, including her daughter’s bed. As Shayan stated: “*I sold lot of furniture in my house when I need the money, I sold a lot of furniture in my house, like my daughter bed and my dinner table, my fridge, small fridge*”. These types of experiences added to the complexity of suffering from domestic abuse and of trying to overcome the toll the abuse had on them, and at times also on their family members. Thus, for the participants their experience of abuse felt like a ripple effect, which had an impact on different and important aspects of their life.

#### **4.3.1.3 Theme C: Survivors Make Sense of Their Experiences in the Context of Other People’s Expectations.**

The participants highlighted that the experience of domestic abuse does not happen in a vacuum, but that other factors, such as culture can play an essential role in it. This will be described in greater detail below:



#### ***4.3.1.3.1 C1. Culture Can Play a Role in the Experience of Survivors When Suffering From Domestic Abuse.***

Some participants felt that their culture played an important role in their experiences of abuse. For example, one of the participants described the role that her Kurdish culture played in the abuse. The survivor indicated that she married her Kurdish husband, who was abusing her, even though she did not want to because her mother wanted her to marry him. The survivor stated that according to Kurdish culture daughters are expected to marry whom their parents chose. This participant, who wanted a divorce, also felt that because their culture considers divorce to be shameful, she was expected to remain married to him. As Shayan explained: *“our families not nice like a British family, everything is shame for women shame for women don’t get a divorce don’t separated, every time when I got married, my mum say, you should be married to him”*. Therefore, the survivor was resentful towards her mother and her husband.

#### ***4.3.1.3.2 C2. Men and Women Have to Comply to Different Rules When Suffering From Domestic Abuse.***

One of the participants was a male. This participant expressed the dichotomy between being a strong man and being a victim at the same time. The participant indicated that male survivors are expected to comply to different rules than female survivors, because society expects men to be strong and able to defend themselves. As Jake explained: *“it’s like sort of, it’s one rule for a a woman and different for me because I’m a man [why I are?] defending myself”*. He described how society automatically considers the male to be the perpetrator but

stated that a man can also be a survivor. Due to this and his strong physique the participant felt that he is expected to cope alone which he did not want to do.

The second part of this chapter will examine which aspects of services provided by the police and the domestic abuse support organizations can play either a positive or negative role for domestic abuse survivors when seeking help. It should be indicated that in the quotes below when stating *I*: it indicates the interviewer.

#### ***4.3.2 Part Two: Help-Seeking From the Police and the Domestic Abuse Support Organizations***

##### **4.3.2.1 Theme D: The Importance of Being Understood, Believed, and Cared For.**

Most participants described how formal services could be dismissive, and could sometimes seem to lack understanding of, and sympathy towards survivors. Thus, the participants tended to focus on their dissatisfaction with the police, and at times also on their dissatisfaction with the domestic abuse support organizations. They often reported that they were reluctant to seek help because the police wouldn't understand and it can be difficult to get/find help. However, many of the survivors also mentioned that they did obtain good services from some people, including the police and the domestic abuse support organizations. In this theme, there are four important components, three of which were predominately negative: **D1/being dismissed; D2/being disbelieved; D3/not being understood or cared for**. There were also some positive examples of **D4/being understood and cared for**. This will be addressed below.

#### ***4.3.2.1.1 D1. Being Dismissed, Including When Reporting Coercive Control.***

Several participants mentioned that it was unhelpful when the police were dismissive towards them, did not take them seriously, devalued their fears of the perpetrators, and did not take the threats of the perpetrators seriously. Due to these fears, the survivors did not feel that the police were protecting them from the perpetrators. Here, for example, Reya describes how the police were dismissive of her fears of the perpetrator, which prolonged her anxiety about the abuse:

*“I said ‘Why you know he’s coming here’, ‘because he- he’s crazy he’s stupid man he come here’. [Police said] ‘You don’t know he’s coming here, he no have a GP, you no watch him 24 hr.’ I no believe that he-because I know Scottish people, I know him I know he’s crazy he’s coming here. I know he coming here wa- coming here looking for me. What happened again? [PAUSE] and that’s scary just all the times I’m just worry and look my back” [Reya]*

A similar concern was illustrated in Grace’s account when she reported coercive control but did not report physical abuse. She described what a police officer told her after she showed him the intimidating messages sent to her by the perpetrator:

*“G: I had kept all the messages and the PC turned around and said ‘Oh it’s probably just all mouth all ahh..he is just saying it he he he won’t hurt you,’ and he deleted what I had on my phone*

*I: So he deleted evidence*

*G: Evidence. Ahhmm, and I said, ‘But that that’s my proof of what he is saying and what he is threatening to do’ ... ‘Don’t worry Grace,’ he said, ‘It’s nothing jus I will delete them if I delete then you can’t read them and they won’t freak you out,’ and he deleted them and this is from June 2015 and the harassment never stopped” [Grace]*

Grace described an incident where the police dismissed her concerns. The officer's dismissive 'It's *nothing*' implies a failure to recognize coercive control and verbal abuse as real abuse in this case. When Grace remembers the police officer saying "It's probably just all mouth" this interpretation is further underlined. The experience of being dismissed was regarded as painful and lacking the ability to protect them from potential further abuse.

#### **4.3.2.1.2 D2. Being Disbelieved.**

Participants also reported that police officers did not believe them, and at times believed the perpetrator instead of them. A common framing for this was when the police told survivors that it was 'their word against the word of the perpetrator' (e.g., "*they took statement down and, again, it was like sort of my word against his*" – Jake). For survivors, this dismissal of their testimony (perhaps intended on the basis of its poor evidential value) felt like not being believed altogether, as a dismissal of their *experience*. This indicates that being dismissed can lead survivors to feeling disbelieved, which can be emotionally draining. For example, Jake, described how 'mentally draining' it was when the police did not believe him or did not do enough to help him in order to stop the abuse, even though he had reported the abuse to them multiple times: "*It's like sort of nobody believes you, nobody believes me and it's a nightmare, it really is.*" [Jake].

There was another example in Shayan's account, who described how a police officer believed her husband, who was abusing her, instead of herself. She accepted her husband's report that she had hurt herself on purpose. She reports that they even cut her nails, and laughed at her:

*"She laughed me, and she cut my nail, she say, 'I should be (unclear, 32:23) like this'. She shouted me. I say, 'Why you broken my nail'? She say maybe you do it you done for*

*yourself. I say, 'Why, I can't do it because I have a lot of pain'. She said she cutting my own nail. She was cut my nail.'* [Shayan]

*"But first time they didn't believe me. They saw my hair on the floor, and they saw children was crying and me crying and I was crying but they didn't believe me, just laugh."*  
[Shayan]

#### **4.3.2.1.3 D3. Not Being Understood or Cared For.**

Participants felt that the police did not understand their situation or acted as if they did not care. Grace provides a powerful example, as she described how she was informed that the perpetrator of her abuse was being released:

*"G: They got him in custody, but they were releasing him with no charge and I said 'But you don't understand what he is doing, he is harassing me' and, and she [police employee] turned around - which made me so mad I threw my phone on the floor because my sister was there when I took the call - and she [police employee] said 'Well I just think it's a bit of tit-for-tat.'*

*I: That's what the police said?*

*G: That's what the police lady said over the phone to me and I was like 'Excuse me, you are not standing in my shoes, you are not going through this, it's me, you can't tell me it's tit-for-tat', and she said, 'Well we are releasing him without charge' and I just threw the phone down and I said [to my sister] 'He's gonna get me, I know he's gonna get me'"* [Grace]

Grace's experience here is plainly stated – *'You **don't understand** what he is doing'*. She is made vulnerable by the release of the perpetrator (*'He's gonna get me'*) and left feeling alone with this problem because the police don't understand (*'You are not going through this'*). Participants reported several examples of the police appearing not to understand their

position or not doing enough to help by expecting them to cope on their own. In Grace's case, her concerns are undermined by "*I just think it's a bit of tit-for-tat*" which implicates Grace as a co-perpetrator in the abuse and implies that the police are explicitly abdicating their responsibility to care about Grace. Furthermore, Shayan, stated that she felt that it was an unhelpful experience when the police did not try to protect her from further abuse and retaliation by releasing the perpetrator. Other participants, such as Jake and Reya, described how they felt that the police did not care about their cases. Thus, these accounts highlight an experience of not feeling cared for by formal services and feeling vulnerable after the perpetrator had been released earlier than expected or without warning.

Other services were also described as failing to meet the needs of or understand the experiences of survivors. For example, Ruba described how she had wanted to stay with her husband because she felt that it was his mother who was abusive. She felt threatened when Social Services told her that if she returned to her husband, they would take her baby away from her. This "*scared*" her and made her feel isolated. Ruba felt she was being asked to choose between two unacceptable options and felt that she had help imposed on her:

*"I: So, did you feel that you were given a choice as to what you wanted to happen next after telling after...*

*R: No, because I wanted to solve the problem and then they said- they gave me just two option, er one option was er I I I could go back to my mother in-law's house and I I was able to living with my husband but then they they said I have to my give them my baby and I was not agree that." [Ruba]*

Grace also reported being required to choose between two challenging options (whether to testify in court or not). Her experience was similar to Ruba's experience, but then this was further exacerbated after she had chosen. She prepared herself to testify, and then her

testimony was not required. As a result, she felt that her needs were not met and that her feelings were invalidated: *“I wanted that judge to know that I am a broken woman now. I will never be the same Gracy”* [Grace].

#### **4.3.2.1.4 D4. Being Understood and Cared for.**

There were cases in which the survivors felt that the police officer handling their case was worried about them and upset to see the abuse that the survivor was experiencing:

*“But one lady from the police, English lady, when she saw me, nearly she was crying and she give me her badge name, number sorry, her badge number, she told me what happened, if anything happen, or you’re tired you can contact me and you can contact the police, he he give me her name but I forget now. Some policemen, some police officers really good help but someone is not.”* [Shayan]

Here, Shayan explains that some police officers can be understanding, empathic, and non-judgemental in their approach which makes this a positive contact for the survivor. This was a contradictory experience to the negative experience she had when the police were first contacted (as was described above). Thus, the quality of the services a survivor obtains depends on the individual they receive services from. This is plainly stated by Shayan *“some police officers really good help but someone is not”*. The feeling of being understood and cared for can be created through a variety of actions such as: holding the perpetrator accountable, trying to ensure that the perpetrator no longer lives with the survivor, providing legal advice, providing an interpreter if the survivor has problems with the English language, directing the survivor to other support services, and providing the survivor with options. These types of positive contact can help survivors to feel safe and reassured.

#### **4.3.2.2 Theme E: It Is Important That There Is Good Communication Between the Survivor and Formal Services.**

The participants highlighted that it was important to them that there was good communication between them and their formal service-providers. These aspects included the promptness of the information provided to them by the police and whether or not they were followed up on. The narratives of participants often indicated that they had to repeatedly call the police in order to find out what was going on with their case but in response they were ignored or falsely promised that their call would be returned: *“He ignore me at all, he’s ignore me, I said I’m scared do something with him, he ignore me. [Police said] ‘Okay we call-we talk for him’ but afterwards he no call me back, what’s going on”* [Reya].

The narratives of the participants also indicated that it was frustrating to them when formal service-providers did not know what was going on with their case or they had to ask for help multiple times. They felt that organizations can leave survivors feeling excluded from their processes. This could also slow down the process of obtaining the needed help. This is depicted when Grace described how frustrating it was for her when she tried to find out the progress of her case, but she was just transferred from one police officer to another, which made this process very difficult. Grace felt that this happens less when she calls the Public Protection Unit (i.e., from police officers who provide specialist support to domestic abuse survivors):

*“Whereas if you have to phone the police regarding the situation they will put you through to PC or and then they go [Police said] ‘oh I am sorry I don’t know anything about this I will get back to you’ then someone else or [Police said] ‘hello aahmm well so and so they haven’t filled me in I don’t know about this but I will find out’ and it’s like you you trail it and all you want to do is get to the person you need to talk to”* [Grace]



*“G: When you first make a call to the police anybody is going to answer that phone now I understand that but when you are chasing things up and they don’t know*

*I: Yeah*

*G: You know, and it is frustrating because you know that your details are there...and the situation it’s happening but then you go through one PC to another to another and it’s like you trying to find a trail whereas if it’s DV yeah take the call but then put it into a section where they understand because they deal with it day in day out, don’t they?” [Grace]*

This highlights that some practices can undermine people’s willingness to return to the police for help. However, participants also described how they had to follow up with the domestic abuse support organizations multiple times and “*push*” them and even when information was provided it was often wrong (“*they tell me wrong information, and problem all the time*” – Reya). Consequently, they described this experience as unhelpful and that they did not have enough support (“*I need help, I need support, I push everybody for my support. I’m ask, I tell I need this one because if I no ask, I no get support at all*” – Reya).

Furthermore, one of the participants stated that the unhurried process of the domestic abuse organization she was obtaining services from slowed down the process of obtaining the benefits that she needed (“*they said they shall help me they shall help me and they dragged me for seven months*” – Ruba). However, not all participants felt that way. For example, Shayan, who received help from the same domestic abuse organization as Reya and Ruba, indicated that when she asked for help, she quickly received it. Also, Grace said that the same domestic abuse organization was providing her with good emotional support.

Several of the narratives also highlighted that it was important to the participants, both practically and mentally, that they are followed up on by their formal service-providers. At times this support was the only support the survivors had, especially if they didn’t have any

family or friends nearby. Consequently, they felt that they could only rely on these services for help. For example, Myra indicated that although the police did follow up with her one time after she called for help, she did not receive another phone call from them. She was frightened that the perpetrator was listening to her and therefore told the police that they should not call her and that she will call them. However, because she lost the phone number of that police employee, she thought that it would be helpful if the police could follow up with the survivors more often: *“because maybe I forget the number, I think it’s er nearly after one hour, they have to call again and to check you need any help and er everything is fine.”* [Myra].

It was also very much appreciated when a domestic abuse organization called a survivor to see how she was doing:

*“G: she phones me every other week to see how I am doing which is a... just that phone call makes you feel a little better... you know it’s like you haven’t been forgotten*

*I: Right*

*G: Because... it is not that you want to keep talking about it, but it is nice to know that there is people like Jane and Alison and support teams that would call you randomly and [Support worker said] ‘How are you doing? How’s your day? Are you OK?’ And that’s good that is...because you don’t want to phone the police to tell them you are having a bad day, but you can your support workers”* [Grace]

Here, Grace highlights that she feels emotionally supported when her support workers from the domestic abuse support organizations call her every other week to make sure that she is alright because it makes her feel that she hasn’t *“been forgotten”*. Grace feels that she cannot inform the police that she is having a bad day, but she can let her support workers know. Thus, she recognizes that these two formal services have different roles and that she is

able to receive from them different types of services. During the interview, Grace also states that the support she received from the IDVAs was better than she expected. Similarly, Jake also mentioned that it was helpful to him that he could speak to his support worker from the organizations he received services from (*“I mean the only real things help that, I mean I come and talk to Martyn”* - Jake). Thus, once other people were involved, their support/involvement was often very helpful to survivors.

Next, the importance of having a victim-centred, rapid, and meaningful response will be addressed. In a victim-centred approach, domestic abuse survivors should be afforded with the opportunity to provide their opinion, in regards to the handling of their case (Finn, 2013).

#### **4.3.2.3 Theme F: Survivors Want a Victim-Centred, Rapid, and Meaningful Response.**

The cases above illustrate that some services might not take the threats of perpetrators seriously enough, while other services might see abuse in cases which the survivor doesn't consider abusive. However, the commonality of both of these opposite sides of the coin is that in both cases the survivor felt that not taking a victim-centred approach by not adhering to their thoughts and wishes made the situation worse. In these instances, the police were perceived to be ineffective, or even make things worse. For example, as indicated above, the participants thought that not believing them and not arresting the perpetrator prolonged the abuse and made the situation worse. This indicates that to provide a victim-centred and meaningful response it is important to provide a rapid response in which survivors feel believed and not dismissed. Furthermore, Ruba, felt that the police can make the situation worse for survivors by breaking up the family, not allowing survivors to solve the problem by themselves, and thinking that putting the perpetrators in prison is the only solution. This is not

necessarily the right solution for the survivors. The quote below describes why Ruba did not contact the police:

*“I: And what made you contact the- what made you tell the hospital but not the police?”*

*R: Um...because I, I was thinking they they shall make it worse.*

*I: Yeah.*

*R: But they they always try to to make things big, they don't want us to solve us our own problems or to patch up our families, they want they want us to go how all, they want our our er like er our relationship wouldn't work so...*

*I: Yeah.*

*R: ...they don't help, that's why. [Laughs].” [Ruba]*

*“R: Cause they they don't have any of the solutions, um they just er [laughs], they like they just er close the person in the jail we're talking about even, then they make things worse than before. Like if if we got argues with somebody...*

*I: Yeah.*

*R: Then we- like when we are in anger and then we then we get normal and we are okay, and if we contact the police, they then they make worse the things and then they ask the question and then they um they took them in the jail” [Ruba]*

Here, Ruba indicated that the police don't have the solution, and that they can actually make the situation worse because they try to solve the problem for the survivors by putting the perpetrator in jail and taking measures which are more drastic than the survivor thinks are needed. She stated that the police don't want domestic abuse survivors to solve the problem themselves by trying to remain with the perpetrator. Furthermore, she implied that it would be

helpful if instead of trying to resolve the problem *for* the survivor the police would attempt to solve the problem *with* the survivor.

Thus, many of the narratives of the participants highlighted that it was important to them that they received a victim-centred and meaningful response from their formal service-providers, such as: the police, domestic abuse support organizations, and solicitors, and that not doing so could prolong the abuse.

An additional element about police services which was important to survivors was receiving a rapid response. Several of the participants felt that the police tended not to believe them and did not provide a rapid response by waiting for bad things to happen, such as to be physically abused or murdered, in order to obtain the ‘right’ evidence (*“Maybe police waiting for he find me kill me or doing something bad for just waiting because we no have enough evidence”* – Reya). This prolonged the duration of the abuse and participants felt that they had to prove their case to be taken seriously, at times by trying to gather evidence themselves. However, even then the police at times dismissed the evidence provided to them by the participant. This highlights that in order to provide victim-centred services it is crucial that survivors are believed and not dismissed. This is especially important because the cases of the survivors in this thesis have demonstrated that the first contact with the police may not be the start of the abuse or help-seeking and that at times it can be difficult for survivors to get to a point where they feel that they can seek support. This is illustrated through the case of Grace who felt that the police did not believe her and therefore did not provide her with a rapid response. Thus, they were waiting for her to be physically abused before they would help her:

*“I said they don’t believe me anyway, they don’t believe him, but it was I told them it would be bad, but they didn’t even it was, it was kind of as if, they there was waiting for something really bad physically to happen to me before they would believe me.”* [Grace]

This is also illustrated through Grace's account of her reaction when the police officer refused to give her a restraining order against the perpetrator even though he knew that the perpetrator sent her threatening text messages. Due to this experience Grace feels that she had no support from the police:

*"So, I said to Jack I want a restraining order on him, and he because you don't need one of them there's he hasn't done anything to you yet...and I said so I have to wait for him to attack me I said he won't leave me alone now...and I went to get it myself I had no support, nothing" [Grace]*

Here, Grace states that she felt that the police did not react fast enough which left her worried about her safety and feeling that her needs and wishes were not listened to. This is similar to the account of Jake who reported that the police did not react fast enough when his son called for help, which left his son feeling vulnerable:

*"Sam and that Luke, I were, in at the time, have gone down to my house and Sam's been kicking the front door with Luke, now Albie's in the house, he's phoned the police up, Albie has, and they've turned round and says, [Police said] 'we'll get somebody to come out and check in the next hour', and Albie's like, 'but them kicking the front door in'." [Jake]*

Here, Jake describes how his son felt surprised and vulnerable when he did not receive the quick response from the police he was expecting. These accounts highlight that some of the participants reported that it was important to them that when they sought help the police would react quickly instead of waiting until something physically bad happens to them. Participants felt that a good response is a prompt and effective response. This was exemplified by the participant Myra, who stated she was very happy that the police came quickly when she called them, even though she dropped the phone and they didn't have her address:

*“Er, one thing is er after er when when I call to police, they came very quick, I can’t expect, because, I think I dropped the phone nobodies coming. But er so many time, they have any problem like that but er it’s possible h... I dropped the phone, but sometime I want to call but other one [?], he don’t give me a chance to the call, but it I feel it’s really good the police er find to my number, my house, they came very quickly”. [Myra]*

Here, Myra explains that she felt that it was very helpful when the police provided her with a prompt and effective response. Myra felt this response provided her with “confidence”, emotional support, and reassurance that she can call the police in case she needs help. She also said that due to this interaction her husband, who was still living with her, stopped being physically abusive towards her because he was worried that she will contact the police. This was the case even though she had very few interactions with the police. However, a quick response wasn’t necessarily always an effective response. This was illustrated in the case of Shayan who felt that although the police came quickly, they did not believe her and therefore the quality of services were lacking (*“police came to my home quicker when I called to the police they come early, but for believing me no”* – Shayan).

#### **4.3.2.4 Theme G: Specific Circumstances Sometimes Influence Opportunities for Help-Seeking.**

##### ***4.3.2.4.1 G1. Domestic Abuse Is a More Complex Experience When You Have Children.***

One of the circumstances that influenced opportunities for help-seeking was the presence of children. Furthermore, in the case of one participant, the survivor felt that two of his children (aged 16 and 11) were abusive towards him. At times, children acted as a barrier for help-seeking. For example, Myra described how - although she wanted to leave the

perpetrator - she did not contact the police until he abused her in front of their children, because their children were emotionally attached to their father and she was hopeful that he would change. She felt that it would be difficult to make big changes in one's life, especially when children are involved. In addition, Reya stated that she was worried that if she sought help from the police the perpetrator would hurt her young child:

*“He take my phone because I want to call for police, anyone to help me, he take my-he grab my phone, [I said] ‘no I want to back my phone I’m scary’. He tell me, ‘If I go to sleep he take my baby from me’, you know what I do with this one, I’m not sleep all night.” [Reya]*

In contrast, sometimes children were also a trigger for help-seeking:

*“M: But that time I decided, some- it’s sometime before he’s- anytime, it’s [mumbled 22:58] he slapped me when he drunk, he shouting me but er I think, it’s okay, maybe tomorrow is better, tomorrow is better, but er that time was in front of my children, the children came back for me, ‘what happened mumma, what happened’, I said ‘no’, because when I taking this, it’s not good for children, I I’m sure in front of my children, I’m very strong, yeah, no worries abuse me, no worries hit me. Because my the- I think mother is a good er er- because most of the time, children living with mother...and it’s- main part, main role for mother, to show how to live, that’s why it’s, I said ‘no’, and it’s four months ago I take a decision to leave him.” [Myra]*

Here, Myra indicates that before her children witnessed the abuse, she forgave him and was hopeful that the perpetrator would change. However, the tipping point for her in seeking help from the police and considering leaving her husband was when the children saw the abuse, especially because it was important for her to be a good role model to them and keep them safe.



Interestingly, at times children could act as a barrier as well as a trigger for help-seeking in the same participant. For example, Grace indicates in the interview that at first, she nearly committed suicide so that the perpetrator would leave her family alone especially because the police did not help her at first. However, eventually she decided not to go through with it and sought help again:

*“G: I brought all my tablets, and I opened every packet I got...and I got a glass of water and I thought if I am at this world if I am gone if I am dead then he can't hurt no one else he will leave my family alone and I I just honest to God I cannot believe I picked them up and my phone rang, and I just turned and I looked, and it was my daughter*

*I: How old is your daughter?*

*G: She is thirty- three, and I just seen her name come up Beth and I just looked and I just picked and I just stopped and I picked it up and I were “who it hello Beth, how are you today?” not letting her know that anything was wrong, so [Beth said] ‘OK you are OK Mom? When are you coming over?’ Because I stopped going to my daughter’s in case he finds out where she lived... and I was like, yeah, I will be over this weekend, and I put the phone down and I thought no I am not leaving my children no way in the world am I leaving my children you will have to kill I am not gonna kill myself...*

*I: Okay*

*G: ....I am not going nowhere and honestly I got all these tablets I threw them down the toilet and I just ran straight to my doctor” [Grace]*

Here, in this powerful account, Grace explained that she realized that it was very important for her not to leave her children, and therefore, she abandoned her thoughts of suicide. This was an important tipping point to seek help from her doctor instead.

**4.3.2.4.2 G2. It Is Perceived to Be Difficult to Get Effective Help When Your Problem Doesn't Fit the Mould.**

The narratives of several of the participants showed that it is perceived to be difficult to get effective help when your problem doesn't fit the mould, for example if you are a male survivor or if you were not British.

One of the survivors described how she felt that the domestic abuse organization she was receiving services from were discriminating against her and providing her with less services (such as with fewer housing appliances and other needed items) compared to their British clients because she didn't have Indefinite Leave and is a Muslim from Pakistan:

*“Like they they gave other ladies like a microwave and kettles and er like I was from Pakistan and I haven't got Indefinite Leave and maybe I was Muslim that's why they um- I I asked them to them and they said oh I can buy kettle for me and microwave and I said 'why, why you are giving other ladies?', they they didn't answer anything, and just- they discriminate many times.”* [Ruba]

Here Ruba describes that she was unable to receive the same services as other British survivors because she was discriminated against due to her religion and residential status.

Another participant in this thesis felt that he was not provided with the same services because he was a man. The participant stated that the police automatically expect men to be able to defend themselves or view them as the perpetrators and women as the survivor even though, as he said, one should *“never judge a book by its cover”* [Jake].

This participant explained that he feels that if he had been a woman maybe services would have listened to him. However, because he is a man with a strong physique, he is expected by services to cope and defend himself:

*“because of I don’t know whether it’s I ain’t being chauvinistic or anything but if it was a woman in my position, say if I was a woman (...), perhaps they’d listen, you know what I mean, but because I’m a big strapping chap and all this sort of stuff.” [Jake]*

Jake continued to explain how he felt like being in a “glass box” in which all his service-providers (e.g., the police, employees of the domestic abuse organizations, medical-providers) can see him, but nobody is listening to him until it will be too late. Jake was worried that in the end he would be murdered or become the perpetrator himself (*“could I be the perpetrator and turn round and hit my ex?”* – Jake). However, at the same time he felt that he could not defend himself or cope with the domestic abuse he was suffering from:

*“You know when you come like sort of- you keep telling people but it’s like sort you’re in a glass box, everybody can see in there, but they can’t hear what you’re saying. Nobody listens to you, they all think well you, you know, deal with it, you’re a grown man. But I ain’t that sort of person, I don’t cope as good as what somebody else would, I mean it’s, I don’t know how to fight” [Jake]*

Therefore, similarly to other female participants in the thesis, he felt that he needed to wait to get the required help, but by then it might be too late for him. Jake also stated that most men try to resolve the domestic abuse they are experiencing by themselves and then get into trouble and end up in prison, but that he is different by trying to report the abuse and ask for help. As Jake described:

*“Um, you do that, you like sort of, you fall into a trap of like sort of you ain’t got nothing to get you out of this predicament, you try and ask for people’s help like with the police and that what’s going on now, you report stuff but it’s like sort of, I mean come on, you’re a bloke, you know what I mean, you thingy, sort yourself out. Most blokes they go out and sort it out, get in trouble, get locked, I ain’t that person. You know what I mean, I’m like*

*sort of, ask peop- ask the police, this is happening, that's happening, you know what I mean it's bad, it really is.*" [Jake]

The cases of Ruba and Jake both highlight that services should take into consideration that people from different backgrounds and genders can be victimized and that there is no particular mould. Therefore, holding back preconceptions and trying to provide equal services to all is paramount.

#### 4.4 Interim Summary

The findings section covered in-depth the experiences of survivors when seeking help from the police and the domestic abuse support organizations. It also briefly reviewed the experiences of survivors when suffering from domestic abuse. The aim of this section is to consolidate the findings in order to consider the main claims made, before integrating it with prior research in the Discussion section. The table below covers the main claims of the different themes of this chapter.

**Table 9**

*Summary of the Themes Generated From a Thematic Analysis of the Domestic Abuse Survivors' Accounts*

<b>Theme</b>	<b>Summary</b>
<b>Part One: Experience of Survivors When Suffering from Domestic Abuse</b>	
<i>Theme A: Relationships are dynamic</i>	This theme highlighted that survivors might experience simultaneous abuse from multiple people, from the perpetrator but also from the familial or social network of that perpetrator. Furthermore, the relationship might not necessarily start out as abusive, but once the abuse occurs it can feel like a rollercoaster in which the perpetrators are abusive, then apologetic for their behaviour, and then abusive again. This theme has also highlighted that when domestic abuse occurs it

Theme	Summary
	does not necessarily mean that the survivors stop loving the perpetrator and that this can be impacted by factors related to the relationship (e.g., if the perpetrator is their child). Moreover, the survivors often felt stuck and had difficulties moving on in life since the perpetrator continued to abuse them also after the relationship had ended.
<i>Theme B: Domestic abuse has accumulative and sustained consequences</i>	This theme highlighted that the participants in this thesis experienced several types of abuse including physical abuse, verbal abuse, financial abuse, psychological abuse, and sexual abuse. As a result, the abuse had multiple negative sustained consequences on the survivors': mental health, physical health, finance, social and familial network. Furthermore, the abuse could feel like a ripple effect, which had a negative influence on various and key aspects of their life.
<i>Theme C: Survivors make sense of their experiences in the context of other people's expectations</i>	This theme highlighted that culture and gender can play a role when survivors suffer from domestic abuse. For example, one of survivors indicated that her family expected her to remain married to her abusive husband since their culture considered divorce as shameful. In addition, the male participant described how he was expected to cope alone, which he did not want to do. He attributed this expectation to stereotypes about masculinity.

## Part Two: Help-Seeking from the Police and the Domestic Abuse Support Organizations

<i>Theme D: The importance of being understood, believed, and cared for</i>	This theme highlighted that formal services could leave survivors feeling dismissed, misunderstood, blamed, and disbelieved. These types of service responses had a negative impact on the participants' well-being, and they felt that they had to handle their challenging situation on their own or with limited support. However, there were also other examples by the participants, which indicated that there were instances in which they felt understood and cared for by formal services. These types of experiences improved their wellbeing and they felt that they were able to seek help and protection if they needed to.
<i>Theme E: It is important that there is good communication between the survivor and formal services</i>	This theme highlighted that is important that there is a good communication between the survivors and their formal service-providers. Thus, it is important to ensure effective communication, without the survivor needing to ask for help multiple times. This also points out that survivors appreciated emotional support from their formal services.
<i>Theme F: Survivors want a victim-</i>	This theme emphasized that when formal services did not take a victim-centred approach, participants noticed this and described how it made things more difficult for them. The participants highlighted that they

<b>Theme</b>	<b>Summary</b>
<i>centred, rapid, and meaningful response</i>	would have preferred for their formal service-providers to provide a prompt and meaningful response, which took their thoughts and wishes into account, instead of being told what to do or not being provided with support at all.
<i>Theme G: Specific circumstances sometimes influence opportunities for help-seeking</i>	This theme highlighted that specific circumstances such as being from a different culture, having children, or being a male can influence the perceived opportunities of help-seeking for some survivors. In some cases, these circumstances can act as barriers or as facilitators for help-seeking. However, they can also act as a reason for help either being refused or imposed on the survivor.

## **4.5 Discussion**

The present thesis has reviewed what happens when services provided by the police and the domestic abuse support organizations don't meet domestic abuse service-users' needs. In order to understand the help-seeking experiences better it also tried to look into the lived world in which survivors find themselves when seeking help. The findings of this chapter indicated that domestic abuse is complex. It should be indicated that although the number of survivors who were interviewed for this part of the thesis are few, the findings here are similar to those of previous studies. The convergence of my findings with those of previous research highlights the difficulty survivors find themselves when experiencing domestic abuse. I will elaborate on this in greater detail below.

There are several elements that add to the complexity that survivors find themselves in when experiencing domestic abuse. In agreement with the barriers model (Grigsby & Hartman, 1997), a significant barrier which survivors face when suffering from domestic abuse, is the perpetrators and at times also the perpetrators' informal networks (e.g., they might be involved by informing the perpetrator the whereabouts of the survivor). The findings here also demonstrated that domestic abuse relationships don't necessarily start out as such

and that survivors can still love the person who is abusing them. Consistent with the Cycle Theory of Violence (Walker, 2017), once the abuse has started it can feel like a rollercoaster which shifts from abusive behaviour to loving, and from apologetic behaviour to abusive behaviour again.

The findings here have indicated that survivors might face other barriers which can impede their safety. These barriers are already incorporated in the barriers model. This supports the general structure and comprehensiveness of the model. These barriers stem from the psychological consequences of the violence (Grigsby & Hartman, 1997). More specifically, several of the survivor participants described how the abuse had impacted them psychologically (i.e., the participants often said that they felt overwhelmed, anxious, and very depressed). There were several examples of this. First, one of the survivors described how she changed from being confident to feeling broken and easily nervous. The psychological consequences of this can leave survivors with minimal emotional resources needed to leave an abusive relationship (Grigsby & Hartman, 1997). Second, the narratives of several of the survivor participants indicated that they faced another barrier which the barriers model (Grigsby & Hartman, 1997) describes as isolation. For example, while the abuse was ongoing and even after the relationship had ended the perpetrators tried to ruin the friendships and family ties that the survivors had (e.g., trying to control whom they spoke to). The implications of this are important because isolation can leave survivors with no witnesses of how dangerous the abuse has become (Grigsby & Hartman, 1997). Third, another barrier the survivor participants experienced is described by the barriers model as brainwashing. Grigsby and Hartman (1997) define brainwashing as being created by non-physical abuse (e.g., demonstrating power through threatening the survivor) which can include humiliation as well demonstration of power and threats. In line with this, the survivor participants explained that

the perpetrators abused them emotionally and often threatened them. The implications of this are important because survivors, especially if they are isolated, might not have someone to contradict these messages (Grigsby & Hartman, 1997). Overall, the findings here show that the barriers in the environment (i.e., the perpetrator) can lead to other barriers stemming from the psychological consequences of the abuse.

This thesis has demonstrated that survivors can also face barriers stemming from the family, socialization, and role expectation (Grigsby & Hartman, 1997). For example, one of the survivor participants, Myra, described how she had stayed with her partner before he abused her in front of the children because her children were emotionally attached to their father. Thus, confirming the barriers model, Myra did not seek help because she sacrificed her needs for those of her children due to her values and beliefs about relationships (i.e., that women need to put themselves last for the sake of their children). As an additional example, another survivor participant, Shayan, described how it took her many years to leave her abusive partner because her mother expected her to remain married to him because her Kurdish culture views divorce as shameful. This led her to feel she had to prioritize her marriage over her safety even though she saw the abuse as a problem. Consequently, to maintain the family's integrity, she did not seek help. Thus, confirming the barriers model, she stayed with her partner because of the values and beliefs of her family of origin. Overall, the narratives of Myra and Shayan describe how values and beliefs about relationships as well as values and beliefs of the family of origin can act as barriers to leaving the abusive relationship, as well as contributing to how survivors perceive their agency to effect change and alternative courses of action available to them.

It is interesting to note that, the model of Liang et al. (2005) also states that level of acculturation can influence the way survivors define domestic abuse and their help-seeking



behaviour. Thus, it could be that Myra and Shayan did not seek help when they first came to the United Kingdom, partly due to their/their family's cultural beliefs, but also because they had not yet acculturated into the United Kingdom. Thus, it is possible that as they acculturated into the United Kingdom their views of their relationship and what actions they could take changed and aligned more with the mainstream British culture.

These findings indicate that survivors can face barriers at multiple levels. Even if barriers from one level are removed (e.g., the removal of the perpetrator) survivors may still face barriers from other levels. This is relevant to practice because it indicates that in accordance with the barriers model, formal service-providers should be non-judgemental and patient while working with the survivors though these different barriers. Thus, they should consider that beliefs that took a lifetime to mature do not adjust after one assault and that other interpersonal influences can play an important role (e.g., the beliefs and values of their family). Thus, they should see the survivor as part of a larger system which the perpetrator-survivor dyad sits within. They should also consider that several of these barriers can be culturally based and therefore they might be more difficult to change (Grigsby & Hartman, 1997). To understand the complexity of these layers and factors which can impede help-seeking it could be beneficial if those working for the police and the domestic abuse organizations are afforded with the opportunity to discuss with survivors the barriers that they faced when trying to escape an abusive relationship.

The findings in this thesis have shown that once the relationship ends it doesn't mean that the abuse necessarily stops. This is not surprising because survivors might be assaulted after the relationship has ended (Fleury et al., 2000). Therefore, it is important that domestic abuse survivors find effective help early on. In order to ensure that services are tailored to their needs we have an obligation to take their perspectives into account. Below I will discuss

in further detail the aspects of services the participants in this thesis liked and disliked when seeking help from the police and the domestic abuse support organizations, as well as the experiences of doing so.

This chapter emphasized that domestic abuse is complex and consequently so is the help-seeking. The narratives of the domestic abuse survivors indicated that when seeking help the participants often felt dismissed, misunderstood, and disbelieved by formal services. This was also the case if the abuse mainly involved coercive control and the participants could not demonstrate physical evidence of an assault. Therefore, participants felt that at times they were treated unfairly and held accountable by formal services, especially by those police employees who were not specialized in the field of domestic abuse. Furthermore, the participants felt that they had to “*push*” for support with several survivors stating that they felt they had to wait to be physically attacked before they would get the help they needed. This is in line with previous findings which indicated that the use of physical violence in domestic abuse cases is at the front of many police officers’ expectations in the United Kingdom, and that when physical violence is not present, the response of the police is less proactive (A. L. Robinson et al., 2016). In return, domestic abuse survivors in the United Kingdom can feel that the police do not acknowledge the seriousness and pattern of coercive control that they are experiencing (Wydall & Zerk, 2020). This can intensify their feelings of vulnerability and fear, decrease their confidence in the police and the criminal justice system, and reduce the likelihood of future help-seeking (Wydall & Zerk, 2020). Their findings in conjunction with the findings of this thesis highlight that police should have better and mandatory training in relation to domestic abuse, for example around coercive control and the impact that domestic abuse can have (A. L. Robinson et al., 2016). This is especially important taking into account that police officers are many times the gatekeepers to the

criminal justice system and negative experiences when seeking help can be a deterrent for survivors from doing so in the future (A. L. Robinson & Strohshine, 2005).

When describing those experiences three themes overlapped: Theme D1 “being dismissed, including when reporting coercive control”, Theme D2 “being disbelieved” and Theme F “survivors want a victim-centred, rapid, and meaningful response”. This is consistent with the methodology of thematic analysis which indicates that themes may overlap as long as there is not too much of an overlap between the themes (Braun & Clarke, 2006; Lorelli S. Nowell et al., 2017; Pope et al., 2000). The overlap between these themes highlighted their connection. In other words, the narratives demonstrated that the experience of being dismissed led to survivors feeling disbelieved and that as a result they felt that they had to wait before they would receive the required help. However, it should be emphasized although these themes are connected, they are also distinct from one another. Being dismissed is usually to do with something not being serious. Whereas disbelief is more to do with being untrustworthy or the account of the abuse not being believable. My findings also demonstrated that to provide a meaningful and victim-centred response it is important that survivors feel believed and not dismissed.

Overall, these findings inform practice by pointing out that in order to provide an effective response service-providers need to give a victim-centred, rapid, and meaningful response. The findings of this thesis have demonstrated that if this does not happen survivors might feel that they must wait until they are physically abused to obtain the required help or that they might feel that they need to gather the evidence themselves which can even then be dismissed by the police. However, when survivors receive a victim-centred, rapid, and meaningful response (e.g., when they were believed and not dismissed) it can make them feel safe and reassured. Thus, similarly to what has reported in another study (de Wet & Pretorius,

2020), the overlap of themes signifies that they are linked to one another, layered, and iterative, but not mutually exclusive. This overlap seems unavoidable when describing the experiences of seeking support.

The experiences of the survivors listed above can be understood through several theoretical lenses. The help-seeking model of Liang et al. (2005) states that two internal conditions are important when deciding to seek help: seeing the problem as unwanted and viewing the problem as unlikely to stop without the assistance from others. In accordance with this model, the findings here indicated that domestic abuse survivors can define their problems as domestic abuse and see it as undesirable for which they need help from others in order to make changes in their lives. Furthermore, they might also see it as a crime and therefore want to seek legal intervention (Liang et al., 2005). However, the survivor participants described how, at the beginning, the police did little to help including when they reported coercive control. One interpretation of this is that the police employees responding to their case might have seen the abuse as a private matter instead of crime which requires legal intervention. They might not have considered it as a crime due to cultural views that domestic abuse involves severe injuries. Indeed, the intimate partner violence stigmatization model states that it can be difficult for survivors to identify that they are in an abusive relationship since they believe that abuse involves injuries (Overstreet & Quinn, 2013). However, this might also be true for their service-provider. This aligns with the four aspects of the communication of a victimization model which states that an aspect that influences whether the receiver interprets successfully the case is the facts (e.g., if the victim sustained injuries) (Strobl, 2004). Thus, the police employees may have had trouble seeing the survivor as a victim because they expect that victims will have sustained injuries. Since this did not happen, they failed to perceive the case correctly. However, since the survivors see their cases

differently, and do recognize the abuse, the reaction of the police can make little sense to them. This is one possible explanation of the narratives of the survivor participants here.

Nevertheless and corresponding to the barriers model (Grigsby & Hartman, 1997), the narratives of several of the survivors demonstrated that they felt that at first the police put up serious barriers to their safety. They described how they did this by providing an unhelpful response and at times even resorting to victim-blaming tactics, which is a manifestation of cultural stigma (Overstreet & Quinn, 2013). As a result, several of the survivor participants felt dismissed, disbelieved, unprotected from further abuse, and that their problem was trivialized. Consequently, they were worried that this would happen again when they next sought help which negatively impacted their wellbeing. In other words, these survivors experienced anticipated stigma because they faced stigmatizing attitudes from their service-providers. This has important implications because stigma can act as a barrier to help-seeking (Overstreet & Quinn, 2013).

These findings are relevant to practice in several ways. First, they highlight that domestic abuse stereotypes can leak into the support that the police provide to domestic abuse survivors. These stereotypes therefore need combatting and training is one way of achieving this. Indeed, training has been found to be an important aspect of challenging stereotypes of police officers (Bailey et al., 2001). An effective way of conducting this training would be to first involve attendees in a role-played exercise and then following this up with a session in which police officers would discuss some of the stereotypes that they hold and the impact this can have on the rights of service-users (Bailey et al., 2001). A second solution, as suggested by one of the actions plans in the co-design event, is to improve survivor experience by providing more specialist support. For example, by having a domestic abuse specialist car (as per mental health triage team; police officer to be accompanied by peer support worker or

IDVA) to provide timely follow-up to the first response (Barber et al., 2018). Thus, providing this specialist response from the start would, hopefully, help avoid survivors being met with stereotypical responses.

Although the police play an important role in the help-seeking experiences of domestic abuse survivors, they are not the only source from which support is sought where barriers can be encountered. The results of this thesis indicated that when seeking help domestic abuse shelters can provide an unhelpful response. One of the survivors, Ruba, felt that she was discriminated against and did not receive the help the other survivors in the shelter obtained due to her religion and residential status. This accords with the barriers model which argues that when domestic abuse survivors are unable to access services due to discrimination or immigration reasons this can act as barriers to help-seeking (Grigsby & Hartman, 1997). These findings indicate that it is important that shelters provide equally to all survivors, regardless of their immigration status, so that survivors feel comfortable staying in them.

The narrative of one of the survivors, Grace, indicated that an additional barrier in her environment was the criminal justice system. As a reminder, when Grace was supposed to testify in court, she was informed that her testimony was not required. As a result, she felt that her needs were not met, and her feelings were invalidated. These types of experiences, in which survivors' cases are pleaded down without their consultation is considered a barrier according to the barriers model (Grigsby & Hartman, 1997). This finding informs practice by highlighting the importance that domestic abuse survivors should be involved and consulted by the criminal justice system in their cases because the sentences have serious implications on their safety.

The participants' accounts also emphasized that there were occasions in which they felt understood and cared for by formal services. These positive experiences can be understood through several theoretical lenses. First, in accordance with the barriers model (Grigsby & Hartman, 1997) this signifies that the police can also provide an important tool to escaping an abusive relationship. Second, according to the help-seeking model of Liang et al. (2005), positive experiences with formal support-providers can determine how survivors change their definition of intimate partner violence and what they decide to do about it (e.g., whether to seek further help or not). Thus, in the context of the findings here, these positive experiences when seeking help may have validated the way the survivor participants defined the abuse (e.g., in the case of Myra, it could have potentially strengthened her confirmation that abusive behaviour should not be tolerated) and reassured them that they can approach their formal service-providers in case they need further help. The implications of this are important because the findings of this thesis have indicated that such experiences were reported to have a positive impact on participants' well-being, feeling of safety, and willingness to seek help from the police again. This is not surprising because it has been previously found that being treated with respect and empathy and being listened to can have a strong impact on domestic abuse survivor's wellbeing and their feeling of safety and empowerment (Wydall & Zerk, 2020). These studies in collaboration with my findings suggest that formal services should present survivors with options that they can choose from, according to their circumstance. However, it is important to indicate that these options need to be presented as choices rather than ultimatums. The presentation of this information should be paid carefully attention to for it to come across as giving practical advice instead of it being perceived as being told what to do.

The findings of this chapter highlighted that it can be difficult to seek help for domestic abuse if the survivor is a man. More precisely, the male participant in this chapter felt that he was not provided with the same services as a woman would because he is a man. He was also worried that due to the lack of support he would end up being murdered or become a perpetrator himself. However, he also stated that unlike other men he does not want to resort to violence, but instead sought help in hope that this would stop the abuse. The participant stated that society and the police automatically expect women to be the survivors and men to be able to defend themselves or to be the perpetrators. In line with this participant's argument, previous research has indicated that the English societal discourse holds stereotypes about intimate partner violence and gender and tend to infrequently consider women as perpetrators and men as survivors who might need help from the police (Hine, Noku, et al., 2020).

Societal discourse around gender and domestic abuse can influence the perception of those providing formal support. For example, McCarrick et al. (2016) found that men in the United Kingdom who suffered from female-perpetrated intimate partner violence were unfairly treated by the criminal justice system, were not believed, and were treated like a guilty perpetrator, because they were men, which traumatized them even further. In line with the findings of this chapter, some of their participants were angered at their abusive partners and at the criminal justice system and they stated that they could end up becoming the perpetrator. In addition, they also felt that due to societal beliefs around gender roles they were treated unfairly. Thus, these gender stereotypes probably find themselves into the views of some professionals within the criminal justice system (McCarrick et al., 2016). Since fear of not being taken seriously and believing that the police will not take any actions are barriers to help-seeking, it is important that domestic abuse is recognized as a human issue and not as



a women's issue by society in general and formal services in particular (Drijber et al., 2013; McNeely et al., 2001).

These stereotypes played an important role in the experiences of the male participant, Jake. Jake implied that cultural stigma (i.e., viewing men as perpetrators and women as survivors) had an influence on the negative response he received from his formal service-providers. These experiences of cultural stigma heightened his internalized stigma as well as his anticipated stigma. Indeed, cultural stigma can influence stigma internalization and anticipated stigma (Overstreet & Quinn, 2013). Thus, Jake expressed anticipated stigma because he was worried that services will continue being prejudiced against him and he will continue not to receive the services he needs until it will be too late because he was a man. Due to this concern, he also questioned whether these experiences would lead him to resolve his situation on his own by becoming the perpetrator himself. This indicates that he may have come to consider or even believe that the construction that male survivors are actually perpetrators is true of himself. Thus, the stigmatizing reactions he received when seeking help reactivated his stigma internalization processes.

The implications of these issues on male survivors are important because according to the intimate partner violence stigmatization model anticipated stigma and stigma internalization can be important barriers when deciding whether to seek support (Overstreet & Quinn, 2013). Thus, in agreement with the help-seeking model of Liang et al. (2005), the findings here demonstrate that stigmatization can act as a potential cost when survivors decide whether to seek help. This can be complicated even further when the survivors do not fit into societal expectations of intimate partner violence survivors (Overstreet & Quinn, 2013), such as being a male domestic abuse survivor. As a result, they may resort to indirect support seeking (i.e., seeking help while keeping their identity hidden) (Overstreet & Quinn, 2013).

The findings of this thesis correspond to the intimate partner violence stigmatization model by indicating that stigma can hinder help-seeking and can be complicated further by holding other stigmatized identities, in the case here being a male survivor.

It is interesting to examine Jake's experience through the four aspects of the communication of a victimization model. The model states that successful communication of victimization might not occur due to the personal impression victims make (e.g., being strong instead of vulnerable) and, as indicated in greater detail in the previous chapter, due to the social group to which they belong to (Strobl, 2004). Thus, in the case of Jake, successful communication of victimization might have not occurred not only because he was a man (a non-accepted out-group of domestic abuse), but also due to his strong physique. Therefore, his service-providers might not have interpreted his experience as serious because they might have felt that in theory, he could better protect himself.

My analysis in this chapter has indicated that having children can play an important role in the abusive relationship. For example, children can be an important motivator for help-seeking. Indeed, it has been previously highlighted that domestic abuse survivors are more likely to contact the police if they live with children (Bonomi et al., 2006). Similar, to my participants, they might seek help to protect their children and family members from further abuse, but children can also act as a reason why services are imposed on survivors (Evans & Feder, 2014). In addition, as has been indicated in this thesis children can also act as an important reason as to why a survivor might decide to stay with the perpetrator and potentially be abused again (Fanslow & Robinson, 2010). These findings highlight that children are an important element in the abusive relationship for survivors.

The findings of this chapter have indicated that being a good role model to one's children can be an important aspect in survivors' cost-benefit analysis of their situation. The

help-seeking model of Liang et al. (2005) suggests that intimate partner violence survivors engage in a cost-benefit analysis when coping with their problem. This fits with the findings here. For example, one of the survivor participants, Myra, described how she stayed with her abusive partner because their children were emotionally attached to him. Thus, Myra may have engaged in a cost-benefit analysis and decided that staying with her partner for the sake of the children was more valuable to her than her safety. As indicated earlier, according to the barriers model, this was probably influenced by her values and belief about relationships (i.e., that women need to put themselves last for the sake of their children). However, the tipping point for her in seeking help from the police and considering leaving her partner was when the children witnessed the abuse, especially because she found it important to be a good role model to them and keep them safe. Thus, when this occurred, she may have engaged in another cost-benefit analysis and decided that the being a good role model to her children was more important than their attachment to their father. Overall, this demonstrates that barriers stemming from role expectations/socialization/and family can influence the cost-benefit analysis survivors make and play a role in their help-seeking journey.

The findings of this chapter emphasized that services need to be ready to support people who want different sorts of solutions and consider that there is not one glove that fits all and that not necessarily everyone seeks help. In addition, some survivors might have help imposed on them. This creates a dichotomy between seeking help and being told that you must have help. Thus, some survivors might want to see the perpetrators behind bars in order for them to feel protected. However, others might feel that having the perpetrator in prison doesn't solve much and can only make the situation worse, because the perpetrator questions why the survivor wanted him in jail and children who were not abused can no longer see their fathers. This would act as an important barrier for seeking help. Indeed, it has been previously

documented that one of the barriers to help-seeking of domestic abuse survivors was the perception that court interventions don't help and can even make things worse (Beaulaurier et al., 2007). Therefore, services need to be ready to support people who have had 'help' imposed on them.

My analysis in this chapter has highlighted that, survivors who want to remain with their partners may want to 'engage' with services in different ways. It has been previously indicated that survivors in the United Kingdom might have different reasons for contacting the police (Hoyle & Sanders, 2000). Furthermore, survivors might decide to stay or return to a violent relationship (Fanslow & Robinson, 2010). Some survivors may want to remain in the relationship, but have the abuse stop (Fanslow & Robinson, 2010). In other words, survivors might have different triggers for seeking help and under varying points and circumstances (for example, if the survivors are not safe or if their children are not safe) (Fanslow & Robinson, 2010). Therefore, services need to be ready to support people who will have different 'tipping points' for seeking help. Moreover, police employees should recognise that what they think is a solution for the survivor might not fit with the survivor's needs and therefore options need to be carefully presented to survivors so not to be experienced as coercive.

#### **4.6 Strengths and Limitations**

A key strength of this chapter was that the experiences of domestic abuse survivors were explored in depth, allowing for the individual voices of the participants to be heard. This was achieved through the use of reflexive thematic analysis. However, this chapter had several limitations. The participants in this thesis were recruited either through the domestic abuse organization or through the police. Thus, all of the participants sought help from formal services. Therefore, this limits our understanding in relation to why some domestic abuse

survivors might decide not to seek help from these types of services. Second, all of the participants in this thesis were in a heterosexual relationship. Thus, we might not be able to transfer the findings of this thesis to the LGBTQ community. Third, my assumptions about the world might have affected the analysis (see section 2.7 Reflections on My Role as a Researcher in Chapter 2). However, I tried to remain objective and paid close attention to the statements of my participants to minimise the potential influence. A fourth limitation is that because the interviews were conducted the first time that I or the master's student met with the participants proper rapport was not established and it could be that additional information would have been disclosed if the participants knew us better. However, because the interviews lasted for a long duration of time and the participants seemed comfortable, I assume that the participants felt secure in disclosing their experience. A fifth potential limitation of this thesis is the retrospective nature of it, with the participants recalling their experience of seeking help. The retrospective nature of the research might have been affected by memories, which might have been altered over time (L. M. Williams, 1994). A sixth potential limitation is that four participants were not fluent in English which acted as a barrier during the interview because survivors sometimes had difficulties expressing their feelings and thoughts due to their limited vocabulary. The project did not include funding for interpreters, but the survivors may have been able to express themselves better if I had been able to use interpreters. A seventh limitation was that it only included a small sample size of six participants who all resided in one geographical area in England. Thus, these findings might not be representative, and the experience of the male participant might not apply to the experience of other male survivors. However, the male survivor did describe the accounts of other male survivors. It might also not be representative of participants residing in other areas in the United Kingdom. However, the aim of most approaches of qualitative research is not to achieve a representative

sample, but rather to provide an in-depth analysis of the experiences of a small number of participants (Touroni & Coyle, 2002). In addition, as has been reviewed in the Discussion, the findings of this thesis are supported by the findings of previous research. This indicates that conducting an EBCD study to improve services could be beneficial. Therefore, this thesis will draw further upon these findings, and will also examine the perspective of the representatives of the police in relation to this issue. These findings fed into the co-design section of this project.

## **4.7 Conclusions**

In conclusion, this chapter has demonstrated that domestic abuse can have sustained consequences on the survivors in multiple ways, including physically, mentally, and economically. It has been emphasized that specific circumstances, such as having children and the case of the abuse not fitting the mould, can influence opportunities for help-seeking. Furthermore, societal expectations and stereotypes can have an impact on the abuse and on obtaining help.

This chapter demonstrated what occurs when services don't meet the needs of domestic abuse survivors. The results indicated that services provided by the police and the domestic abuse support organizations can be lacking and that as a result, survivors can feel dismissed, disbelieved, and not understood and cared for. However, there were also other positive cases in which the survivors felt understood and cared for by these service-providers. It has been emphasized that it is important that there is good communication between the survivors and their formal service-providers. Survivors appreciated a rapid and meaningful response from their formal service-providers which is humane and non-judgemental. When

this happens, it may improve the survivor’s sense of wellbeing even if the survivor remains with the perpetrator.

The findings in this chapter have been reviewed through several theoretical lenses. My findings indicated that survivors’ individual, interpersonal, and socio-cultural context can influence their help-seeking opportunities. Thus, survivors may face barriers due to the psychological consequences the abuse has on them, the actions of the perpetrator, and the values and beliefs of their culture. However, as the findings in this chapter have indicated, even when survivors seek help, they may face an unhelpful and stigmatizing response from their formal service-providers. This cultural stigmatizing response can increase survivors’ internalized stigma as well as anticipated stigma. This, in turn, may potentially hinder future help-seeking.

This chapter also covered the keypoints which were expressed by the survivors. The box below lists the keypoints which were identified through analysis of their transcripts and described in greater detail in this chapter. It is important to indicate that each of the keypoints represents some survivor’s views and they are not supposed to represent everybody’s experiences. As described in Chapter 3, these keypoints were brought to the co-design event.

### **Table 10**

*List of the Keypoints Drawn From the Accounts of the Domestic Abuse Survivors for the Co-Design Event*

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#### **Keypoints Drawn From the Domestic Abuse Survivors’ Accounts**

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- Services need to be ready to support people who will have different ‘tipping points’ for seeking help
  - Services need to be ready to support people who have had 'help' imposed upon them
  - Services need to be ready to support people who want different sorts of solutions
  - The police are perceived to be ineffective, or even make things worse
-

- 
- The police won't understand
  - It can be difficult to get/find help
  - Organisations can leave survivors feeling excluded from their processes
  - Positive contact can help survivors to feel safe and reassured
  - Once other people were involved, their support/involvement was often very helpful to survivors.
  - It is perceived to be difficult to get effective help when your problem doesn't fit the mould
  - A good response is a prompt and effective response
  - Some practices can undermine people's willingness to return to the police for help
- 

The next chapter will investigate police employees and IDVAs' experiences of providing support to domestic abuse survivors and how these experiences affect them.



# **Chapter 5**

## **The Experiences of Police Employees and Independent Domestic Violence Advisors in Providing Support to Domestic Abuse Survivors**

### **5.1 Introduction**

The previous chapter examined the experiences of domestic abuse survivors when seeking help from the police and the domestic abuse organizations. This chapter explores the perspective of the service-providers who, similarly to the survivors, participated in the first phase of the project, the research phase. Thus, the aim of this chapter is to examine the experiences of police employees and IDVAs when providing services and support to domestic abuse survivors. It is important to indicate that in this chapter I refer to police officers, police staff, and police employees. When referring to police officers I mean uniformed police employees; when referring to police staff I am writing about ununiformed police employees; and when referring to police employees I am describing police officers *and* police staff. This chapter will mainly focus on the experiences of police employees because they were the primary partner in the project this thesis is based on.

As has been discussed in greater detail in Chapter 1, the experiences of police employees should be considered due to two important reasons. First, prior research has highlighted that police officers handling traumatic incidents are more vulnerable to burnout, compassion fatigue, and secondary traumatic stress over time (Turgoose et al., 2017). Second, it has been indicated that police officers find helping domestic abuse survivors frustrating (Horwitz et al., 2011; R. R. Johnson, 2004). The implications of this are salient because

occupational stress can lead to worsening job performance and career dissatisfaction in police employees, and because feeling frustrated can lead police officers to handle domestic abuse cases insensitively (Horwitz et al., 2011; Nisar & Rasheed, 2020). Thus, in order to ensure police employees' well-being and the provision of good services to domestic abuse survivors, it is important to consider their experiences. Since IDVAs can work in close collaboration with the police (Madoc-Jones & Roscoe, 2011) their experiences were also examined.

## **5.2 Method**

### ***5.2.1 Participants***

Twenty-three police participants took part including senior police officers ( $N=7$ ), who direct policy and strategy related to domestic abuse, one of whom was responsible for the offender management unit, as well as those who provide services to domestic abuse survivors directly: initial response police officers ( $N=4$ ), non-urgent call handlers ( $N=4$ ), urgent call handlers ( $N=2$ ), dispatchers ( $N=2$ ), a force contact manager ( $N=1$ ), police officers working for the Public Protection Unit ( $N=3$ ) one of whom was a senior police officer. The Public Protection Unit is a specialist team of the police which investigates domestic abuse offences. Fourteen of the participants were male. I included this sample in order ensure a diverse group of participants with varying roles to promote a more holistic understanding about their experiences of providing services to domestic abuse survivors. This project also included four IDVAs (three women) one of whom was a court IDVA. Thus, this thesis included a diverse group of 27 domestic abuse service-providers both from the police as well as IDVAs.

### **5.2.2 Data Collection**

As described in Chapter 3, I collected my data through interviews and focus groups because I wanted to gain an in-depth perspective on the accounts of police employees and IDVAs when providing support to domestic abuse survivors. Individual interviews and focus groups were suitable because they can provide a detailed account of their participants' experiences and perspectives pertaining to a given phenomenon (Lambert & Loiselle, 2008).

I conducted ten individual interviews and three focus groups with the police employees. I conducted the individual interviews with the senior police officers as well as with specialist police officers working for the Public Protection Unit. I conducted the individual interviews with them not only because of their availability and location, relative to other participants, but also because they were heterogeneous in terms of their rank within the police force and/or the level of direct contact they had with domestic abuse survivors. Thus, they had a different expertise in the field. Moreover, I conducted three focus groups with the remainder of the police employees. Thus, I conducted one focus group with initial response police officers, a second focus group with non-urgent call handlers, and a third focus group with urgent call handlers, force contact management, dispatch and resource allocation staff. I conducted the focus groups with them because the participants of each of these focus groups worked in the same field or worked very closely together and therefore were similar in terms of their roles to the phenomenon of providing support to domestic abuse survivors. However, I conducted separate focus groups because their participants were different to the participants in the other focus groups in terms of the type of contact, they have with domestic abuse survivors (e.g., over the phone or face-to-face) and the types of calls they usually handle (e.g., high-risk vs. lower risk). Overall, I conducted both individual interviews and focus groups with the police participants because those participating in the interviews were different in

terms of their roles and expertise from those participating in the focus groups. Indeed, it has been previously argued that one should take into account whether people participating in one type of interview are dissimilar in relation to the phenomenon of interest than participants in the other method (Lambert & Loiselle, 2008).

I also conducted a focus group with three IDVAs, and an additional interview with the court IDVA. I conducted a focus group with three of the IDVAs because their role was similar in terms of their expertise on providing support to domestic abuse survivors. I conducted an individual interview with the court IDVA because she preferred to be interviewed individually.

### ***5.2.3 Data Analysis***

As indicated in Chapter 2, transcripts were analysed in two cycles. In the first cycle, the transcripts were reviewed to identify keypoints. I completed the keypoint analysis for pragmatic reasons because it informed the feedback groups and the co-design event. Following the EBCD project I conducted a second analysis on the same transcripts of the police employees and IDVAs by using template analysis (King et al., 2004). As a reminder, during transcription pseudonyms were used for participants names and where participants name other people. I conducted a combined analysis for the police and IDVA responses because they both provide services to domestic abuse survivors and can work collaboratively, and also because similar topics were covered in their interviews and focus groups. I organized and recorded the analysis in Microsoft Word.

I conducted a second analysis for several reasons: First, to examine if there are any issues which were not covered by the keypoints. For example, if the themes can increase our understanding about service-providers experiences of providing support to domestic abuse

survivors. Second, by conducting the template analysis, I was hoping to understand how the keypoints may relate to one another. The template analysis was conducted after the co-design event, and so it is reported here.

King et al. (2004) describe that the procedure in template analysis involves identifying a list of codes which represent the themes in the textual data, signify their relationship, and produce a template which is usually organized in a hierarchical structure. They describe that when producing the template, the researcher clusters together similar codes in order to generate higher-order codes which provide a good overview of the overall theme. They add that the researcher also identifies lower-order codes which provide a distinction within as well as between cases. They state that the template is revised taking into consideration the ongoing analysis. Template analysis is a flexible technique which allows the researcher to tailor it according to their needs (King et al., 2004).

To conduct the template analysis, I first created an initial template on the basis of a small set of 11 transcripts. I created the template by generating several high-order and lower-order themes through reviewing the transcripts and writing for each data point (i.e., for each interview and focus group) a case summary (see example in Appendix R). The case summaries were written by analysing the transcripts line-by-line and categorizing the information in it, partially through the questions that I asked, but also through the topics raised by the participants. As per the steps of template analysis, I then reviewed the rest of the transcripts in the same way I had reviewed the first 11 transcripts, but I also examined how each transcript fitted with the template I had already generated. Through this further analysis I revised the template, for example: I added new higher-order and lower-order codes and redefined higher-order code into a lower-order code. This helped me generate the final

template which is listed in the table below and described in greater detail in the following results section.

**Table 11**

*The Themes and Sub-Themes Generated from a Template Analysis of the Police and IDVAs' Accounts When Providing Support to Domestic Abuse Survivors*

<b>Theme</b>	<b>Sub-Theme</b>
<b>Theme H: Domestic Abuse Is Varied. Therefore, Tailored, Meaningful, and Rapid Responses Should Be Provided.</b>	<p>H1. <i>The Police and IDVAs Should Provide Tailored, Meaningful, and Rapid Responses to Survivors.</i></p> <p>H2. <i>Multi-Agency Approach and Collaboration Within Services Are Important in order to Provide a More Tailored and Meaningful Response.</i></p> <p>H3. <i>Appropriate Training Is Important, but Not Properly Provided.</i></p>
<b>Theme I: Satisfaction of Domestic Abuse Survivors with Services Provided by the Police and IDVAs Is Varied.</b>	
<b>Theme J: Supporting Domestic Abuse Survivors Can Be Dangerous, Challenging, Relentless, and Psychologically Taxing with Little Support Available, but Worthwhile.</b>	<p>J1. <i>Police Work Can Be Challenging, Relentless, and Dangerous.</i></p> <p>J2. <i>Supporting Domestic Abuse Survivors Is Psychologically Taxing, but Worthwhile.</i></p>

I decided to present my results through describing the main themes identified which help to answer the research questions of this chapter in relation to the experiences of providing support and the impact it has on the police participants and IDVAs interviewed. I hoped that by using this approach I would produce a clear thematic discussion. However, the disadvantage of utilizing this approach in template analysis is generalising and not considering the individual experiences of the people from which the theme is created (King et al., 2004). I tried to overcome this in several ways. First, as described above, I produced a

case summary for each of the data points (i.e., each interview/each focus group). I wrote these case summaries to monitor the match between the individual cases and the template level claims I was making about them. From a practical view, the case summaries also allowed me to consolidate my thinking about each individual data point. Summary at the case level served as a reference when working at the template level. Second, I examined and reflected in my analysis the view of the different participants who contributed to the discussed theme, but also examined their individual standpoint as is discussed in the results section. Third, I also tried not to lose sight of my participants' individual stand by including in the findings section quotes from each transcript in order to express the voices of all of my participants regarding their experiences and concerns.

I conducted interviews and focus groups to collect the data from my participants. As indicated in Chapter 3 the interviews and focus groups were guided by three different interview schedules (there was one interview schedule for the initial response police officers and call handlers, a second interview schedule for senior and specialist police officers, and a third schedule for support organization staff). Conducting interviews and focus groups is consistent with template analysis (Brooks et al., 2015). When conducting the template analysis, I combined the data from the interviews and focus group data together because I strived for data completeness. When striving for data completeness, it is presumed that every method tells a distinct aspect of the phenomenon being examined (complementary views) and provides a more thorough understanding (adding to the depth and/or breadth of the results) (Lambert & Loiselle, 2008). Thus, I felt that although each interview and each focus group provided an equal-valued and detailed account of my participants' experiences, it only provided part of the picture describing the experience of police employees and IDVAs when providing support to domestic abuse survivors. For example, the initial response officers who

were interviewed via a focus group described their experiences when interacting with domestic abuse survivors and the importance of obtaining appropriate training to do so, whereas the higher-ranking police officers who were interviewed individually described their experiences of being responsible for those initial response police officers as well as the aspects which need to be considered when training them. However, to obtain a more ‘complete’ picture, I needed to draw on the accounts of all my participants because the police force includes police employees from varying roles and ranks and they work in collaboration with the IDVAs. In relation to the example above, by combining the data from the interviews of the high-ranking police officers and the initial response police officers I was able to describe what type of training initial response officers find to be best, and also the considerations behind this training, which drew out a nuanced account. Thus, combining the data of the interviews and focus groups added value to my thesis because I was able to provide a comprehensive and multi-faceted account of the experiences of all my participants when providing support to domestic abuse survivors. This balancing of depth and breadth is a way of bolstering the trustworthiness of one’s conclusions. For example, Lambert and Loiselle (2008) state that a combination of methods is helpful to learn about the varying portrayals of a phenomenon and that data convergence is a useful way to increase the trustworthiness of findings.

Please note that the keypoints identified from the police employees and IDVA accounts are underlined in this chapter because they integrate into the themes. When writing this thesis, I kept the wording as close as possible to the identified keypoints because the phrasing had been agreed on by the steering group.



## 5.3 Findings

The findings are arranged under three overarching themes. Theme H is divided into three sub-themes. The first discusses the importance that the police and IDVAs should provide a tailored, meaningful and prompt response to all survivors. It then explores in the second sub-theme that in order to do so it is important to have a multi-agency approach as well as collaboration within the police itself. This theme also focuses on the significance of training in order to provide more meaningful and tailored services. However, before discussing these sub-themes it briefly reviews the variation between domestic abuse survivors regarding help-seeking (i.e., the different reasons why survivors might not seek help or report the abuse to the police). This is not reviewed in detail, because it is not the aim of the thesis, but it is discussed since it sets the tone.

### ***5.3.1 Theme H: Domestic Abuse Is Varied. Therefore, Tailored, Meaningful, and Rapid Responses Should Be Provided***

Overall, this theme highlights that participants describe domestic abuse as varied and complicated and therefore a nuanced and tailored response is needed. In other words, the representatives of the police and IDVAs highlighted that even though there might be commonalities between some cases of domestic abuse (e.g., history of abuse, complex family environment, problems around drugs and alcohol, potential mental health problems particularly of the perpetrator) domestic abuse is a varied crime, committed for a variety of reasons and that there is no *typical* case. As a court IDVA explained: “*in domestic violence there’s no such case that’s typical*’ [Julia]. One of the aspects on which survivors vary is the reason they don’t report that they experience domestic abuse. Some of the reasons for this are: abuse is their normality; fear of repercussions from the perpetrator; they still love the

perpetrator; they don't want the perpetrator arrested and feel that reporting the abuse is a betrayal of a loved one; remembering the positive aspects about the perpetrator and when the survivors were treated nicely, but not the abuse; they are embarrassed and worried about what people in their familial and social network will think; they prefer to deal with it within their family unit; they are worried that reporting the abuse will break up their family; they are financially dependent on the perpetrator; they blame themselves and excuse the perpetrator's behaviour; if they are from a Muslim community, they are worried about the element of shame and being shunned by their community and network.

The participants also described how they felt that domestic abuse survivors might not report abuse to the police, due to their perception of police services themselves. For example, police employees felt that some survivors are fearful that the police will not take them seriously or believe them; or they are worried that the police will blame them and not help them. Thus, the survivors might not report it because they are fearful that the police won't understand. Other reasons that survivors might not report the abuse to the police include they see the abuse as a personal issue and don't wish to report it to the police; they know that even if the perpetrator is arrested that they will be released in just a few hours and could then harm them. Thus, in the latter circumstance, the police are perceived to be ineffective, or even make things worse.

An additional aspect that domestic abuse varies on is in relation to the reporting itself. While some survivors report the abuse themselves, in other cases it might be another person reporting the abuse (e.g., a neighbour, family member, child, colleague, someone who is worried about them). These survivors might not want to engage with services. Therefore, services need to be ready to support people who have had 'help' imposed upon them. As a senior police officer described:

*“The minute they step into the world and arena of ringing, and bearing in mind it might not be them that ring, it could be a neighbour, it could be a child, it could be someone who is worried about them, it could be a a, you know, a employee, you know, who works with them. It could be a variety of people who ring, it’s not necessarily the victim (...). So, you could have a very reluctant victim because you could turn up, knock on the door and they go, ‘I never I’ve never rang’, and you know, it could be a neighbour who’s overheard something and it could be a child who’s really upset. You know, so you could have a mixture, you could have a victim who’s incredibly reluctant saying, ‘no, absolutely everything’s fine’, mask on, ‘everything’s absolutely fine, I don’t know what you’re talking about’.” [Susan]*

Furthermore, as described by the non-urgent call handlers, when reporting abuse, the survivors might react very differently from one another; some might be hysterical, others very matter of fact, and others reticent, especially when they don’t want to report the abuse and have been encouraged to do so by another person (*“I think that it affects each person differently (...) and er every call really is different”* – Larrisa).

### **5.3.1.1 H1. The Police and IDVAs Should Provide Tailored, Meaningful, and Rapid Responses to Survivors.**

This sub-theme highlights that because domestic abuse is varied and complex it is important for the police and IDVAs participants to provide a service that takes this aspect into account. Thus, they wanted to provide a meaningful and tailored response according to the survivor’s individual needs and circumstances. This is because domestic abuse is different to other types of crimes, for example, burglary, vehicle crime, shop theft. The comparative complexity of domestic abuse is, here, highlighted by a senior police officer:

*“Everybody wants the burglar locked up, they go to court, they go to prison, ideally. That is pretty binary, that’s what everyone wants. [...] Domestic abuse is very different, very emotive, very emotionally difficult for a police officer to deal with, I think (...). Um, if the offender is there it’s very high-risk for the officer er intervention is you know you’re going to be dealing with significant confrontation. Um the victim, unlike in a burglary, is very often not going to want to complain. And, then if that victim is revictimized, you’re to blame.”*

[Ben]

Here, the senior police officer highlights that with acquisitive crimes everyone wants the burglar locked up. Domestic abuse is very different, and more emotive, because the survivors don’t necessarily want to complain or report it, and ‘good outcomes’, may differ from case to case. It is a complicated and difficult landscape, and another senior police officer explains: *“relationships are complex and often victims are very reluctant to call us because they might be very dependent upon the perpetrators both financially, emotionally, because of child custody, all kinds of things”* [Emily]. Participants reflected that the police were traditionally less well-prepared to deal with cases made complex by relational and emotional issues. Furthermore, in contrast to acquisitive crimes, it is also more difficult to rehabilitate domestic abuse perpetrators because it is more difficult to treat the root cause of the abuse because the perpetrators might not want the support which is available (e.g., housing, jobs, drug addiction) and there is less evidence of what works.

Survivors might not seek support or be concerned about doing so for various reasons, as outlined above. Therefore, in some cases, especially high-risk cases or where there is a long history of abuse, the police might need to pursue a victimless prosecution and hold the perpetrators accountable for their actions. However, in other cases prosecution or a police response is not necessarily the answer and a better solution is rehabilitation of the perpetrator

and treating the root cause of the abuse. This is because in some cases putting the perpetrator in prison could destroy the household (e.g., not having money, children not having a father, not being married anymore, not having a mortgage). As a senior police officer described the reasons survivors may not want the perpetrator sent to prison:

*“Because if he goes in prison, that means the livelihood has gone, we won’t have a mortgage, we won’t have money to pay, he’s the main breadwinner, my children won’t have a father, I won’t be married anymore, I don’t want actually want him in prison”*. [Susan]

The police participants felt that in these circumstances it might be better for support agencies to deal with the case. Thus, in both cases, the most effective interventions and positive actions are those that stop the abuse. This has been highlighted by a senior police officer:

*“We just need to think about how do we deliver services in a way that victims can disclose to support agencies without necessarily feeling that they’re on this sort of unstoppable train of now there will be a prosecution [...] I think um the big charities responding to domestic abuse are actually um really positive about the developments we’ve made in the police response and recognise that the police response is only part of a response to domestic abuse. There’s much- the victims need confidence that there can be interventions to stop the abuse without there necessarily being prosecution”* [Emily]

Here, the senior police officer reported that it is important that the police and support agencies provide a service in which the survivors don’t feel that they have to prosecute the offender and that the police recognize that policing and prosecution is only part of the response to the complicated landscape of domestic abuse. Thus, part of tailoring a meaningful response involves anticipating that a range of motives may inform help-seeking, and that a

range of outcomes may be considered acceptable across different cases. Thus, services need to be ready to support people who want different sorts of solutions.

The police viewed the survivor's willingness to engage with services as being dependent on where they are on their journey. Working with survivors was seen as changeable and unstable. A non-urgent call handler described it "*like walking on a tightrope*" [Larrisa] in which they wanted the survivor to report the abuse and feel comfortable doing so, but not being too forceful in their encouragement to do so. Thus, there may be survivors who want to engage with services, however, even after a survivor engages with services, they might change their mind and retract their statement. The participants, mainly the police participants, found this frustrating. However, both police and IDVAs indicated that services need to be ready to support people who will have different 'tipping points' for seeking help. They also stated that it is important that the first contact with the survivor is respectful, non-judgmental, and doesn't push services on survivors. This is important as it sets the tone for what follows and whether the survivor is comfortable contacting the police and IDVA again when they are ready to do so. This was highlighted in the focus group of the non-urgent call handlers:

*"I think, even when I get the calls from people that want to retract statements after they've made a statement against a partner, I I try to be polite, friendly (...) and understanding because cause I want them to feel comfortable (...) calling and and talking to us, because if they need us, I don't want to have that second thought (...) of 'if I call the police they're going to go, "oh no, not you again"' (...) and that's really not the way we see it..."*

[Larrisa]

In other words, positive contact can help survivors to feel safe and reassured.

It was highlighted that it is important that the case is dealt with seriously, and the police participants did not want the police to be perceived as ineffective, or even make things worse. The representatives of the police said that all cases should be dealt with empathy, dignity, respect, care, and attention to detail, conducting a prompt and thorough investigation, providing an effective intervention, understanding that a survivor might not want to leave the perpetrator, as well as looking below the surface for coercive control. However, the police participants indicated that this was not always provided, and it was dependent on the perspective of the police officer and the team handling the case, and that services to survivors are variable. Regarding coercive control, a senior representative of the police stated: “*And we’re still not thinking coercive control, so we’re still, ‘where did he hit you?’ , asking that question rather than, ‘how does he behave?’*” [Ben]. In addition, dispatch is done according to resource availability and not according to which response officer on duty has the best skills to deal with the case. As one senior police participant described “*response cops are response cops, one-size-fits-all*” [Wright].

The police participants indicated that a good response is a prompt and effective response. This helps to ensure that survivors feel protected, are satisfied with services provided, don’t lose their patience or resolve to complain, and prevents further incidents of abuse to the survivor themselves or other people the perpetrator might establish a relationship with, in the future. The police participants stated that they would like to provide a prompt response, however, they also added that it is not feasible to do so at all times because there are not enough police officers to respond to all the domestic abuse cases at any one time. Therefore, more police resources are needed. They also reported that due to the limited number of police employees, their ability to provide survivors with more meaningful services in which they could spend more time with them and follow-up with them was limited.

The police and IDVA participants described the importance of children in domestic abuse relationships and the impact it can have on opportunities for help-seeking. For example, survivors who have children have more avenues to access help (e.g., children's centre, school, family support worker). This is because the safety of the child is paramount to the service-provider and this can drive agencies to do more for the survivors. However, at times this might also cause a service-provider to put more pressure on the survivor to leave the perpetrator. As two IDVAs, Karen and Lorna, explained:

*“K: As practitioners we're also- the children offer us opportunities to engage that person cause if there's total control and he doesn't allow her to engage in in with with support services or whatever, you know, you can do it through the school or through the health visitor or whatever. There's a lot more information available (...). We can understand, often we wish we couldn't but you know can get more information about risk when there's children involved. But, there's also a lot more pressure on the victim. A lot more pressure on the victim because ultimately it does tend to be, 'you end this...*

*J: ...Or else.*

*K: ...or you lose your children, you chose between the perpetrator and your child', effectively (...).”*

Here, the IDVAs explain that they have more opportunities to engage with survivors if children are involved, which can provide opportunities to break through the barriers created by the abusive behaviour of the perpetrator. However, when children are involved, formal services may also put pressure on the survivors that they need to leave the perpetrator. They may be informed that if they don't leave the perpetrator they may lose their children.

Furthermore, it was reported by the police, that some survivors might be reluctant to report the abuse because they are worried that by doing so their child will not be able to have



a relationship with the parent who is abusing them. Also, some survivors who decide to remain with the perpetrator might decide to protect the perpetrator over their own children. In these cases, the children might need to be removed from the survivor's care, but hopefully this will ensure a better future for them. Thus, all professionals need to be aware that children, or the relationship with the children, may be put at risk.

Many of the police participants and IDVAs indicated that there were circumstances in which it was difficult for survivors to obtain a meaningful and tailored response. They described how some survivors find that it can be difficult to get/find help from the police and the domestic abuse support organizations. For example, this occurred when the survivor did not have recourse to public funds, was from the LGBT community, or was a man. Furthermore, one of the IDVAs reported that in one of her cases, in which the survivor did not have recourse to public funds, the support organizations did not explain to the survivor why she was not being helped. Thus, organizations can leave survivors feeling excluded from their processes.

There was a consensus amongst the police and IDVA participants that male domestic abuse survivors found it difficult to obtain help. In addition, they reported that men were reluctant and embarrassed to report the abuse, and that they were fearful of being emasculated by admitting it. Due to this, many of the police participants stated that most of the survivors they provided services to were women. However, at the same time the participants mentioned that services for male survivors were much more limited than they were for female survivors, and that there were some third sector organizations, which did not provide services to male survivors, full stop. For example, several of the IDVAs mentioned that when a man reported that he was suffering from domestic abuse they had to think whether it was a genuine report or if it was a false counter-allegation of the perpetrator, which can occur sometimes.

Similarly, the police participants discussed that societal stereotypes around gender and masculinity can prevail into the actions of some police officers. For example, a senior police participant explained:

*“I think some police officers would be very tuned to the fact of, you know, is this is this being is this incident presented as it should be. Um, I think they would be er less inclined to less inclined to accept that men um could be beaten by women and I I think the there would be um an element of them thinking about themselves in that position and whether they would let it happen to them or not, and I think the vast majority would would would, you know, er would see it as a weakness in the character of of the male victim” [Jenn].*

This participant highlights that in these types of circumstances it is perceived to be difficult to get effective help when your problem doesn't fit the mould.

Several of the IDVA participants indicated that it was also difficult for survivors who did not fulfil police expectations to obtain a meaningful service from the police. They described how the support the survivor receives from the police is dependent on the survivor's attitude towards the police and how the survivor appears. The police expect the survivor to appear very vulnerable, very weak, crying all the time, and depressed. However, some survivors don't necessarily present that way. These IDVAs reported that if a survivor makes demands on how they want their case to be handled, the police will question whether they are vulnerable or not and will not perceive the survivor as someone who doesn't have control over the situation. Furthermore, they suggested that if the survivors are non-compliant with most of the police's demands, they are blamed by the police that they are being abused. Thus, some practices can undermine people's willingness to return to the police for help. These IDVAs also argued that survivors are human beings with complex lives who might, at times, need tailored support. Therefore, the police, similarly to them, should be more creative in

their approach to handling the case, provide hand-holding support, not dismiss what the survivor is saying, and go on the journey with the survivor, instead of treating it like a production line.

### **5.3.1.2 H2. Multi-Agency Approach and Collaboration Within Services Are Important in Order to Provide a More Tailored and Meaningful Response.**

This sub-theme highlights that due to the multi-faceted nature of domestic abuse, it was important to the police and IDVA participants to work collaboratively. This collaboration should occur not only with external agencies, but also within the organization itself, in order to provide a meaningful and multi-faceted response. The police participants also suggested that, although multi-agency work can be helpful, it can also be unhelpful and frustrating when there is an inconsistent approach and when organizations can be poor at communicating with each other. They described how this occurred when working with the CPS and with medical providers. For example, a police officer described how it was frustrating to him that obtaining a medical record, which can include important corroborating evidence, is dependent on which medical provider the officer speaks to. Another example included that it was aggravating to him that digital files, which can include important evidence (e.g., a good image of an injury), could not be shared easily between the police and the CPS due to technical difficulties because they both worked from different computer systems. In order to ameliorate this, it is important that services work together through the same systems and protocols so that information can be easily shared. As the police officer explained:

*“I think if we were working closer with like CPS and with Health Service I think, so things like having the same systems or having make sure we have the same sort of protocols so that we can share information a lot more freer without having to it depend on who’s going*

*to answer the phone or, you know, that they can get the information that we have in the same sort of format.” [Duncan]*

The police participants also indicated that in order to provide an effective response, it is essential that there is a collaborative work within the police itself in which everyone does their role properly. For example, it was important for the participants from the Public Protection Unit that the initial response team gathers all of the initial evidence properly, which did not always happen. As a further example, the initial response officer participants stated that it would be helpful if other services worked all of the same hours they did. The call handlers also stated that it was vital that they provided the dispatchers with the needed information in order to ensure that the right response and prioritization was provided to the survivor and that in order for this to occur they themselves were dependent on the information they received from the caller. In other words, it is vital for the police to get good information in order to tailor their response.

The police participants said that multi-agency work, in which the police and support organizations seek help from one another, is most effective because the police response is only part of the response to domestic abuse. This approach is used when dealing with domestic abuse cases which are considered high-risk through Multi-Agency Risk Assessment Conferences (MARACs). A MARAC is a multi-agency meeting in which information is shared by different agencies (e.g., children services, housing services, health services) regarding individual cases of domestic abuse which are considered high risk (Robbins et al., 2016). The police participants highlighted that working with IDVAs was a big help for them especially in those cases in which the survivors want help, but don't want to pursue a prosecution. They added that sometimes the survivors find it easier to trust the IDVAs than the police because the police are viewed as the prosecution. Therefore, the IDVAs are the

ones that have the close dealings with the survivors and have a better insight into the survivor's case. In other words, the police participants described how once other people were involved, their support/involvement was often very helpful to survivors. Therefore, a senior police officer expressed: *"it'd be great if every domestic abuse victim had a physical visit from an IDVA"* [Ben]. Thus, there needs to be an alternative to police intervention and the police need to have good relationships with those agencies.

Conversely, many of the IDVA participants described how it was frustrating for them working with the police. For example, they indicated that some police employees did not know what an IDVA or a MARAC is. Moreover, it was especially frustrating to them when the police did share information readily with them (*"It's left hand and right hand not communicating"* – Karen). It was upsetting to them, that even though they readily shared information with the police, the police hold a lot of information which the IDVAs don't have access to even though they want their help with the case:

*"Now, I am available at a minute's notice if the police call me, you know, I I I am available, I return calls, I return emails, because I know the importance of it. But, the police hold onto an awful lot of information (...) that I don't have access to."* [Lorna]

However, obtaining this information is important because it ensures that the IDVA is dealing with the case appropriately. Furthermore, they also said that because the police do not share information with them, it wastes their time trying to collect as well as chase the police with information that the police already know, and also traumatizes the survivor even further because they need to repeat information to the IDVA that they have already shared with the police. The IDVAs also argued that this not only makes their work more difficult and time consuming, but it also delays their work in providing meaningful help to the survivor. Therefore, they emphasized that it is important that the communication between the police

and the IDVA should be smoother. As two IDVA participants, Lorna and Karen, described their conversation with a call handler:

*“L: I’ll try to ring the log through and get told, ‘the victim needs to ring us...[...]...for that’. ‘They’ve got no credit’, ‘well they can use a telephone box’. Why am I having this argument, I’ve been waiting for 25 minutes for you to pick the phone up, I’ve just told you it’s high-risk MARAC, I’m an IDVA, I’m reporting this on behalf of her and it’s a breach of an order, you’ve got all the information...”*

*K: ...She’s act- she’s actually at home with three small children and it’s pouring down with rain, it’s freezing cold and the nearest phone box is four streets away.”*

Here, the IDVAs explain that it is frustrating to them when the call handler doesn’t listen to their concerns when they call on behalf of a survivor and instead tell the IDVA that the survivor should report it instead, which might not be straightforward.

Another court IDVA suggested that working together, each domestic abuse agency with their own expertise, toward a common goal would help. She suggested that the best response for a survivor is a multi-agency approach because it is coordinated. As the IDVA expressed: *“the best response for a victim is a multi-agency approach (...), because it’s coordinated, no one sole agency can solve or at least reduce the risk of domestic abuse occurring”* [Julia]. She added that, at the moment, the work between agencies seems disjointed because the different agencies don’t know what the other agencies are doing, and each organization is working on their own policies, remits, and roles even though they are all domestic abuse organizations. She further said that this can leave survivors upset that there is an inconsistent approach and that it is difficult to receive services from some organizations.

### **5.3.1.3 H3. Appropriate Training Is Important, but Not Properly Provided.**

This sub-theme highlights, as expressed by the police participants, that, because domestic abuse is diverse and complicated, it is important to ensure that police employees are appropriately trained. They stated that this would ensure that these complex cases, which require skilled judgements, are effectively handled. However, they added that not everyone has the same level of training and that people in the force mainly learned through experience, their colleagues at work, and training days. They stated most of the formal training was provided online, and that it tended to focus on new legislation and policies. However, this type of training was not considered as effective as classroom-based training because it did not allow them to clarify information, one could easily do the course without retaining much information, and at times there were incidents of some police employees completing the course for their entire team. However, it was provided through this modality to deliver a very basic level of knowledge to large amounts of employees very quickly and raise awareness. The police participants said that the best training provided is classroom-based face-to-face training. As an example, a senior police officer reported that effective training is provided when it is done face-to-face and especially when people who have the lived experience (i.e., survivors, perpetrators, ex-perpetrators) and other agencies are involved enabling the attendees to understand the impact that their responses to survivors can have, whether positive or negative:

*“It’s an online thing which is, I won’t say they’re ineffective but they are not the most effective form of training, but that’s often a way that we can maximise a message to the most amount of staff as easily as possible by saying, ‘right, complete this package’. Whether it’s about coercive control new legislation, whether it’s about how to safe-guard victims, whatever the topic might be we achieve a lot of training through that medium, which is only*

*so effective. Um, the best training is classroom based face-to-face training, especially where you can involve either victims, perpetrators, ex-perpetrators, other agencies, where we can actually hear some of the stories and the impact that we can make or fail to make if we don't do things properly. I don't remember the last time I was involved with any training like that, so that's how our training establishment has been greatly reduced, which means we rely more and more on NCALT" [Aidan].*

This also echoed the thoughts of the initial response participants. They stated that they would appreciate having regular training in which they would be able to speak to domestic abuse survivors in order to understand from them what was helpful and unhelpful in terms of their experience of the services they provided. As an initial response officer expressed:

*"I think what would be beneficial is domestic abuse victims (...) come into the station (...), sit with officers on a training day and say, 'this is what happened' (...), 'this is what was positive about what officers did (...), what was negative about (...) what officers did', (...) and actually share their experiences (...). Like you say, cause you just said (...) 'communication' (...) and they could say, 'the officers didn't communicate very well because of this, this, this' (...) or 'they did communicate well (...) because of this, this, this' (...) and that'd be beneficial, instead of sitting in front of a computer where you've got some dreary voice on (...), actually have a real person (...) come in and tell you about it." [Tanner]*

Several of the senior police officers reported that the training was appropriate, but that it was an issue of how the police employees themselves responded to a particular case. They added that this can be influenced by the employee's attitude to the case, their perceptions of domestic abuse, and how much they did to help. They suggested that it was important to provide better training to police officers and call handlers in order to ensure a more tailored and meaningful response and in order to secure a better investigation. They added that the



initial response team might have difficulties understanding the complexities of domestic abuse because they need to respond to it amongst a huge variety of cases and therefore, compared to the Public Protection Unit, are not specialized in the field, and don't hold particular skills to handle it.

The sub-theme also highlights, according to the police and IDVA participants, that better training would help to ensure that tools, which are used to handle domestic abuse cases (e.g., risk assessment), would be used more effectively, especially by the call handlers and the initial response team. However, they also described how some tools are not available everywhere, are not accurate enough, provide limited information, and are not always used when they should be. They also commented that sometimes police employees are worried about using the tools and don't understand them well enough, they take a lot of time to organize, and that some are used too often and therefore become meaningless and are ineffective. In other words, there are tools which aren't always used aren't available everywhere or aren't effective. At the time of the interviews, the police participants reported that a new domestic abuse risk assessment tool was being developed which focused more on coercive control, was more officer-friendly, and encouraged them to ask the right questions to understand the case better.

### ***5.3.2 Theme I: Satisfaction of Domestic Abuse Survivors With Services Provided by the Police and IDVAs Is Varied***

This theme highlights, that the police and IDVA participants, believed that domestic abuse survivors' level of satisfaction with the services is varied and is dependent on the stage the survivors are in their relationship. If the survivor wants to end the relationship and are ready to seek support, they will express positive comments about services because they want

to engage. However, other survivors might be more resistant to engage with services for a variety of reasons, including if: they don't acknowledge that they are suffering from domestic abuse; they want to return to their partner; there has been pressure on them to engage with services; their partner has been locked up by the police against their wishes; they changed their mind and no longer want to report the domestic abuse; or when it was a third party who reported it. In other words, the police and IDVAs reported that survivors who are trapped in a circle of abuse are hostile towards services provided to them because they don't want to engage. Therefore, the comments of these survivors might be more negative than those who are willing to engage. Several of the police participants added that the biggest barrier and challenge to them when dealing with a domestic abuse case was helping survivors who are trapped in a cycle of abuse and don't want to leave the relationship, but that in those type of cases the police still need to try and break that cycle and offer the survivors alternatives.

The police participants also added that the level of satisfaction of survivors with the services received is dependent on the quality of service they receive from them. As explained by a senior police officer participant:

*"I think there are many many victims who were very very satisfied with the way that police have dealt with stuff er but there are some cases where victims have been dealt with terribly. Um, and of course, I would put it they're not satisfied, and they shouldn't be. So, in the same way that I'm sure that no all domestic violence incidents are the same, the police response is not the same, you know, every there is every officer is different, every officer has their in-built biases er and some officers are good at some stuff and some er are not. And so that will mean that the level of service varies depending on who you get. That's that's the same with every service provision, isn't it? [...] And we need to do what we can to elevate those who are providing a poor service to a good service."* [Ben]

Here, the senior police officer explains that the level of satisfaction of domestic abuse survivors varies with regard to the services they obtained from the police. This is dependent on the quality of services they received from the police officers, which can also range due to the differences between police officers themselves. This is true for every service provision, and it is the responsibility of the police to improve standards where service is poor.

The police participants stated that they felt they usually provided good services. Furthermore, a senior police officer participant said that survivors feel satisfied when they receive a good, prompt, and effective response from the police and in cases in which the survivors feel listened to and get the right signposting. Conversely, police and IDVA participants explained that domestic abuse survivors might not feel satisfied with services in cases in which they: felt that the police did not take the complaint seriously; did not like the way the officers treated them; didn't feel believed; felt that the police officers were rude to them or weren't caring and compassionate; the police did not fulfil their promise of helping them and, consequently, let the survivor down. The IDVAs added that sometimes survivors are frustrated with the police service after they speak to an IDVA because they give the survivors a broader understanding of their options than the police did. As an IDVA expressed: "*we might look at things slightly differently or give them a broader understanding of what their options are*" [Karen]. Furthermore, a senior police participant suggested that, if at times, survivors complain about the services received since the police did not carry out a proper investigation, this might be due to the high workload of police officers.

The police participants reported that they believe that an additional factor that influences the spectrum of satisfaction of some domestic abuse survivors with services provided by the police is expectation fulfilment. A senior police participant explained that, at times, survivors' satisfaction with police services might be unjustified. The implication here is

that sometimes survivors think that they had a really good service when the police did not do much to help them, while other survivors might believe that the police provided them with a terrible service, but the police did for them everything they could. The perception derives from the survivor's expectations. If the survivors' expectations are fulfilled, they are satisfied, but if they are unfulfilled, they are dissatisfied. Furthermore, sometimes some survivors have fairly low expectations and therefore are happy with services even though the standards are lower than they should be. As he stated:

*“Some people, sometimes people have unfairly low expectations, they expect ‘that much’ and get ‘that much’, so they’re happy. Whereas they should be getting ‘that service’. So, you know, sometimes, sometimes we’re we we achieve through them having low expectation, which isn’t the right way of doing things.” [Aidan].*

This was similar to views expressed in the focus group attended by urgent call handlers, dispatchers, and a force contact manager who reported that sometimes survivors might be critical of services if their expectations are unrealistic. For example, they stated that some survivors might be unsatisfied that the police response is not fast enough even though they are not in immediate danger, which is only made worse due to issues with resourcing. Therefore, they suggested that it would be helpful if domestic abuse survivors knew more about how the police service works which would hopefully, consequently, increase their level of satisfaction with services.

### ***5.3.3 Theme J: Supporting Domestic Abuse Survivors Can Be Dangerous, Challenging, Relentless and Psychologically Taxing With Little Support Available, but Worthwhile***

This theme is divided into two sub-themes. The first sub-theme focuses on the work environment of police employees, and the second on the psychological impact working with

domestic abuse survivors has on those providing them with support. This will be examined mainly from the perspectives of the police employees, but also from the IDVAs.

### **5.3.3.1 J1. Police Work Can Be Challenging, Relentless, and Dangerous.**

This sub-theme focuses on the perspective of the police participants who stated that dealing with domestic abuse cases can be challenging, relentless and dangerous. More specifically, the police participants explained that dealing with the domestic abuse survivors and offenders was different to dealing with other types of crime, such as burglary. They said that this was the case because in domestic abuse both the survivors and the offenders might not want to engage with services and the perpetrators don't have to accept help if they are non-statutory, which is the case most of the time (*"around 70% - 75% are are non-stat er that don't go to court"* [Stu]). Thus, it was frustrating to them when a survivor retracted their statement or did not want to make a statement. They were worried that the survivors would be abused again. Therefore, several police participants said that the main challenge when dealing with domestic abuse cases was the survivors themselves and trying to get them on board. As an example, a police participant working for the Public Protection Unit described how it was very frustrating to her that even though she tried very hard to help a survivor to escape an abusive relationship, she could not stop the survivor returning to the perpetrator:

*"And, it's a massive frustration that there's so much we can do, you know, put them in a hotel room so the other person doesn't know where they are and if they want to be back together, they'll be back together."* [Trudie].

They also stated that those type of incidents, in which the survivor and the perpetrator continuously get back together, required them to visit the same case over and over again. Therefore, the initial response officers explained that it can be difficult for the police to know

how to make a difference in domestic abuse cases. This is because, as an initial response officer explained: *“you can take a horse to water, but you can’t make it drink”* [Yuri]. These officers described how they can only help in the short-term, and try to prevent a problem, but it is up to the survivors to decide what to do in the long term. Thus, they felt that even though they care about domestic abuse cases and want to make a difference and safeguard the vulnerable survivors, they are only able to make a difference in a very small number of cases. As an initial response officer explained: *“And like in my twelve years of policing history, I can honestly say on one hand I have been to probably five four five proper domestics where I know I’ve made a difference (...). And that is really low.”* [Tanner]. This makes them wonder why they even bother: *“you try and go there and you’re trying to be positive and treat it like it’s the first case (...), but as soon as you walk over the threshold of that door, for me it’s just negative cause you’re like, ‘I’m here again, I’ve been here before’, A and B are arguing, it’s the same old petty crap (...), why am I bothering”* [Tanner]. This was also frustrating to them, as they explained, because: *“ultimately it’s eating into resources where (...) we’re already stripped thin (...) as we can be”* [Nevil].

The police participants who worked directly with domestic abuse survivors, such as call handlers, initial response officers, and officers working for the Public Protection Unit, explained that the job is stressful. The first responders described how their job was stressful due to their work environment. They described their job as relentless and demanding because they were running from one case to another, which might be very different from one another, and that many of these cases involved a lot of risk including to them. As an initial response officer described: *“when you go to a domestic, the offending party always wants to walk around the house and always goes to the kitchen”* [Vance]. The first responders described how their job involved them rushing as quickly as possible, without making any mistakes,

into scenarios which could be violent, in order to protect survivors whose lives might be at risk. They added that this might be after they had already dealt with a difficult case, had no proper break, had a lot of work left to do, and have their own familial obligations to meet. They felt that working in this environment made it inevitable that they would sometimes miss something when handling a case. They also described how they were worried that if they made a mistake by not preventing harm to someone (e.g., if they did not arrest the perpetrator) they would lose their job. As an initial response officer participant described: *“because you weigh up your career (...) cause you’re standing at the door and you know if you don’t do A and B happens (...), you’re screwed.”* [Yuri].

Several police participants, such as those working for the initial response and the Public Protection Unit, explained that their job was very demanding due to their high workload and low staffing levels. As a participant working as an officer for the Public Protection Unit described: *“our job is constant it’s the busiest department I’ve ever worked on and I don’t have a a minute um to just sort of take a breath”* [Trudie]. Also, the initial response officers described how their job was demanding due to the high volume of domestic abuse cases they have to deal with, which constitutes the majority of their work (*“we’re dealing with 60-70% of jobs which are domestics now”* – Vance). Therefore, the initial response officers reported that it might be better if they didn’t have to respond to every minor domestic abuse case (e.g., couple fighting over a remote control or car), and that only a log would be generated in these cases. As an initial response officer expressed: *“we’ll log it (...) but you’re not going to have an officer come round”* [Tanner]. They said that identifying and dealing with only the risky situations would give more control over the workload and more time to deal with the more serious incidents. However, in the meantime they need to attend

every domestic abuse incident since the police service tries to cover themselves in case something negative happens.

Several police participants stated that an additional reason they had to deal with increased numbers of domestic abuse cases was because survivors know what is considered domestic abuse and what the police will respond to and therefore are more confident to report it to the police. As a senior police officer reported:

*“just this morning I’ve been talking about, you know, an increase in violent crime reporting and nearly 50-60% of that is domestic abuse, and um we’ve certainly in policing nationally we’ve seen a 30-40% increase in reporting. Um a a lot of that is at the less serious end, now some of that might be because victims are more confident to tell us about things, there’s a greater understanding in wider society about what constitutes domestic abuse and what the police are willing to respond to.”* [Emily]

Conversely, other police and IDVA participants explained that other survivors might not report domestic abuse to them since they normalize the abuse; the abuse becomes their norm; they don’t know what constitutes abusive behaviour and that it is unhealthy, wrong, or illegal. They added that survivors feel that unless it is physical violence, they will not be able to receive help from the police. Therefore, early intervention is important. As a court IDVA explained:

*“Early intervention, I’m looking for prevention as opposed to cure, cause I’m on the kind of curing side (...). What are we doing now to prevent that reduce the likelihood of that occurring, making someone think twice even and and just letting people know that it’s not on from a very young age. Cause you get, I get clients come through the doors who’ve who’ve not even heard of the word domestic violence domestic abuse, it doesn’t resonate with them*



*that that's not that's not healthy, that's not correct (...), what he's doing is illegal, for example, or what she's doing, whoever the perpetrator is, it's just become their norm."* [Julia]

Here, the IDVA expressed the opinion of other police and IDVA participants who felt that in order to reduce the likelihood of domestic abuse occurring it's important to educate the public about abusive behaviour so that abusive behaviour doesn't become their norm. In this regard, there was a consensus amongst police participants and IDVAs that domestic abuse is deep-rooted in how people's upbringing. Therefore, it is important to educate people from a young age to understand that conflict resolution doesn't entail violence. Thus, they felt that there should be more of a focus on prevention and reducing the likelihood of domestic abuse occurring as opposed to a cure and dealing with the aftermath of it. They felt that the key to preventing it is by making it loathsome to everyone in society (*"So, until it become abhorrent and everyone is appalled um, how are we going to change the whole thing?"* [Susan]). This is especially important, as a senior police officer participant expressed, since the police service is only one element in tackling domestic abuse, the law enforcement part, but they cannot solve domestic abuse alone. Furthermore, it is important to have services to help domestic abuse survivors to see that they don't need to remain in the situation they are living and assist them see the alternatives. Therefore, as the participant explained, it is not about increasing the number of police officers, but it is about society helping itself.

#### **5.3.3.2 J2. Supporting Domestic Abuse Survivors Is Psychologically Taxing, but Worthwhile.**

This sub-theme explores the psychological toll that working with domestic abuse survivors has on police employees and IDVAs. Police participants stated that it is worthwhile and satisfying to help domestic abuse survivors *"because you get an immense amount of*

*satisfaction when you get a positive outcome when you've helped somebody*" [Avy].

Furthermore, a senior police officer stated that even though catching burglars might be exciting, he finds that where the police is able to make a difference is around supporting domestic abuse survivors and other vulnerable victims of other types of crime. As he expressed: *"whilst I'd love to solve burglaries for people and catch burglars, that's the exciting part of it, the bit we make a difference is around dealing with vulnerable"* [Aidan].

However, the police participants also said that helping domestic abuse survivors can be psychologically taxing for them. For example, an urgent call handler reported that he was exposed to very traumatic telephone calls that were psychologically taxing, as he described:

*"I mean the the worst one I've took was um a double attempted murder (...) domestic um and I kept the phone line open for over 15 minutes till police officers got there (...), I heard shouting, screaming, struggling (...), woman lying on the floor saying she's dying (...) um, the officer get there saying 'major stab wounds' (...) and holding pressure on the female (...), I've heard things like that (...) some some of the lesser ones it it's nothing in comparison (...) but then sometimes someone could say something or you could hear a child (...), I've I've kept the phone line open (...), no requests for the police just disorder, domestic, er you can hear someone hitting someone (...) and you can hear a little kid saying 'daddy please leave mummy' (...) and things like that"* [Kyler]

Even though police participants were exposed to traumatic events due to their job, they were expected to cope and be hardened to the case without there being much emotional support available. Non-urgent call handlers described how they need to *"just shake it off and carry on"* [Martha]. Similar comments were made by other police participants and some felt that they were able to do this. For example, as a senior police officer expressed: *"we're all bothered by it but not affected by it"* [Aidan]. The senior police officer stated that some

officers can adapt to dealing with difficult cases quickly and learn to disassociate themselves. However, he added that others might have more difficulties coping, be affected by it, and therefore leave their job. This echoed the statements of other police participants who felt that performing the role was psychologically taxing. For example, a police officer working for the Public Protection Unit explained:

*“So, there isn’t anybody you can go and talk to, you’ve got to go and source that yourself really if you want to. So, you know, I am on anti-depressants because of having to cope with everything, I find it I’ve found it very difficult to to cope with the expectations of the organisation. I want to do my best and that’s the type of person, I can’t just let things wash over, it’s all very personal to me um the type of person that I am. So, if I can’t give everything that I can I it gives me, you know, anxiety it causes stress, so I’m on anti-depressants and that’s the way I deal with it. And, I’m sure there’s a a hundred other officers that are on them as well, so it just seems quite a regular thing these days, so you’re expected to cope.”*

[Trudie]

Police officers and call handlers reported that they were expected to be hardened to cases because they had to deal with a high volume of cases. Therefore, they had no time to dwell on them mainly because they had to be prepared to effectively handle their next case. Police participants mainly relied on their friends, family members, and colleagues for emotional supports. In other words, police work is psychologically taxing – relatively informal resources are used to support this. A senior police officer described how the police tried to provide emotional support to the police officers through their supervisors who were expected to be attuned to the stress of officers and react internally as well (e.g., refer to occupational health). However, she said that this only works if the supervisors are resilient

themselves and are able to support others. She felt that the level of support available was inconsistent, or 'mixed'.

There was a mixed message regarding the amount of emotional support available to police employees. Several senior police officers suggested that there *was* emotional support available, and more support than there used to be in the past, but that it is up to the officer to take it. However, other police participants (senior officers as well as participants working directly with domestic abuse survivors) thought that more support should be available. A senior police officer explained there used to be more support available in the past, but this has been reduced due to budget cuts. Furthermore, a police officer working for the Public Protection Unit explained that she thinks that having emotional support available to officers is important: *"cause you take on everyone else's problems and sometimes you just want to sit there and scream and just think, 'someone listen to me for a change' (...). And, just get things off your chest"* [Trudie].

Similarly, but to a lesser extent, several of the IDVAs also stated that their work is very demanding and that it is important for them to have a good colleague who can understand what they are going through. They said not all IDVAs would benefit from clinical supervision and that for some IDVAs it is easier to handle the stress of their role by speaking to colleagues since they understand the role of the IDVA and domestic abuse better. They added that having clinical supervision would increase their level of stress since it would just be another appointment they need to attend and that they would also feel bad leaving a survivor who might need additional support in order to do something for themselves.

## 5.4 Interim Summary

The findings section covered in-depth the experiences of police employees and IDVAs when providing support to domestic abuse survivors. The aim of this section is to consolidate the findings in order to consider the main claims made, before integrating it with prior scholarship in the Discussion section. The table below covers the main claims of the different themes of this chapter.

**Table 12**

*Summary of the Themes Generated From the Police Employees' and IDVAs' Accounts*

<b>Theme</b>	<b>Summary</b>
<i>Theme H: Domestic abuse is varied. Therefore, tailored, meaningful, and rapid responses should be provided.</i>	<p>This theme highlighted that domestic abuse cases vary and that they are more socially complex crime than is typical for policing. Working with survivors was seen as changeable and unstable (e.g., survivors may change their minds about seeking a prosecution). Therefore, it is important that police intervention is tailored to the circumstances of the survivor and that a range of outcomes may be considered acceptable across different cases. However, at times it can be difficult for survivors to obtain this meaningful and tailored response.</p> <p>In order to provide a meaningful response, it is important not only for multi-agency and collaboration within services to occur (e.g., between the police and IDVAs), but also to provide good training to police employees (e.g., training in which they are provided with the opportunity to speak to people with lived experience of the service instead of online training).</p> <p>The importance of providing a rapid response in order to ensure an effective response (i.e., so that survivors feel protected and don't lose their resolve to complain) was also emphasized. However, this does not always occur.</p>
<i>Theme I: Satisfaction of domestic abuse survivors with services provided by the police and IDVAs is varied.</i>	<p>This theme highlighted that the level of satisfaction of domestic abuse survivors with services they receive is varied. Some are very appreciative, but others are unhappy because they didn't get the outcome that they wanted. The satisfaction of domestic abuse survivors with services is dependent on their expectations of the quality of services provided as well as on where they are on their life's journey and in their point of recovery in dealing with domestic abuse.</p>

Theme	Summary
<i>Theme J: Supporting domestic abuse survivors can be dangerous, challenging, relentless, and psychologically taxing with little support available, but worthwhile.</i>	<p>This theme highlighted that police employees felt that their work is worthwhile. However, they also felt that dealing with domestic abuse cases can be frustrating, dangerous, challenging, and relentless (e.g., helping survivors who did not want to engage with services and therefore not knowing how they could make a difference; needing to deal with a high volume of cases, but with low staffing levels). This was especially the case for police employees who worked directly with domestic abuse survivors. The police participants and IDVAs also expressed that in order to stop domestic abuse occurring <u>it's important to educate the public about abusive behaviour and conflict resolution since other people tend to see abuse as acceptable.</u> This theme also highlighted that <u>police work is psychologically taxing – relatively informal resources are used to support this.</u> Therefore, several police employees indicated that more easily accessible formal psychological support should be provided. The IDVA participants also indicated that their work was psychologically taxing, but that they prefer to rely on informal resources for support (e.g., their colleagues).</p>

## 5.5 Discussion

In this Discussion, I argue that when providing services to domestic abuse survivors there is a cycle which can help us to understand the connections between the different themes and sub-themes. This thesis has mainly focused on the work of police employees when handling domestic abuse cases because the police were the primary partners of the project on which my thesis is based. In addition, they were the organization most directly concerned with understanding what to change regarding their processes in order for domestic abuse survivors to feel more satisfied with their services. Therefore, I will explain this cycle mainly from their perspective, but I will also do so from the perspectives of the IDVAs (see below).

Sub-theme H3 has emphasized that since domestic abuse is complicated, it is important to ensure that police employees are appropriately trained. This would help to ensure that cases are effectively handled, and a tailored and meaningful response is provided. However, the police participants described how the training currently provided was delivered

in such a way that it was quick and easy to raise awareness of a topic to a large group of people, but not very effective. The police participants felt that effective training occurred when it was face-to-face and especially in cases when the people with the lived experience (i.e., survivors, perpetrators) and other agencies are involved. Similarly, Ewin et al. (2020) have found that policing training in the United Kingdom is mainly conducted through e-learning, and bulletins without having contact with the trainer. The study argued that police officers felt that training could be improved through hearing the stories of survivors and that this indicates a desire to have a more victim-centred approach (Ewin et al., 2020). Hearing the stories of survivors would allow police employees to learn directly from survivors about the complexities that domestic abuse causes in their lives, as well as enhance their understanding of what aspects of the service survivors like and dislike. It would also provide an opportunity for police employees to understand that some survivors might want outcomes beyond arrest. This would hopefully lead to a greater understanding of why some survivors might decide to remain or leave an abusive relationship, and to a more meaningful and tailored response.

Sub-theme H2 highlighted that it was important to the police and IDVA participants to work closely and collaboratively within the organization and with external agencies in order to provide a tailored and meaningful response. However, they reported that this did not always happen since organizations can be poor at communicating with each other. Police participants said that in order to provide a meaningful response the different police teams had to work closely with one another, but that this was not always effective (e.g., when initial response officers failed to collect initial evidence properly; or when the different police units worked different hours). Furthermore, one of the police officers reported that working with the CPS was suboptimal since it was difficult to share digital files, which could include important evidence, due to technical difficulties. He also saw working with medical providers

as frustrating since obtaining medical records, which can include important corroborating evidence, was dependent on which medical provider he spoke to. However, working with the IDVAs was considered helpful to the police participants. Comparably, a former study highlighted that police officers thought that their work with an IDVA is helpful and stated that usually survivors disclosed much more to the IDVA than they did to them (Day & Gill, 2020). However, the findings in this chapter also indicate that in contrast to the appreciative statements of the police participants, the IDVA participants stated that it was frustrating to work with the police since the police did not share information readily with them. However, the IDVAs felt obtaining this information is essential since it ensures that they deal with the cases appropriately and effectively while also reducing the burden on the survivor. They felt that there was a lack of collaboration and that in order to provide a more meaningful response organizations needed to work on a common goal. This is because as my findings have indicated no one agency can solve or reduce the risk of domestic abuse occurring. In addition, my participants stated that disjointedness could lead to services which are inconsistent, disadvantageous, and even harmful to survivors' mental health. These findings inform practice by highlighting that communication between the different stakeholders needs to improve. Solutions for this could be to provide better training to initial response officers on gathering evidence; and ensuring that all police departments work at the same hours. However, to follow-up on the last solution it would be important to increase the number of police employees first in order not to stretch overstretched services even further.

Sub-theme H1 emphasized that the police service doesn't always look for coercive control when responding to domestic abuse incidents. This is supported by other research which indicated that police officers in the United Kingdom tend to be more proactive and take more seriously domestic abuse offences which involve physical violence compared to those



involving coercive control (Barlow et al., 2020). Therefore, it is important to ensure that adequate training on coercive control is provided (Barlow et al., 2020; A. L. Robinson et al., 2016). This would hopefully help ensure that a better understanding, investigation, evidencing, and prosecution of coercive control cases (Barlow et al., 2020). This is especially important since physical abuse might not be the most significant nor the most common part of an abusive relationship (A. L. Robinson et al., 2016). Furthermore, survivors who experience coercive abuse, which tends to be characteristic of relationships which are labelled “intimate terrorism”, are more likely to suffer from more severe and more frequent physical violence which is less likely to cease, and their abuse is more likely to result in emotional issues and greater physical injury than those survivors who suffer from situational violence (Myhill, 2015). Therefore, it is important that police employees are well trained in order to provide such survivors with meaningful and tailored services.

Sub-theme H1 highlighted that the police participants believed that one of the reasons domestic abuse is a complicated landscape is because the survivors might be very reluctant to call the police since they are dependent upon the perpetrators financially. This aligns with the barriers model (Grigsby & Hartman, 1997), which describes that one of the environmental barriers survivors face in leaving an abusive relationship is money. Thus, Grigsby and Hartman (1997), point out that leaving a perpetrator is an expensive course of action due to the surrounding costs (e.g., the associated costs in court battles in child custody cases, housing, and replacing household supplies). Thus, when fleeing from an abusive relationship survivors might need to leave everything behind, and this can be hardened even further when perpetrators anticipate this and close off access to monetary funds (e.g., bank accounts). Furthermore, some survivors might not know how much money they have in their bank account or where the money is located since perpetrators control the information in the

relationship (Grigsby & Hartman, 1997). The implications of this are important since the theory of Liang et al. (2005) proposes that access to resources can shape whether survivors define their relationship as abusive. In other words, the more resources available to survivors, the more actions they can take, and therefore the freer they are to conceptualize the situation as unacceptable or intolerable. If survivors don't have access to financial resources, they are less free to perceive their problem as intolerable since it is unlikely that it will be solved (Liang et al., 2005). As a result, these survivors can find it more difficult to come to the decision to seek help. This finding informs practice by highlighting the importance that survivors have access to governmental funds which can help them with the associated costs when trying to leave an abusive relationship. Furthermore, as the findings have indicated, some survivors may not have recourse to public funds. In these cases, service-providers should be made aware of funds available which enables survivors who don't have recourse to public funds to access financial support to aid their escape from an abusive relationship.

Sub-theme H1 also accentuated that even though having children made it easier for some survivors to access help, the same factor could also hinder them in doing so. For example, the police and IDVA participants said that survivors with children might have more avenues to access help. However, in line with a previous study, they added that survivors with children might also be more reluctant to seek help due to the negative implications it can have on their household (Rasool, 2016) such as not having money, the children not having a father, breaking up their family, not having a mortgage. Furthermore, the findings here suggested that survivors might be hesitant to seek help since they are worried about the repercussions they could face from the perpetrator. Indeed, the barriers model (Grigsby & Hartman, 1997) suggests that one of the environmental barriers that survivors face are the perpetrators and the tactics they use to prevent the survivors from leaving. Therefore, when deciding whether to

seek support, survivors might engage in a cost-benefit analysis (Liang et al., 2005). Thus, drawing on the examples given above, when deciding whether to seek formal support a survivor may consider the relative costs of doing so on their children, the household, and their safety (i.e., retaliation of the perpetrator) versus the costs of staying in an abusive relationship.

In Sub-theme H1, the IDVA participants felt that it was difficult for survivors who didn't fulfil police expectations (e.g., by their appearance, making demands) to obtain a meaningful response from the police. The IDVA participants reported that the police expect the survivor to appear very vulnerable, weak, and compliant with police demands. They added that some survivors may not appear this way which can lead to the police questioning their vulnerability. Indeed, the four aspects of the communication of a victimization model indicates that people who make the impression of being vulnerable, weak, and shy have a higher likelihood of being seen as victims than people who are strong, powerful, and aggressive (Strobl, 2004). This signifies that a survivor who doesn't appear vulnerable and depressed, but instead make demands might have difficulty communicating their victimization.

The implications of this are important. The theory of Liang et al. (2005) states that people respond to issues in different manners which is dependent on the way they label or define those issues as well as how severe they consider them to be. Thus, if the police don't consider the survivor as crime victim, then their solution to the problem may make little sense to survivors who appraise their abuse as a problem which requires legal intervention. However, it might also lead the survivors to redefine their relationship as non-abusive. Consequently, they might not seek help again, which can have serious implications on their safety. Indeed, it has been previously pointed out that obtaining support from formal service-providers can protect survivors from further abuse (Liang et al., 2005). This finding informs

practice by highlighting the importance that police employees recognize that domestic abuse survivors can appear differently and that they have complex lives with competing demands and therefore tailored services according to their circumstances should be provided.

Sub-theme H1 also reported that the police and IDVA participants believed that there were other survivors (e.g., male survivors, survivors who don't have access to public funds) who can find it difficult to access help, especially if their experience doesn't "fit the mould". Furthermore, the police and IDVA participants believed that services were much more limited for male survivors. As explained in greater detail in the previous two chapters this might be because their service-providers have difficulties correctly interpreting their victimization due to the social group to which they belong (Strobl, 2004). The findings also indicated that societal stereotypes around domestic abuse (e.g., not believing that men can be abused by women) can prevail into the thoughts and actions of some police employees and IDVAs. This signifies that service-providers can hold cultural beliefs about masculinity and domestic abuse that contribute to behaviours which can be considered judgemental and stigmatizing. Thus, the service-providers can put up barriers to safety of survivors as well as act discriminatorily (Grigsby & Hartman, 1997). The implications here are salient since cultural stigma about intimate partner violence which can be exhibited through victim-blaming responses can increase survivors' hesitation to ask for help (Overstreet & Quinn, 2013). Furthermore, the intimate partner violence stigmatization model suggests that cultural stigma can influence anticipated stigma as well as stigma internalization (Overstreet & Quinn, 2013). Therefore, it is not surprising that my participants stated that men can be reluctant and embarrassed to report the abuse as well as fearful of being emasculated by admitting it. Therefore, the police participants stated that most of the survivors they provide services to are women.

Cultural beliefs about intimate partner violence can prevent survivors from recognizing the abuse as a problem (Overstreet & Quinn, 2013). The intimate partner violence stigmatization model suggests that attitudes that survivors did not fit the typical image of an abusive relationship, can hinder recognizing intimate partner violence as a problem (Overstreet & Quinn, 2013). This indicates that male survivors might find it more difficult to realize that they are suffering from domestic abuse. The implications of this are important since, as a result, it can hinder them from seeking help.

Sub-theme H1 indicated that it can be difficult for survivors from the LGBT community to access help. This aligns with the intimate partner violence stigmatization model which states that anticipated stigma is more complicated when: the survivors don't fit into the societal assumptions of intimate partner violence survivors, potentially hold other stigmatizing identities, and are potentially ashamed about their sexuality. This can lead them to using covert help-seeking tactics (e.g., seeking help without stating that they are in an abusive same-sex relationship) (Overstreet & Quinn, 2013).

Sub-theme H1 indicated that beliefs about domestic abuse were also articulated by participants as a reason why survivors might find it more difficult to access services. Police participants agreed that it might be more difficult for survivors who have experienced coercive control to obtain effective services since some police employees don't think enough about it and only ask about the infliction of physical violence instead of how the perpetrator behaves more generally. As discussed in the previous chapter, if these police employees hold cultural beliefs that intimate partner violence involves severe injuries, they may not define the relationship as abusive in the absence of physical violence and injury or view the victim as a "real" victim. Serious injuries have been noted as important to obtain the status of victim (Strobl, 2004). The implications of this are important since, as a result, survivors can believe

that the abuse should be tolerated and that they should remain in the abusive relationship (Liang et al., 2005). This would obviously compromise their safety.

It is therefore important that societal stereotypes of sexuality, gender, and domestic abuse don't pervade into the support the police and IDVAs provides to domestic abuse survivors. This could be combatted in multiple ways. First, one could have posters at police stations which remind officers of the range of survivors. A second solution would be to provide opportunities for service-providers to speak directly to male survivors, survivors from the LGBT community, survivors who have experienced coercive control about their help-seeking experiences. This could be beneficial since the police participants indicated that they appreciated training in which they had opportunities to speak to survivors. A third solution would be to conduct further EBCD project to ensure opportunities in which representatives of the police and the domestic abuse organizations can speak to domestic abuse survivors and improve services together. This thesis added to knowledge by demonstrating that these types of initiatives are possible.

Even when services are helpful, it is important to consider the issues of stigma, shame, loss of privacy, wanting to keep the problem private, and embarrassment, since these factors can be considered by the survivors as potential costs of seeking help that appear by making the situation public and therefore hinder them from doing so (Liang et al., 2005). Therefore, one should think about stigma not only as a barrier that domestic abuse survivors can face from their formal service-providers, but also from their community. This can be complicated further by the religious and cultural norms of the society survivors are located within (Liang et al., 2005). Indeed, the barriers model suggests that religious counsellors and religious beliefs, can act as important barriers to the safety of survivors when suffering from domestic abuse (Grigsby & Hartman, 1997). Also, Liang et al. (2005) state that intimate partner

violence survivors understand their experiences within the context of their religious, cultural, and social institutions and that in some cultures intimate partner violence is permitted. Furthermore, they state that some communities see domestic abuse as a private matter and not as a crime (Liang et al., 2005). This aligns with my findings which demonstrate that survivors from the Muslim community might not report the abuse since they are worried about the shame and being shunned by their community. As a result, due to the social norms of their community it might be especially difficult for survivors to define their experiences as abuse (Liang et al., 2005). Moreover, even if they recognize that they are suffering from abuse, the conceptualization of it as a personal matter or a secret can increase survivors' feelings that they are responsible for solving their abusive situations which can hinder help-seeking (Overstreet & Quinn, 2013). Therefore, in these cases, support to seek help from their informal network might be especially important.

However, as per the intimate partner violence stigmatization model, friends and family may not be supportive when abuse is divulged. This aligned with the findings here which suggested that survivors might not report the abuse since they are worried about what people in their familial and social network will think. Judgemental attitudes stemming from cultural stigmatizing beliefs can manifest in victim-blaming attitudes (Overstreet & Quinn, 2013). These experiences can increase survivors' anticipated stigma (i.e., fearfulness and expectations that they will be devalued and stigmatized if they disclosed their victimization) which can hinder them from seeking help again (Overstreet & Quinn, 2013). Therefore, it is important that survivors can access meaningful services from their formal service-providers, but this might not always occur (Liang et al., 2005).

The implications of not obtaining a meaningful response can be great. It has been previously indicated that domestic abuse survivors in United Kingdom can suffer from

violence on two levels during the time of austerity: first, at the intimate/personal level since they were abused by the perpetrator and, then on a second structural level when the government doesn't provide them with enough support services (Sanders-McDonagh et al., 2016). I would argue that the same applies when the government fails to provide sufficient resources, or when the police do not provide survivors with meaningful services.

Furthermore, the findings in this chapter are consistent with prior findings showing that survivors who are not considered the 'ideal victim' and don't match its social image (e.g., by not cooperating with the police and the courts; are powerful) might find it more difficult to obtain support from these institutions (Strobl, 2004). I argue, that as a result, this can lead to re-victimization of the survivor by police service. Naturally, this would lead to dissatisfaction of domestic abuse survivors with the services provided. Thus, this sub-theme has emphasized that whether or not survivors of domestic abuse receive meaningful services or not can influence their level of satisfaction with services.

Theme I highlighted, that police employees and IDVAs believed that domestic abuse survivors were satisfied when they received meaningful and tailored services. The police and IDVA participants also indicated that the level of satisfaction of survivors with services is dependent on at what stage in the relationship they are and whether they are ready to seek support. They explained that this is because these factors influence if they want to engage with services and are ready to leave the relationship. This is not surprising since survivors help-seeking aims are dependent upon the phase of their relationship and their aspirations for help-seeking (Shearson, 2017).

The readiness of survivors to leave an abusive relationship can be viewed through the theoretical lens proposed by Liang et al. (2005). The theory proposes that individual influences play a role in defining intimate partner violence. More specifically, the theory



proposes that survivors' definitions of the abusive relationships change over time, depending on at which stage they are in the relationship and their readiness to make changes in their lives and leave the abusive relationship. This can affect whether they seek help or not. For example, survivors who are not contemplating what to do about the abuse, might accept the perpetrator's definition of the situation, deny the severity of the abuse, and consequently not seek help. In the stage in which they contemplate whether to act, survivors suffering from the same level of abuse, start to recognize the abuse as problematic and consider the advantages and disadvantages of taking action. Survivors who are in the stage in which they are prepared to act, see the abuse as a significant problem which is not their fault and start seeking help (Liang et al., 2005). Thus, the stage the survivor has reached can impact whether they define their relationship as abusive, if they see it as their fault, and if they decide to seek help. This aligns with my findings here which indicated that survivors might not report the abuse since they blame themselves and excuse the perpetrator's behaviour. Furthermore, survivors can perceive the abuse as resulting from their shortcomings and therefore believe that they can change the relationship through their own behaviour and will deal with the abuse themselves (Liang et al., 2005).

However, Liang et al. (2005) proposes that the readiness of survivors to leave an abusive relationship can also be influenced by interpersonal influences. They propose that the nature of intimate relations between survivor and perpetrator can make it difficult for survivors to define the relationship as abusive. For example, perpetrators can shift their behaviour between violence and exhibiting love and remorsefulness (Liang et al., 2005). In accordance with the theory, the findings here confirmed that survivors might not report the abuse since they: still love the perpetrator, don't want the perpetrator arrested and feel that reporting the abuse is a betrayal of a loved one; remember the positive aspects about the

perpetrator and when they were treated nicely, but not the abuse. In other words, survivors might not report that abuse since these feelings and memories might make it difficult and confusing for them to define their relationship as abusive. However, in these situations, accessing help can assist the survivor to evaluate whether the abuse is likely to stop (Liang et al., 2005).

Overall, these findings suggest that individual and interpersonal influences can impact the way survivors define their relationship and consequently whether they are ready to leave it and seek help. This finding informs practice by highlighting that the police need to have different and tailored solutions for survivors which consider their wishes as well as their readiness to leave the relationship. For example, if a survivor wants to remain in the relationship, their service-providers should attend to the other challenges that are related to the abuse (e.g., parenting issues) (Liang et al., 2005).

Theme I also indicated that IDVAs felt that survivors are more often satisfied with the services they provide since they give the survivors a broader understanding of their options than the police. Thus, the IDVAs thought that their services are more meaningful to survivors. Furthermore, the police participants described how the level of satisfaction of domestic abuse survivors with services received is also dependent on the quality of the services provided. Survivors' satisfaction is dependent on whether they were taken seriously; were treated with empathy; were believed; were helped; and whether a proper investigation was carried out. However, they added that even though they usually provide a good service, services are variable. Thus, the police and IDVA participants explained that domestic abuse survivors might not feel satisfied with services in cases in which they: felt that the police did not take the complaint seriously; did not like the way the officers treated them; didn't feel believed; felt that the police officers were rude to them or weren't caring and compassionate; the police

did not fulfil their promise of helping them and, consequently, let the survivor down. Thus, consistent with the barriers model (Grigsby & Hartman, 1997) the police and IDVA participants felt that a barrier survivors face is an ineffective response from police services. These experiences are important due to two reasons. First, prior experiences when seeking help from their formal service-providers can influence whether survivors decide to seek help again in the future (Liang et al., 2005). Second, it has previously been argued that even when survivors feel ready to seek support an unhelpful response can modify their definition of intimate partner violence and what to do about it (e.g., whether to seek additional help or not) (Liang et al., 2005). This highlights that the help-seeking process is not linear. After a survivor sought help, the help-seeking experiences can influence whether survivors continue to recognize and define their relationship as domestic abuse or not (Liang et al., 2005). This demonstrates that the help-seeking stages can inform each other (Liang et al., 2005).

In Theme I, we saw that the police participants felt that survivors' expectations play a role in whether survivors are satisfied with the police response. However, they reported that sometimes the level of satisfaction might be unjustified, which can follow from survivors having expectations which are unrealistic. The findings of this thesis are similar to the findings of A.L. Robinson and Strohshine (2005), who used the expectancy disconfirmation model to examine domestic abuse survivors' satisfaction with police services. This relates to the consistency between the attitude and actual behaviour of the police, and survivors' expectations. When survivors in Wales expected and obtained certain police behaviour (e.g., arresting the perpetrator) and attitudes (e.g., being concerned) survivors were much more likely to be satisfied than when their expectations were not met since the police did not fulfil their expectation. In addition, expectations concerning police attitudes were more important in determining the satisfaction of survivors than expectations concerning police behaviour (A. L.

Robinson & Stroshine, 2005). Similar to my findings, domestic abuse survivors reported that their level of satisfaction was influenced by the police: being respectful, being understanding, taking the situation seriously, listening to them, and being concerned. However, my thesis extends their research from solely focusing on the perspective of the survivors to also examining this topic from the perspective of the police. Together, this indicates that the police do have a realistic view of what factors can influence the level of satisfaction of domestic abuse survivors with their services. In addition, my findings have indicated that what the survivors might consider as satisfactory and meaningful services is dependent on the stage they are in their relationship, whether they want to engage with services, and if they want to leave the perpetrator. In their study, A.L. Robinson and Stroshine (2005) also of stated that these factors can influence the survivors' willingness to cooperate. This is important, since as will be discussed next, this can have implication for the level of satisfaction of police employees with their job and their wellbeing.

Theme J highlighted that police officers thought that it was worthwhile and satisfying when they were able to help domestic abuse survivors. This indicates that police officers felt satisfied when they were able to provide domestic abuse survivors with a meaningful response. However, several police employees reported that their job was challenging, relentless, and psychologically taxing. They explained that the most challenging part of their role is helping domestic abuse survivors who don't want to leave the perpetrator, getting them on board and to cooperate. They said that this is especially frustrating since they can only try and help survivors, but they cannot control their actions. They added that, at times, survivors might continuously return to the perpetrator which requires the police to revisit the same case over and over again and that they are only able to make a difference in a small number of domestic abuse cases. However, survivors may return to the perpetrator because the behaviour

of the perpetrator might make it difficult for them to define their relationship as abusive or they might find that formal services are not suited to their needs (Liang et al., 2005).

Naturally, because the police officers revisit domestic abuse cases multiple time, not only does this increase the workload of police employees with fewer employees available in recent times (Duran et al., 2019), but it is also frustrating to them that the survivors are not cooperating. These frustrations can lead to police officers to handle domestic abuse cases insensitively (Horwitz et al., 2011). As a result, this can impact negatively not only on whether domestic abuse survivors are satisfied with police service, but also on the wellbeing of police employees. Moreover, Duran et al. (2019) documented that austerity measures are a stressor for police officers in the United Kingdom, that they had a high workload with fewer employees, and that this affected their work-life balance, and their wellbeing. To reduce workload, the police participants in my thesis suggested the importance of early interventions and educating the public about abusive behaviour in order to prevent its occurrence.

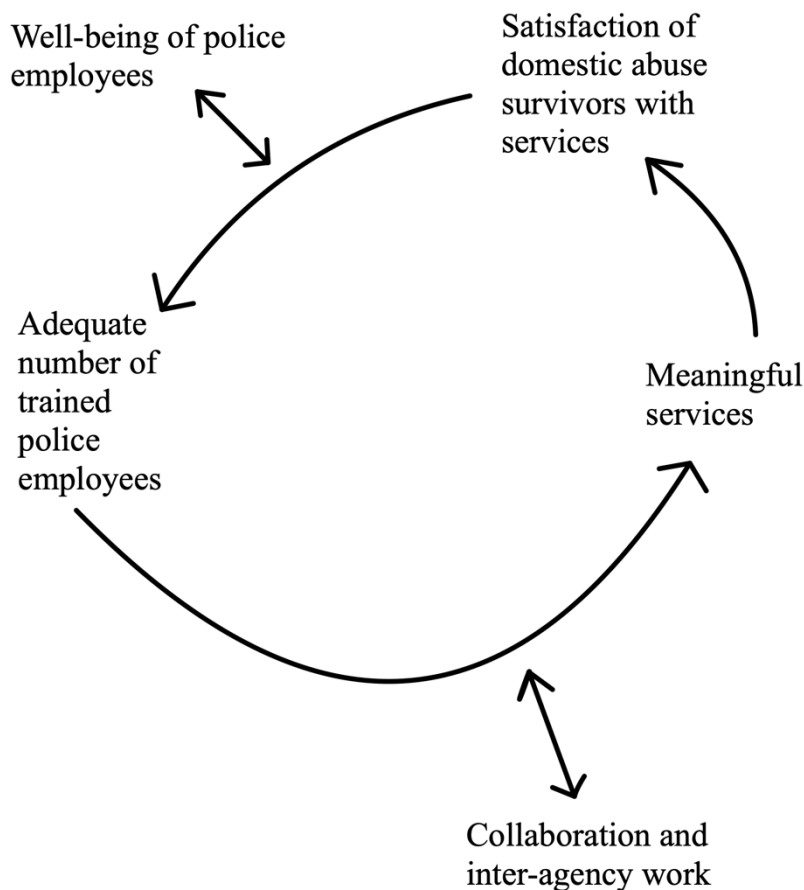
Implementing interventions aimed at preventing domestic abuse in schools would increase knowledge and help-seeking (Stanley et al., 2015).

Theme J also emphasized that call handlers and police employees felt that their job was psychologically taxing since they were exposed to traumatic incidents. Furthermore, depending on their role, they might face situations which threaten their safety. However, several police employees, mainly those working directly with the public, reported that even though their role was emotionally difficult, there was little psychological support available. They described a police culture in which they were expected to cope. They said that for this reason they try to handle their emotional stress through other coping mechanisms (e.g., talking to family, friends, and colleagues, taking anti-depressants). In addition, several of the IDVAs said that they found their job very stressful due to their extensive workload, but that

they relied on their colleagues for emotional support. It is important to indicate that a senior police officer described how the emotional toll of the job can bring some police officers to leave their role. Naturally, this creates a cycle of further resource demand whereby new police officers have to be hired and trained to fill vacant posts. Consequently, this would lead to the cycle described here, to start again. This cycle is illustrated below.

**Figure 3**

*The Cycle of Providing Meaningful Police Services to Domestic Abuse Survivors*



This cycle demonstrates how having an adequate number of trained police employees and collaboration are important in order to provide a meaningful response to survivors which can, in return, influence satisfaction of domestic abuse survivors with services which can, in

return overall, have an impact on the wellbeing of police employees as well as IDVAs.

Wellbeing of officers will mean they are equipped to provide a good service and keeping them in role means expertise is retained and that resources are not overstretched. If services are overstretched, it will be difficult to provide a meaningful service which survivors are satisfied with. This emphasizes that improving on these issues described here would lead to a satisfactory response of domestic abuse survivors and hopefully to an improvement of their wellbeing. In addition, it could also improve the wellbeing of police employees since they would feel that their work is valued and that they are able to help in more domestic abuse cases. Thus, this would lead to a greater satisfaction for all sides involved.

It should be indicated that in this cycle collaboration and inter-agency work sits outside the inside cycle since although training of police employees leads potentially to collaboration of police employees it does not do so for collaboration between domestic abuse organizations. Furthermore, wellbeing of police employees sits outside the inside circle since although their wellbeing has a direct impact on number of police employees it is the provision of meaningful services overall which has an impact on their wellbeing (e.g., the provision of providing meaningful services has a positive impact on their wellbeing).

## **5.6 Strengths and Limitations**

This chapter used qualitative research methods. This underpins the first strength of this thesis which is that the individual voices of police employees and IDVAs were heard and were explored in depth. It also tried to ensure that the voices of the participants are heard by including at least one quote from each interview and focus group. The second strength of this thesis is that it included a large sample for a qualitative study. For this part of the project 23 police employees and four IDVAs were interviewed. The sample size of 27 participants is

relatively large for a qualitative study, where the focus typically prioritizes depth over breadth (Boddy, 2016). Third, this thesis included a broad representation of roles and ranks within the police force, from call handlers to senior police officers. Fourth, this chapter covered all of the keypoints, which were the basis for the co-design project underpinning this thesis, through the perspective of the police employees and IDVAs. These keypoints are listed in the box below. It is important to indicate that each of the keypoints represents some police employee's and IDVA's views about services provided or their perception on how domestic abuse survivors perceive their services. They are not supposed to represent everybody's experiences.

**Table 13**

*List of the Keypoints Drawn From the Accounts of the Police Employees and IDVAs for the Co-Design Event*

<b>Keypoints Drawn from the Accounts of the Police Employees and IDVAs</b>
<ul style="list-style-type: none"> <li>• Services need to be ready to support people who will have different ‘tipping points’ for seeking help.</li> <li>• Services need to be ready to support people who have had 'help' imposed upon them.</li> <li>• Services need to be ready to support people who want different sorts of solutions.</li> <li>• The police are perceived to be ineffective, or even make things worse.</li> <li>• The police won't understand.</li> <li>• It can be difficult to get/find help.</li> <li>• All professionals need to be aware that children, or the relationship with the children, may be put at risk.</li> <li>• Organizations can leave survivors feeling excluded from their processes.</li> <li>• Positive contact can help survivors to feel safe and reassured.</li> <li>• Once other people were involved, their support/involvement was often very helpful to survivors.</li> <li>• It is perceived to be difficult to get effective help when your problem doesn't fit the mould.</li> <li>• It is vital for the police to get good information in order to tailor their response.</li> <li>• A good response is a prompt and effective response.</li> <li>• Police work is psychologically taxing – relatively informal resources are used to support this.</li> <li>• Some practices can undermine people's willingness to return to the police for help.</li> </ul>



- 
- Organizations can be poor at communicating with each other.
  - There are tools which aren't always used or aren't available everywhere or aren't effective.
  - It can be difficult for the police to know how to make a difference in domestic abuse cases.
  - It's important to educate the public about abusive behaviour.
- 

This chapter also had several limitations. First, all of the police participants worked in a police force in one county in England. Also, all of the IDVA participants worked in one city in that county. The city from which all of the IDVAs and several of the police employees were recruited from has a very high level of domestic abuse. Therefore, their work might be more relentless than it is for IDVAs and police employees working in other places. Therefore, the results cannot be generalized to all police employees and IDVAs in the United Kingdom. It would be helpful to conduct further research in other counties across the United Kingdom. However, the aim of most approaches of qualitative research is not to try and obtain a representative sample, but instead to try and achieve an in-depth-analysis of the experiences of a small number of participants (Touroni & Coyle, 2002). A second limitation of this chapter was that all of the police participants were recruited through a representative of the steering group as well as through other members of the police force. Furthermore, all of the IDVAs were recruited through a representative of this steering group who provided their email address to this author. Therefore, this might have introduced some bias into their responses. A third limitation is that it emphasized more the account of the police over that of the IDVAs and included more police participants than IDVAs. However, as has been highlighted in the findings the views of the IDVAs were similar to those of the police participants on many accounts. For example, they both valued the importance of providing a meaningful and tailored response. Similarly, to the police the IDVAs also emphasized the importance of collaboration between the police and the IDVAs. However, the IDVAs were

more critical of police services than the police participants were. For example, the IDVAs stated that the police could lack empathy towards survivors, don't understand the survivors needs, and don't collaborate effectively nor easily with the IDVAs. Thus, a more nuanced understanding of IDVAs perspective might have been generated if more IDVA participants were included. However, as has been highlighted in the Discussion, the police were the primary partners in the project on which this thesis is based, and they had a greater concern regarding understanding how to improve their services and thus survivor satisfaction.

Therefore, naturally, the thesis included more police participants than IDVAs. The fourth limitation was that participants occasionally shared past experiences of providing support to domestic abuse survivors. The retrospective nature of this might mean that their memories have changed over time (L. M. Williams, 1994). A fifth limitation is that all of the interviews except one and all of focus group with the participants were conducted the first time I met with them and therefore a good rapport had not been established yet. However, as discussed in greater detail in Chapter 2, the service-providers seemed to feel comfortable during these meetings. A sixth limitation is that my own personal assumptions about the world might have unknowingly to me influenced the analysis, but I tried to overcome this by remaining objective and paying close attention to my participants' statements.

## **5.7 Conclusions**

This chapter emphasized that police and IDVA participants recognized that survivors may face barriers to leaving an abusive relationship when experiencing domestic abuse. Aligning with the barriers model, the findings here suggested that survivors may face various barriers to escaping an abusive relationship, including financial resources and the perpetrator. However, the findings here indicated that even when survivors sought help, they may face

stereotypes from their formal service-providers. Thus, service-providers can hold cultural beliefs about domestic abuse that contribute to behaviours which can be considered judgemental and stigmatizing. Consequently, survivors may experience anticipated stigma and stigma internalization. These findings support the intimate partner violence stigmatization model. Furthermore, confirming the four aspects of the communication of a victimization model, some survivors may have difficulties communicating their victimization since the impression they make is different to what some police employees may expect. The implications of this are important since as a result, survivors may believe that the abuse should be tolerated. This would obviously compromise their safety. Furthermore, it is important that survivors are able to access effective help, since confirming the theoretical model proposed by Liang et al. (2005), the findings here indicated that some survivors may not feel ready to leave an abusive relationship, and in these situations accessing support can help survivors evaluate if the abuse is likely to stop.

Overall, these findings suggest that since domestic abuse is a complicated landscape it is important to provide a tailored service which would also help to deliver a meaningful response. For this to occur it should be ensured that police officers and call handlers obtain the training that they need, which would also help them handle these difficult cases. Moreover, since there is no one service which can tackle domestic abuse alone it is essential for collaboration to occur between agencies and within the agencies themselves. However, this chapter has indicated that there are some problems surrounding these issues.

This chapter has illuminated that the police and IDVA participants believed that domestic abuse survivors' level of satisfaction with their services is varied. They thought that this is dependent on the quality of the services the survivors receive, their expectation about the services, and where they are on their journey. However, it also stressed that police

employees, especially those working with survivors themselves, found their work to be challenging, relentless as well as psychologically taxing and for some even dangerous. However, there was little formal support available to them through their work and they were expected to cope. In addition, they mainly relied on colleagues, family, and friends for support. This chapter also reviewed a cycle which describes how these factors are all inter-related. The next chapter will present my integrated theoretical model.

## Chapter 6

### A Holistic Perspective on Help-Seeking

#### 6.1 Introduction

The previous chapters have examined the experiences of domestic abuse survivors when seeking support, and the experiences of their service-providers in providing this support. The findings have been interpreted through the lens of several theories. As has been explained in Chapter 1, and in the Discussion sections of the previous chapters, a commonality shared by the barriers model (Grigsby & Hartman, 1997), Liang's help-seeking model (Liang et al., 2005), and the intimate partner violence stigmatization model (Overstreet & Quinn, 2013) is that they each state that personal and socio-cultural contexts can influence whether survivors decide to seek support. However, they do not examine how these contexts influence the opportunity and capability of survivors to seek help, or their motivation to do so.

These factors can be examined through an additional theory, which is the Capability-Opportunity-Motivation-Behaviour (COM-B) model (Michie et al., 2011). The COM-B model has been developed to identify what needs to change to ensure the effectiveness of a behaviour change intervention (West & Michie, 2020). It states that three factors are important for any behaviour to happen: capability, opportunity, and motivation (West & Michie, 2020). Capability is described as the person's ability to take part in the activity concerned, which includes having the required knowledge and skills (Michie et al., 2011). This includes physical capability and psychological capability (the capacity to take part in the required thought process – e.g., reasoning, comprehension; Michie et al., 2011). Opportunity is described as all the factors which are in the environment (i.e., outside the person) that allow the behaviour to occur or that prompt it (Michie et al., 2011). This incorporates physical

opportunity (opportunity which involves lifeless aspects of the environment and time – e.g., material and financial resources) and social opportunity (opportunities which involve other organizations and individuals – e.g., social norms and culture; West & Michie, 2020).

Motivation is described as the brain processes which direct and energize behaviour (Michie et al., 2011).

The COM-B model states that at any time, a certain behaviour will happen when the individual concerned has the opportunity and the capability to take part in a behaviour and is more motivated to execute that behaviour than any other behaviours (West & Michie, 2020). The model argues that opportunity and capability can each influence motivation; engaging in a behaviour can change motivation, capability, and opportunity (Michie et al., 2011). Furthermore, capability and opportunity may influence each other (West & Michie, 2020).

Michie et al., (2011) argue that an intervention might change one or more parts of the behaviour system. When designing an intervention, one would need to consider the behaviour which one wants to achieve, and identify the components of the behaviour system which one would need to change in order to do so. For example, with one hypothetical behavioural target the only barrier may be capability, whereas for another target it could be important to restrict or provide opportunities. Yet for another target changes to opportunity, capability, *and* motivation might be needed (Michie et al., 2011). However, since the COM-B model does not help to explain how expected performance, disconfirmation, and satisfaction also influence the reoccurrence of behaviour, it is limited. This can better be explained through the expectancy disconfirmation model (Oliver, 1977, 1980).

The expectancy disconfirmation model (Oliver, 1977, 1980), originates from consumer psychology and, initially was used in order to understand customer satisfaction with products (A. L. Robinson & Strohshine, 2005). Subsequently, it has been expanded to

understand satisfaction with services, including with police services (A. L. Robinson & Stroshine, 2005). This model states that satisfaction with a product or service is determined by the degree to which they satisfy consumers' expectations (A. L. Robinson & Stroshine, 2005). The expectations are the baseline to which the perceptions of the actual delivery of a service or the attributes or performance of a product is compared to (A. L. Robinson & Stroshine, 2005). An individual's expectations will be negatively disconfirmed if the product is poorer than expected, confirmed if it presents as expected, and positively disconfirmed if it presents better than anticipated (Oliver, 1977). To expand: a product matches an individual's expectations in three ways: A consumer will experience a negative disconfirmation if the product falls short of expectations, a zero disconfirmation if the product meets the expectation at reference point, and a positive disconfirmation if the product exceeds expectations (Oliver, 1980). Thus, the degree to which consumers' expectations are fulfilled dictates the level to which their expectations are disconfirmed and consequently the degree to which they are satisfied (Oliver, 1977). When the performance of a product or service is better than initially expected, consumers are more likely to be satisfied (Yüksel & Yüksel, 2001). When the performance of a product or service is as expected there is a confirmation between expectations and perceptions which yields satisfaction (Yüksel & Yüksel, 2001). However, in cases of negative disconfirmation, when a service or product is poorer than expected consumers are less likely to be satisfied (Yüksel & Yüksel, 2001).

The expectancy disconfirmation model has been used in several studies in order to explain satisfaction of victims of crime with the police, including those who have experienced domestic abuse (Chandek & Porter, 1998; Reisig & Chandek, 2001; A. L. Robinson & Stroshine, 2005). In this respect it could be argued that the police are viewed as service-providers. Police responses will confirm or disconfirm the expectations of the public, just as

the attributes of a product confirm or disconfirm any clientele's expectations (Chandek & Porter, 1998; A. L. Robinson & Stroshine, 2005). Thus, the extent to which the police fulfil survivors' expectations will, at least partially, determine survivors' satisfaction with police services (Chandek & Porter, 1998; A. L. Robinson & Stroshine, 2005). Therefore, I believe that the expectancy disconfirmation model provides a good framework to understand which factors influence whether domestic abuse survivors are satisfied with the services they have received. However, the expectancy disconfirmation model does not examine how communication of one's victimization may influence the experiences of services received. For example, it does not explain which factors may influence whether survivors are able or unable to communicate their victimization, but this is an important mediating encounter between the 'expectation' and 'delivery' of a good service. This aspect can be explained through the 'four aspects of the communication of a victimization' model (Strobl, 2004).

Overall, this indicates that the barriers model, Liang's help-seeking model, the intimate partner violence stigmatization model, the four aspects of the communication of a victimization, the COM-B model, and the expectancy disconfirmation model, can be used to explain different aspects of the help-seeking experiences of domestic abuse survivors. However, they each only explain part of the jigsaw. This has been explained in greater detail in section 1.7. This integration of theories brings me to proposing my own integrated theoretical model which is named: *Holistic Perspective on Help-Seeking*. Thus, this model will integrate the theoretical models I described above to provide a fuller and multi-dimensional perspective which can increase our understanding in relation to domestic abuse help-seeking.

The Holistic Perspective on Help-Seeking model suggests that survivors' circumstances (individual, interpersonal, socio-cultural) can influence their opportunities and

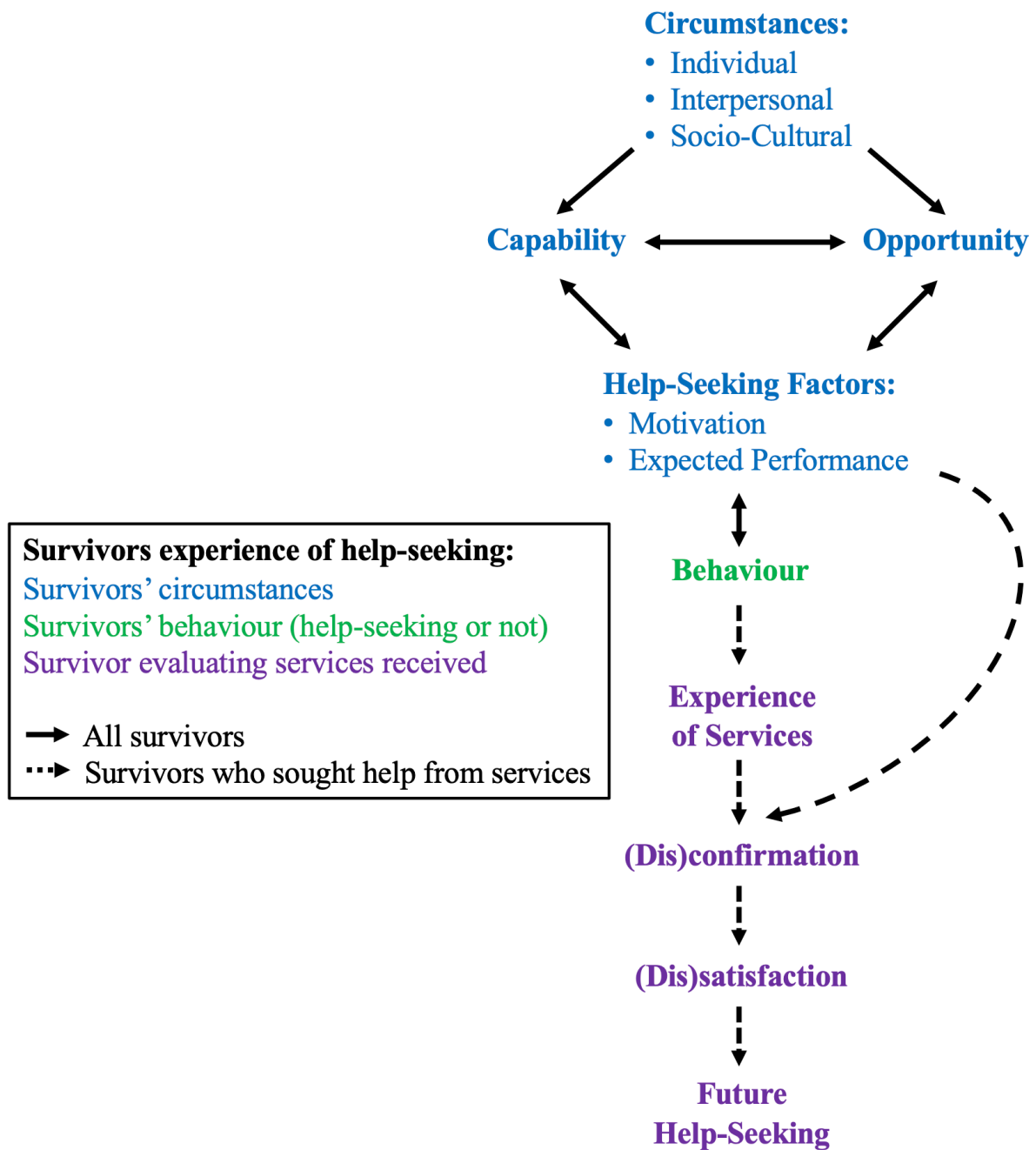


capabilities for help-seeking. Furthermore, their opportunities and capabilities may influence each other. Survivors' capabilities and opportunities can also in turn influence their motivation to seek help and impact their behaviour (whether they seek help or not). Once survivors will opt not to seek help, it may impact further motivation, opportunities, and capabilities. For example, survivors who will not define the relationship as abusive, may consequently, not be motivated to seek help, which will influence their future opportunities and capabilities. This model further suggests that an additional factor which influences help-seeking is expected performance. Thus, this model argues that if survivors sought help, the congruence between their expectation of services and their experiences of the service actually obtained will influence whether their experiences can be categorized as negative disconfirmation, positive disconfirmation, or confirmation (i.e., zero disconfirmation). Furthermore, whether survivors are successful in communicating their victimization will also play a role in this experience. Thus, satisfaction with services will influence whether they decide to seek help again and from whom. This experience will influence survivors' future motivation, capabilities, and opportunities to seek help. This model is illustrated in the figure below.

Please note that in the figure below there are two types of arrows (one of them is a straight arrow and the other is a disjointed one) because although all survivors have circumstances which influence their capability and opportunities to seek help and, in return, the motivation to do so, not all survivors decide to seek help. Thus, the disjointed arrow signifies the impact of expected performance and experience of help-seeking on (dis)confirmation. Furthermore, when writing behaviour, I am referring to those who have sought help, but also to those who did not (e.g., those who did not engage in help-seeking behaviours because they did not define the relationship as abusive).

**Figure 4**

*Holistic Perspective on Help-Seeking*



This model is important and adds to knowledge due to several reasons. First, in contrast to the other models, it does not focus exclusively on only certain parts of the help-seeking experience (e.g., only the role stigma has in that experience; not considering on how

expectations and satisfaction may influence future help-seeking), but instead examines the broader picture. Second, it has been previously argued that to ensure the effectiveness of interventions and understanding of behaviour as well as behaviour change is needed (McDonagh et al., 2017). This implies that to change a certain behaviour, it is important to theoretically understand that behaviour (McDonagh et al., 2017). Utilizing theory when designing interventions will provide researchers with the opportunity to explain and predict specified behaviours in the sense of when, why, and how they happen, as well as which factors need to be targeted to alter behaviour (McDonagh et al., 2017). I argue that the same applies to the help-seeking behaviours of domestic abuse survivors. Thus, to ensure the effectiveness of interventions, such as EBCD, we should turn a theoretical lens on the help-seeking behaviours of domestic abuse survivors. Furthermore, we need to examine what factors impact their satisfaction with services, in terms of theory and developing knowledge, in order to ensure that we have a holistic perspective of it. This will help to ensure that interventions, such as EBCD, propose action plans that meet the survivors' needs. Since receiving formal services has been associated with survivors not suffering future intimate partner violence (Liang et al., 2005), enabling survivors to access and receive these services should reduce the violence they experience. Thus, this theory adds to knowledge by proposing a theoretical model which will try to explain the help-seeking behaviours of domestic abuse survivors. This will hopefully ensure that interventions and actions plans are tailored to survivors' needs.

This chapter has two aims. First, by utilizing the theories described above it will propose an integrated theoretical model to explain domestic abuse help-seeking. Second, while doing so it will also aim to include a comparison that discusses the similarities and differences between the results from the interview studies.

## **6.2 Findings**

This chapter re-visits the findings which have been presented in Chapter 4 and Chapter 5. To avoid repetition, they are not covered here in depth.

## **6.3 Discussion**

### ***6.3.1 The Influence of Circumstances on Opportunity, Motivation and Help-Seeking***

This section argues that that the barriers survivors face due to their individual, interpersonal, and socio-cultural circumstances can influence their help-seeking opportunities. In turn, their help-seeking opportunities will impact their motivation to do so and their help-seeking behaviours (e.g., if they define their relationship as abusive and decide to seek help). If survivors opt not to seek help, it will impact future motivation and opportunities. It also argues that opportunity may influence capability in the context of domestic abuse help-seeking.

Both the accounts of the survivors and the account of the service-providers indicated that children can be a barrier to help-seeking. The survivors described how children played a role in their decision whether to seek help and from whom. For example, Myra said that she remained married to her abusive partner because of their children. As described in Chapter 4 in greater detail, this could have stemmed from barriers due to family, socialization, and role expectations (Grigsby & Hartman, 1997). This echoed the accounts of the police participants who suggested that some survivors might be reluctant to report the abuse since they are worried that by doing so their child will no longer have a relationship with the abusive parent. Examining these findings through the lens of the COM-B model indicates that when survivors define their relationship as abusive children can negatively impact the social opportunities survivors may have to leave the relationship which, in turn, can also limit their motivation to

do so. Indeed, the COM-B model states that opportunity influences motivation (West & Michie, 2020). The greater the opportunity, the more likely a behaviour will occur when motivation is present (West & Michie, 2020). The police participants added that in some cases, especially high-risk cases, the police may need to pursue a victimless prosecution and hold the perpetrators accountable for their actions. Thus, from the perspective of the COM-B model even when survivors don't feel that they have the opportunities to leave the relationship nor have the motivation do so, the police need to ensure that this happens in any case to ensure their safety when the domestic situation is especially high-risk.

In contrast, children can positively influence the help-seeking opportunities of domestic abuse survivors and affect their motivation to do so. For example, the findings in Theme H1 indicated the service-providers felt that children can aid the help-seeking opportunities of domestic abuse survivors. For example, survivors who have children may have more avenues to access help (e.g., via children's centre, school, family support worker). This is because the safety of the child is important to the service-provider and can encourage agencies to do more for the survivors. Furthermore, the accounts of some of the survivors indicated that children influenced their motivation to seek help. For example, Myra described how the tipping point for seeking help from the police was when the children witnessed the abuse. It was important for her to be a good role model for them and to protect them. From the perspective of the COM-B model this means that children can positively impact the social opportunities survivors may have to access services, by eliciting protective responsibilities from parents. This in turn can also encourage them to seek help. It may be easier to take life-changing action for someone else's benefit, than for one's own, in some circumstances.

The findings of Chapter 4 have suggested that some survivors may have difficulties leaving abusive relationships due to cultural norms. For example, in Theme C1 we saw that

Shayan remained married to her abusive partner, even though she wanted a divorce. This was because her mother wanted her to remain married, because her Kurdish culture views divorce as shameful. Furthermore, Theme H indicated that the service-providers also felt that survivors from a Muslim community may not report the abuse if they are worried about the element of shame or being shunned by their community and network. These findings can be understood through the COM-B model which argues that a lack of social opportunities can negatively influence motivation (West & Michie, 2020). In relation to the findings here this indicates that socio-cultural factors may influence the social opportunities and motivation of domestic abuse survivors to leave the perpetrator and act as a barrier to help-seeking. Furthermore, it may also influence their ability to define the relationship as abusive which will impact their help-seeking strategies. Indeed, Liang et al. (2005) state that a person's definition of intimate partner violence is shaped by culture. From the perspective of the model suggested, this means that the survivors' circumstances (their socio-cultural background) may influence the social opportunities they have to engage in help-seeking behaviours, which in turn will impact their behaviour itself (e.g., not defining the relationship as abusive). When survivors don't define their relationship as abusive, they may not be motivated to seek help from others or to engage with services which will limit their social opportunities. This illustrates how behaviours may influence motivation and opportunity. Furthermore, the service-provider participants indicated that survivors who don't want to engage with services may view services negatively. Thus, their expected performance of the service may also be poor. This highlights that expected performance may influence opportunity.

Adding to the accounts of the survivors, Theme H showed that the service-providers believed that survivors may not report the abuse since they: are embarrassed and worried about what people in their familial and social network will think; they blame themselves and

excuse the perpetrator's behaviour. According to the intimate partner violence stigmatization model these could be a manifestation of stigma internalization, which could stem from the social context and act as a barrier to help-seeking (Overstreet & Quinn, 2013). Examining this from perspective of the COM-B model signifies that stigma internalization can limit their social opportunities and in return reduces survivors' motivation to seek help. Thus, from the perspective of the theoretical model I suggested, stigma and the social context in which the survivors live can limit the social opportunities to engage in help-seeking behaviours which in turn will influence their behaviour (e.g., if they decide to seek help or not). This finding is relevant to practice by indicating that it is important to educate the public about abusive behaviour including that it is not shameful to seek help.

In Sub-theme A4, survivors described how perpetrators were controlling even after the relationship had ended, and even after they sought help from the police and the domestic abuse organizations. Furthermore, the survivor participants were fearful that the perpetrator would hurt them. They likened this to feeling imprisoned. Similarly, in Theme H, the service-providers felt that survivors may not report abuse, due to fear of repercussions from the perpetrator. Indeed, the barriers model describes that perpetrators can be a barrier in the environment of survivors which can prevent survivors from leaving (Grigsby & Hartman, 1997). Thus, from the lens of the COM-B model this indicates perpetrators can limit the social opportunities survivors have to engage in help-seeking behaviours. In return, this may limit their motivation do so. This aligns with the COM-B model which argues that that when a behaviour is difficult, we are less motivated to engage in it (West & Michie, 2020). This, in turn, will influence survivors' behaviour (e.g., if they define their relationship as abusive and decide to seek help). Thus, survivors who are not motivated to seek help may be more motivated to accept the perpetrator's definition of the situation or label it as an atypical event

(Liang et al., 2005). Consequently, their social opportunities to seek help will be reduced. This in turn may limit their capability (thinking about leaving). In other words, they will not have the opportunity to address with someone their experiences, which could have helped them to understand that they are suffering from domestic abuse. Indeed, help-seeking from others can help survivors modify their definition about intimate partner violence (Liang et al., 2005). This indicates that opportunity may influence capability in the context of domestic abuse help-seeking. This aligns with the COM-B model which argues that opportunity may influence capability (West & Michie, 2020).

Theme C2 indicated that the male survivor felt that men and women have to comply to different rules when suffering from domestic abuse. More precisely, he felt that society expects men to be strong and able to defend themselves. He added that society automatically expects women to be the survivors and men to be the perpetrators of domestic abuse. Similarly, Sub-theme H1 indicated that the police and IDVA participants felt that some male survivors were reluctant and embarrassed to report the abuse, and that they were fearful of being emasculated by admitting it due to societal stereotypes around domestic abuse. Examining the account of the male survivor alongside the accounts of the police and IDVAs through the lens of the COM-B model indicates that male survivors may have fewer social opportunities to report their victimization than women due to cultural beliefs. This may decrease their motivation to report the abuse. Furthermore, the male survivor indicated that he felt that most men try to resolve the domestic abuse they are experiencing by themselves and then get into trouble. Examining this through the lens of the COM-B model, this also demonstrates that some male survivors may feel that they are physically capable of defending themselves and therefore are motivated to respond to the abuse by engaging in violent



behaviours themselves. These findings underscore how important it is that male survivors are provided with social opportunities to obtain effective help.

The accounts of the service-providers indicated that it can be difficult for survivors to access services due to their residential status. This aligned with the account of Ruba who felt that she did not receive the same services as other survivors due to her residential status in the country. These accounts are significant because a lack of legal options can exacerbate survivors' feelings of helplessness and uphold a legal dependency on the perpetrator which can prevent survivors from leaving (Liang et al., 2005). From the perspective of the COM-B model this means that, due to limited legal options, survivors may have fewer social opportunities to access help. Thus, according to the model I have proposed, depending on individual circumstances (e.g., their residential status) some survivors may have fewer opportunities to seek help which will impact their motivation and behaviour (the action they decide to take). As with the findings regarding male survivors, this too underscores the importance of equal opportunities to access services for all survivors.

The findings in Sub-theme H1 indicated that a further barrier to leaving an abusive relationship is financial resources. Indeed, as discussed in greater detail in the previous chapter, the barriers model defines money as one of the barriers survivors face in their environment (Grigsby & Hartman, 1997). As a result, police participants recognized that not all survivors will want to leave an abusive relationship or report the abuse and, therefore, policing and prosecution of domestic abuse is only part of the response to the complicated landscape of domestic abuse. The police participants believed that in some cases it is better to rehabilitate the perpetrator and treat the root cause of the abuse, instead of pursuing a prosecution. This is because, in some cases, putting the perpetrator in prison could destroy the household (e.g., leaving them destitute). Setting aside the challenges of rehabilitation, and the

assumption that the problem of household finances could not be resolved (for example, by the state), it is important to consider this claim from a theoretical perspective.

Examining these claims through the lens of the COM-B model indicates that survivors may not have the physical opportunities (financial resources) available to seek help. It should be added here that even when survivors have sought help the abuse can still impact them financially. For example, in Theme B the survivors described how the abuse had impacted them financially. For example, several of the survivor participants said that due to the psychological or physical health problems they sustained from the abuse, they had difficulties returning to work or finding a job. The accounts of the survivor participants align with the accounts of the police participants that money can play an important role in the abusive relationship and in its aftermath. In addition, this factor may also influence survivors' abilities to define their relationship with the perpetrator as abusive. Indeed, survivors who have poor access to resources are more limited in the actions they can take and are therefore less able to define specific situations as unacceptable or decide to seek help (Liang et al., 2005). Thus, financial resources may contribute to survivors' perception of the abuse and what they are able to do about it (Liang et al., 2005). This indicates that physical opportunity (financial resources) may influence psychological capability. Furthermore, survivors who don't have access to financial resources may have fewer physical opportunities to leave an abusive relationship, which in turn can impact their motivation to leave and the decision they decide to take (e.g., defining their relationship as abusive, deciding to seek help). This finding is relevant to practice because it highlights the importance that governmental schemes provide sufficient physical opportunities to survivors to enable them to leave an abusive relationship.

Overall, these findings suggest that individual, interpersonal, and socio-cultural circumstances of the survivor may influence their opportunities to access support which in

turn will influence the behaviour they enact (e.g., defining their relationship as abusive, deciding to seek help from others). Furthermore, at times the course of action a survivor takes may limit their motivation, and opportunities. Furthermore, opportunity may influence capability in the context of domestic abuse help-seeking.

### ***6.3.2 The Influence of Circumstances on Capability, Motivation, and Help-Seeking***

This section argues that the barriers survivors face due to their individual, interpersonal, and socio-cultural contexts can influence their capabilities to seek help. In turn, their help-seeking capabilities will impact their motivation to do so and their help-seeking behaviour. This section further states that behaviour can influence motivation which can influence capability. Furthermore, capability may influence opportunity in the context of domestic abuse help-seeking,

Sub-theme A3 indicated that the feeling of the survivors towards the perpetrator varied. For example, although several of the survivors described how they did not love the perpetrator and wanted the perpetrator to leave them alone, other survivors described how they loved the perpetrator. However, even if the survivor still loved the perpetrator, it did not always mean that the participant wanted to maintain that relationship. All the survivor participants told a formal service-provider about the abuse. In contrast to the accounts of the survivors, the service-providers indicated that survivors may not report the abuse because they loved the perpetrator, don't want the perpetrator arrested and feel that reporting the abuse is a betrayal of a loved one. This may stem from the interpersonal dynamics of an abusive relationship. Indeed, Liang et al. (2005) state that the nature of intimate relationships can make it difficult for survivors to define the relationship as abusive. Thus, examining this through the lens of the COM-B model signifies that the dynamics of the abusive relationship

may limit the psychological capability of survivors to engage in help-seeking behaviours. As a result, they may be more motivated to stay in the relationship. Consequently, they may deny the abuse (Liang et al., 2005) which will reduce their motivation to leave and reduce their future capability (e.g., thinking about leaving). Furthermore, because they don't define the relationship as abusive, they may not seek social opportunities to speak to someone about the abuse. This indicates that behaviour can influence motivation which can influence capability. It also highlights that capability may influence opportunity in the context of domestic abuse help-seeking. Indeed, the COM-B model argues that capability can influence opportunity (West & Michie, 2020).

Sub-theme J1 indicated that the police participants stated that they had to deal with increased numbers of domestic abuse cases because survivors know what is considered domestic abuse and what the police will respond to and therefore are more confident to report it to the police. From the perspective of the COM-B model this indicates that capability increases social opportunities, which in turn influence motivation and behaviour (help-seeking).

In contrast to the survivor participants who all sought help, the service-providers also discussed the experiences of the survivors who did not seek help. Theme I further added to the accounts of the survivor participants, by indicating that the service-providers felt that some survivors may not wish to engage with services since they don't acknowledge that they are suffering from domestic abuse. Thus, survivors may not recognize the relationship as abusive. As discussed in greater detail in the Discussion section of the previous chapters, this may be due to their individual (e.g., if they have experienced childhood abuse and neglect), interpersonal (e.g., the shifting nature of abusive relationships from violence to contrition), and socio-cultural reasons (their community doesn't recognize domestic abuse) (Grigsby &

Hartman, 1997; Liang et al., 2005). Thus, these factors will influence whether they know that they are suffering from domestic abuse. It may also influence whether they define the relationship as abusive (Liang et al., 2005). Thus, it will influence their psychological capability, and, in turn, their motivation to seek help and their behaviour. Indeed, the COM-B model argues that for a behaviour to occur people need to be capable to enact it (West & Michie, 2020). This model further states that capability will often influence an individual's motivation to engage in a behaviour (West & Michie, 2020). Therefore, the IDVA and police participants noted the importance of educating the public about abusive behaviour. Examining this through the lens of the COM-B model this means that through this action one could increase the psychological capability of survivors to recognize that they are in an abusive relationship and define it as such. In return, this will hopefully, increase their motivation to seek-help.

The last two sections highlighted that domestic abuse survivors' circumstances influence their capability and opportunities to seek help which can influence their motivation and behaviour (e.g., if they define their relationship as abusive). It also suggested that behaviour can influence motivation which can influence opportunity and capability. It has also argued that opportunity and capability may influence one another in the context of domestic abuse help-seeking. In the next section, by drawing on additional theories, I will go on to explain that once survivors seek help, the congruence between their expectation of the services provided and the services survivors receive, can influence their satisfaction and whether they decide to seek help again. I will also explain the role of communicating one's victimization in this experience.

### ***6.3.3 The Influence of Expected Performance and Experience of Services on Seeking Help***

The findings of this thesis have suggested that expected performance may influence help-seeking. More specifically the account of Ruba indicated that she did not seek help from the police since she thought that the police would make her situation worse by not allowing her to solve her case the way she thought was right. In other words, she did not seek help from the police since she did not expect their response to help. Indeed, it has previously been found that when survivors hear about negative police responses it can significantly influence their likelihood to seek formal support (Liang et al., 2005). Thus, survivors' expectations of and fears about the services can act as a barrier to help-seeking (Liang et al., 2005). Thus, after survivors decided to seek help, they will not seek support from a certain service-provider because they don't expect to receive a positive response. This indicates that motivation as well as expected performance may influence from whom a survivors decides to seek help.

Expected performance will influence both those who did not seek help from a specific service, and those who did. Indeed, survivors' desires to seek help can be influenced by their prior experiences with formal services (Liang et al., 2005). Thus, when survivors seek help and their experiences with services fall shorter than they expected, their experiences can be categorized as negative disconfirmation. Consequently, they may be dissatisfied with services. This is illustrated by the account of the survivor participant Ruba, when obtaining support from the domestic abuse support organizations. The findings in Chapter 4 indicated that after Ruba decided to seek help, she felt disappointed with services for two main reasons. First, Ruba wanted to solve her case in the way she thought was right (i.e., she wanted to return to her husband rather than break up the family), but instead she was threatened by formal services that her child would be taken away. Thus, she felt that services were imposed on her. She did not expect this and was distressed by it. Second, Ruba felt that she was discriminated

against and did not receive the help other survivors in the shelter obtained due to her religion and residential status. Consequently, she felt upset that the shelter was not culturally sensitive. Therefore, in both cases her experience can be categorized as negative disconfirmation. These findings inform practice by demonstrating that services are insufficiently flexible. Any training that is provided to employees of domestic abuse organizations should include how delivery of the service can flex to and accommodate different kinds of help-seeking. In relation to this it should be added that the service-providers also indicated that it could be difficult for survivors who did not have recourse to public funds to obtain a meaningful and tailored response from the police and the domestic abuse organizations. This implies that when experiences of services fall short of expectations survivors may be dissatisfied with services and reluctant to use them again which may consequently limit their future help-seeking opportunities. Furthermore, since the COM-B model states that engaging in a behaviour can change capability and opportunity (Michie et al., 2011) it means that in providing this negative response, future capability and opportunities to engage in help-seeking behaviours can be negatively affected. Indeed, interactions with formal service-providers may influence survivors' understanding about their abusive relationship and whether to seek further help (Liang et al., 2005). This is relevant to practice because it highlights that an important reason formal survivors should provide a positive response is to enhance the opportunities and capabilities of survivors to engage in future help-seeking behaviours.

These experiences indicate that when Ruba had help imposed on her, the formal service-providers took away from her control over how her case was handled. The implications of this are important since it has been argued that some survivors may not want to hand over the control of their case to their formal service-providers (Liang et al., 2005). Therefore, these survivors may decide to seek support from informal source of support (e.g.,

friends and family) (Liang et al., 2005). On the other hand, when survivors obtain an unhelpful response from their informal networks, they may decide to seek help from formal resources (Liang et al., 2005). Thus, these survivors may engage in a cost-benefit analysis with regards to from whom to seek support (Liang et al., 2005). In relation to the theoretical model I proposed, this suggests that after the survivors decide to seek help, their cost-benefit analysis of the situation as well as their experiences when seeking support from a certain type of source (family and friends vs formal service-providers) will influence from whom and if they decide to seek help again. Furthermore, choosing a source of support will also be influenced by interpersonal (e.g., the availability and supportiveness of their informal networks can influence if they are able or willing to seek and use formal services) and socio-cultural influences (e.g., those holding patriarchal beliefs are less likely to approve seeking help from formal sources and are more likely to believe that intimate partner violence should be dealt with within the family; Liang et al., 2005).

The account of the male survivor, Jake, in Theme G2 indicated that he found it difficult to obtain an effective response since he is a man and that he was not being afforded with the same services women would receive. In accordance with Jake, the police participants and IDVAs indicated that it could be difficult for male survivors to obtain a meaningful and tailored response from the police and the domestic abuse organizations. Furthermore, the police participants discussed that societal stereotypes around gender and masculinity can prevail into the actions of some police officers (e.g., being less inclined to accept that men can be abused by women, seeing the abuse as a weakness in the character of the male victim). Thus, both the male survivor and the IDVA and police service-providers recognized that once male survivors sought help, socio-cultural factors may influence the support they receive. Furthermore, in Theme G2 we saw that Jake hoped that he would receive the same services as



other survivors, even though he is a man. He was let down, and thus dissatisfied with services according to the expectancy disconfirmation model (Oliver, 1977).

The implications of this are important. First, one should consider these findings from the perspective of the COM-B model, while adding to it the perspective of the intimate partner violence stigmatization model and the four aspects of the communication of a victimization model. As a reminder, cultural stigma can impact help-seeking behaviours (Overstreet & Quinn, 2013). Thus, due to cultural beliefs that men are perpetrators and women are survivors of domestic abuse, male survivors may encounter negative experiences when seeking help (e.g., victim blaming reactions). Examining these findings through the lens of the four aspects of the communication of a victimization (Strobl, 2004) indicate that men may encounter negative experiences when seeking help due to the social group to which they belong to. Thus, because men tend to be viewed as the non-accepted out-group when it comes to domestic abuse they may be seen as perpetrators rather than as victims (McCarrick et al., 2016). Consequently, they may be less inclined to seek help again (McCarrick et al., 2016). Second, since cultural stigma can influence stigma internalization and anticipated stigma (Overstreet & Quinn, 2013), when survivors encounter these negative experiences, it may also limit their psychological capability (psychological strength) to seek help in the future. Alternatively, the intimate partner violence stigmatization model suggests that stigma internalization is strongly and positively correlated with indirect support seeking (Overstreet & Quinn, 2013). This suggests that survivors who suffer from stigma internalization may still try to seek support by utilizing strategies which allow them to keep their identity hidden. This latter point may also be true for survivors from the LGBT community since the accounts of the service-providers, in Sub-theme H1, indicated that these survivors can also find it difficult to get help from the police and the domestic abuse support organizations. These findings can

inform practice by indicating that it is important to tackle the stereotypes formal service-providers have about male survivors in order not to limit their social opportunities to access services.

Adding to the accounts of the survivors, several of the IDVA participants indicated that it was also difficult for survivors who did not fulfil police expectations (e.g., survivors who make demands instead of appearing very vulnerable) to obtain a meaningful service from the police. In the previous chapter I have explained in greater detail by referring to the four aspects of the communication of a victimization model (Strobl, 2004) that victims who seem powerful and not vulnerable may have difficulties effectively communicating their victimization when seeking help. Thus, their experiences of services may fall shorter than they expected. Thus, their experiences will be categorized as negative disconfirmation and they will be dissatisfied with services. Consequently, they may be less motivated to seek help again the future. Indeed, the COM-B model argues that when a behaviour is difficult, people are less motivated to do it (West & Michie, 2020). This is relevant to practice because it highlights the importance of addressing the stereotypes formal service-providers may hold about survivors who don't fulfil police expectations regarding their presentation in order not to limit their social opportunities to obtain effective services.

One should examine the impact of motivation on the experience of services and satisfaction with them. Theme I indicated that police and IDVA participants believed that domestic abuse survivors' level of satisfaction with services is varied, and partially dependent on whether they want to leave the relationship. More specifically, these findings indicated that survivors who want to end the relationship and are ready to seek support will express more positive comments about services since they want to engage. In contrast, the service-providers added that survivors who are trapped in a circle of abuse can be hostile towards services

provided to them since they don't want to engage. This may stem from survivors' readiness to define their relationship as abusive and leave the relationship (Liang et al., 2005).

Furthermore, from the perspective of the COM-B model, these findings suggest that survivors who are motivated to leave the abusive relationship will express more positive comments about services. This may signify that readiness to define a relationship as abusive and leave may influence motivation, which, in turn, may influence their behaviour. Thus, the more ready survivors are to define the relationship as abusive and the more motivated they are to leave it, which, as described earlier, is influenced by their capability and opportunity to do so, the more likely they are to experience positive disconfirmation when seeking help with formal services.

Sub-themes D1, D2, and D3 emphasized that when survivors were motivated to seek help, they were often dismissed and disbelieved, and they felt uncared for. This also occurred when they reported coercive control. Their accounts described how they often faced victim-blaming attitudes from the police (e.g., believing the perpetrator instead of the survivor, implicating the survivor as a co-perpetrator in the abuse). Due to this, the survivors did not feel protected by the police, which prolonged their anxiety about the abuse. Furthermore, the survivors reported that they expected to receive a positive response when they sought help from the police and the domestic abuse organizations. From the perspective of the expectancy disconfirmation theory, the theoretical interpretation of this means that the survivors' expectations, which acted as a precursor to their help-seeking, were not always fulfilled, and their experiences can be categorized as negative disconfirmation.

On the flipside, Sub-theme D4 reported that several survivors, who initially had unhelpful experience of services from the police, subsequently expressed that after the initial negative contact, they went on to have more positive contacts with the police. In addition, one

of the participants stated that she received a protective, compassionate, and quick response, from the police, which was much better than she had expected, from the start. The theoretical interpretation of this is that when survivors had these helpful experiences, their experiences exceeded their expectations. Thus, their experiences could be categorized as positive disconfirmation. These findings inform practice by emphasizing the importance of providing a positive response to survivors. Furthermore, since the COM-B model states that engaging in a behaviour can change capability and opportunity (Michie et al., 2011) it means that by providing a helpful and meaningful response the future capability and opportunities to engage in help-seeking for survivors are enhanced, which emphasizes the importance of providing a helpful response even further.

Overall, the accounts of the survivor participants indicated that expectation fulfilment as well as police behaviour and demeanour (e.g., being cared for and taken seriously) are important determinants of satisfaction for them. In contrast to the accounts of the survivor participants, the police participants felt that they usually provided a good service. Furthermore, the police participants indicated that they recognized that domestic abuse is complex and varied. They wanted to provide empathic and respectful services to *all* domestic abuse survivors in which a thorough investigation is conducted. Thus, from the perspective of the COM-B model the police did not want to limit the social opportunities survivors have to escape an abusive relationship by providing a negative response. They recognized that survivors feel satisfied when they receive a good, prompt, and effective response from the police and in cases in which they survivors feel listened to and get the right signposting. Conversely, the police and IDVA participants explained that domestic abuse survivors might not feel satisfied with services in cases in which they: felt that the police did not take the complaint seriously; didn't feel believed; felt that the police officers were rude to them or

weren't caring and compassionate. Thus, both the survivors as well as the police and IDVAs recognized that the police can provide services in which survivors felt, dismissed, disbelieved, and not cared for. The police participants explained that a poor service can occur due to several reasons. First, the police participants indicated that dispatch is done according to resource availability and not according to which response officer has the best skills to deal with the case. Second, the findings in Theme H1 indicated that some police employees expect survivors to present with injuries. In Chapter 4, it has been explained in greater detail that according to the intimate partner violence stigmatization model this might occur due to social beliefs that abuse involves injuries (Overstreet & Quinn, 2013). Examining these findings through the lens of the four aspects of the communication of a victimization (Strobl, 2004) survivors who don't present with injuries may have trouble acquiring the status of a victim and communicating their victimization. Consequently, their experiences of services may fall shorter than their expectations. As a result, they may be dissatisfied with services and not seek help again. This finding informs practice by indicating that the actual facts of victimization may act as barriers to receiving a meaningful response when domestic abuse survivors seek help. A solution to this would be to tackle the stigmas police employees may have about domestic abuse. Being provided with effective and meaningful services should not be a lottery.

The accounts above illustrated the influence of the experiences of services on help-seeking of domestic abuse survivors. However, it is important to compare these findings with the findings on the experiences of their service-providers. Although the police participants claimed that they wanted to provide a positive response, Sub-theme J1 indicated that it was frustrating to them when survivors returned to the perpetrator, and they had to visit the same cases repeatedly. Therefore, the initial response officers explained that it can be difficult for

them to know how to make a difference in domestic abuse cases. Therefore, they felt that although they wanted to safeguard vulnerable survivors, they are only able to make a difference in a very small number of cases. This made them wonder why they even bothered. Examining these findings from the COM-B model reveals that when initial response officers had to revisit the same cases and they didn't know how they could make a difference, they felt that they didn't have the psychological strength (psychological capability) to handle these cases effectively. As a result, as the findings have indicated, it impacted their motivation to try and help. This issue was probably made worse by the fact that the police participants who work directly with domestic abuse survivors described their work as very stressful, relentless, and demanding. Thus, these issues may have impacted the stamina (psychological capability) required to provide effective help. Indeed, the initial response officers explained that their stressful work environment can mean that they may miss something when handling a case. Several police officers described how their job was even more demanding due to the high workload and low staffing levels. From the perspective of the COM-B model, this finding informs practice by indicating that in order to improve the psychological capability and, in return, the motivation of police employees to handle effectively domestic abuse cases, one needs to increase staff levels.

Sub-theme J1 indicated that it was frustrating to the initial response officers when they had to handle the same cases repeatedly. This suggests that the reality of policing domestic abuse does not match officers' expectations. This raises the question of whether these frustrations could be reduced through training that highlights the very different outcomes that there can be when attending a domestic abuse case. Sub-theme H3 indicated that the police participants felt that in order to ensure that effective services are provided to domestic abuse survivors it is important to train police employees appropriately. However, the police

participants added that most of the training was conducted online. This type of training was not considered to be as effective as classroom-based face-to-face training because it did not allow police employees to clarify information or provide opportunities to speak to people who have lived experience (i.e., survivors, perpetrators, ex-perpetrators) and other agencies. The implications of this are important since the findings have indicated that appropriate training can ensure that complex cases, which require skilled judgment, are effectively handled. Thus, when police employees are not provided with appropriate training, the response of some police employees may be poor. This is salient since the theory of Liang et al., (2005) argues that experiencing poor services and difficulties accessing services can negatively influence survivors' decisions to seek help. This aligns with the COM-B model, which argues that when a behaviour is hard, people are less motivated to enact it (West & Michie, 2020). This finding informs practice by indicating that by improving the training police employees obtain (e.g., by providing them with classroom-based training and opportunities to speak people with the lived experience or other agencies) one could potentially increase the motivation of domestic abuse survivors to seek help. However, improving on the training by providing opportunities to speak to survivors directly one could also try and increase the understanding (psychological capability) of initial response officers as to why survivors return to the perpetrator, which may consequently reduce their frustrations when this happens.

Sub-theme J2 indicated that although the police employees felt that it was satisfying when they were able to help domestic abuse survivors, their work was psychologically taxing since they were exposed to traumatic incidents. Despite this, several of the police participants reported that there was little emotional support available, and they were expected to just cope. They mainly relied on friends, family members, and colleagues for emotional support. Although several police participants felt that they were able to cope, another senior police

officer described how some police officers may have difficulties coping and therefore leave their job. A police participant working for the Public Protection Unit stated that having more emotional support easily accessible is important. Examining the findings through the lens of the COM-B model indicate that handling domestic abuse cases can impact the psychological strength (psychological capability) of officers. This in turn may influence their ability to effectively support domestic abuse survivors. This finding informs practice by emphasizing the importance of providing police employees with appropriate emotional support. Reducing absenteeism and presenteeism due to poor mental health would also aid in addressing issues with staffing levels.

The accounts of several of the survivors indicated that they were dissatisfied with the way they were treated, and with the way their case was handled. For example, it was important for the survivor participants to obtain good communication from the police and the domestic abuse organizations. Survivors described good communication as finding out correct information pertaining to their case without needing to ask for it multiple times and being followed up on to see how they were doing. When good communication occurred, it had a positive effect on survivors, providing positive disconfirmation, and helping them in their recovery. However, when this did not happen it provided them with a negative disconfirmation. The implications of this are important, since the findings in Theme E indicated, that this negative type of experiences can undermine survivors' willingness to return to the police for help. This finding informs practice by emphasizing that it is important to ensure good communication between the service-providers and the service-users.

Similarly, the accounts of the police and IDVAs, in Theme H2, also indicated that communication could be improved. Their reports argued that, in order to provide a tailored and meaningful response, it was important that the police and IDVA participants work



collaboratively. The police and IDVA participants expressed frustration at poor communication between the organizations. For example, one of the police participants was frustrated when it was difficult for him to communicate with CPS and medical providers regarding a domestic abuse case (e.g., difficulties obtaining medical records from medical providers which can include important corroborating evidence; difficulties sharing digital files between the CPS and the police due to technical difficulties which may pertain to important evidence). In addition, the police participants felt that it is important that there is collaborative work within the police itself which did not always occur. Furthermore, the IDVA participants were frustrated that although they easily shared information with the police, the police held a lot of information which the IDVAs didn't have access to. They felt that obtaining this information was important since it ensured that the IDVA dealt with the case appropriately. Furthermore, the court IDVA described how responses to survivors were compromised due to the disjointed work between the domestic abuse organizations and the agencies' lack of knowledge regarding what the other agencies are doing. She added that the best response for a survivor is a multi-agency response because it is coordinated.

These findings from the service-providers are important since they indicate that due to these difficulties, service-providers' knowledge pertaining to a case may be limited. The COM-B model states that for an individual to engage in a certain behaviour they need to be psychologically able (i.e., have the knowledge) to execute the behaviour (McDonagh et al., 2017). Furthermore, capability can influence motivation to engage in a behaviour (Michie et al., 2011). In other words, Michie et al. (2011) state that when a behaviour is difficult, we are less motivated to do it. However, when we believe that we can do it, it will increase our motivation and the behaviour will most likely occur (Michie et al., 2011). Overall, this means when communication between or within organizations is poor it can impact the capability of

domestic abuse service-providers to provide effective service, due to their limited knowledge, which in turn might also influence their motivation to provide help. In contrast, when communication is good (e.g., when the IDVAs share information with the police) it can positively influence the capability of the service-providers to provide meaningful services, due to their enhanced knowledge, which can also motivate them to do so. This finding is relevant to practice by emphasizing that to ensure the capability and motivation of service-provider to provide services to domestic abuse survivors one needs to improve the communication both within and between organizations.

The police participants felt that the availability of police officers affected domestic abuse survivors' satisfaction with services. Indeed, Theme F indicated that several of the survivors felt that in contrast to their expectations they did not receive a rapid response, which prolonged the duration of the abuse and left them worried about their safety. From the perspective of the expectancy disconfirmation model these findings indicate that when the survivors did not receive the rapid response they expected, their experiences can be categorized as negative disconfirmation. In contrary, Theme F also indicated that one of survivors, Myra, felt that she was very happy when the police came quickly when she called. This left her reassured and confident. Myra also reported that due to this police response her partner stopped being physically abusive towards her since he was worried that she will contact the police. Thus, from the perspective of the expectancy disconfirmation model her experiences can be categorized as positive disconfirmation. Examining these findings from the perspective of the COM-B model indicate that these experiences are significant because they can influence the motivation of domestic abuse to seek help again. Furthermore, when examining this finding through the lens of the COM-B model, they also have important implications on police employees. More specifically they signify that similarly to domestic

abuse survivors who may have difficulty leaving an abusive relationship due to financial resources (Grigsby & Hartman, 1997) police employees may also face a similar barrier in the environment (e.g., resources) which in turn can influence their physical opportunities to provide survivors with effective services with which survivors are satisfied with. These findings inform practice by highlighting that to improve the help-seeking opportunities of domestic abuse survivors one needs to increase police resource and provide a rapid response. This will, hopefully, heighten the motivation of survivors to seek help, which would help to ensure violence reduction. However, since the accounts of the survivor participants also illustrated that a rapid response may not mean an effective response (e.g., when the survivors are disbelieved) it means that improving police resources is not enough and that one also needs to ensure that police employees treat survivors in a compassionate and non-judgemental manner.

Overall, the account of the survivors emphasized that one of the important factors which determine whether survivors are satisfied with services provided is expectation fulfilment and whether their experiences can be categorized as negative or positive disconfirmation. Similarly, Theme I indicated that the police participants reported that expectations influence whether survivors are satisfied with the services provided by the police. If the survivors' expectations are fulfilled, they are satisfied, but if they are unfulfilled, they are dissatisfied. However, a senior police participant explained that at times survivors' satisfaction with services might be unjustified. For example, some survivors might think that they had a good service when the police did little to help. Moreover, sometimes some survivors may have low expectations and therefore are satisfied with the services even though the service should be delivering to higher standards. However, other survivors may feel that the services provided are terrible, but that the police did all they could do. Similarly, other

police employees reported that survivors may be critical of services if their expectations are unrealistic (e.g., not receiving an immediate response even though they are not in immediate danger). Therefore, they suggested that it could be beneficial to improve the knowledge of domestic abuse survivors about police services which could potentially increase their level of satisfaction with services. The findings here indicate that this would be the case if services are good, but that if services are not meaningful they need to be improved. However, these findings highlight that it is important that survivors have high expectations of police services so that they feel comfortable asking for help. Furthermore, once survivors seek help, the police should ensure that survivors' high expectations of the service are fulfilled or exceeded, so that survivors feel that can approach the police again. However, it also indicates that the public should also have a better knowledge about police services. Ways to improve this knowledge will be reviewed in the next chapter.

The implications for practice of the different components of the model have been discussed throughout this chapter. However, one should also reflect on how the model is relevant to practice overall. First, it is crucial that service-providers recognize that individual, interpersonal, and socio-cultural influence can impact survivors' motivation to seek help. Consequently, survivors may have different tipping points for seeking help and may want different sorts of solutions. Second, service-providers should consider that expected performance may also influence survivors' decision to seek help. Since survivors' likelihood of seeking help is highly influenced by what they have heard (Liang et al., 2005), it is imperative that the police and the domestic abuse organizations recognize that the response that they provide to a survivor affects a wider network of people beyond the survivor themselves. Third, it is important that service-providers consider that the satisfaction of domestic abuse survivors with the services they provided may influence their future help-

seeking behaviours. Thus, if they fail to provide a meaningful response in which survivors feel believed, understood, and care for it may reduce survivors' motivation to seek help again which will diminish their capabilities and opportunities to do so. This may be especially true for survivors whose expectations from services are high.

## **6.4 Strengths and Limitations**

The weaknesses of the theoretical model I proposed should be reflected upon. This model has several weaknesses in this context. The first limitation is related to seeing the survivors as an active agent for change. The limitation of doing so is that it may make survivors responsible for change when there are other issues in the system which are problems (e.g., the response of formal service-providers). Second, for my integration of this model, I was able to draw upon the accounts of only one male survivor. I also did not have access to the accounts of survivors who did not seek help, or of survivors from the LGBT community. Although the accounts of the police and IDVAs helped in providing their perspective on the accounts of additional male survivors, and their understanding on why survivors may not want to engage with services, it would be important to include the representation of further survivors in future work. The third weakness of the model I proposed is similar to that of the expectancy disconfirmation model: it is limited when it comes to understanding the journey of people whose expectations of services are low to begin with, and who subsequently received a bad service after seeking help. It indicates that their experiences can be categorized as zero disconfirmation, but this has limited explanatory value. The implications of this are especially important in domestic abuse cases. If domestic abuse survivors have a poor expectation and then receive a poor service, their expectations will only make their experience more tolerable (since they will not be surprised when they receive a bad service). However, it will not

improve their levels of satisfaction with services and encourage them to seek help again when they need to. Given that members of minority and marginalized communities may already have poor trust in police (Femi-Ajao et al., 2020), it is important for future theoretical development that this issue is addressed within the next iteration of the model. Further empirical data may be needed to achieve this. Similarly, it is important for the police and the domestic abuse organizations to consider how they can improve public expectations of their responsiveness to domestic abuse cases. This involves improving the standard of response, but also successfully communicating that those standards have been raised. The fourth weakness of this model is that it does not provide recommendations to the service-provider on what actual steps are needed to raise the standard of services so that the public has a high expectation of it (e.g., the actual steps needed to improve the communication between the different service-providers). This is where the EBCD component can be critically important – because it allows communities and services to develop solutions to these problems. These solutions are important in order for the public to feel that going to the police and the domestic abuse organization is worthwhile, and that when they actually receive services their high expectations are fulfilled.

The strengths of the model I proposed should also be reflected upon. First, since this model sees the survivor as an active agent for change, it allows us to examine how one can empower people and how one can make it possible to have a better experience of a service. Second, the theory I proposed integrates several theories together and therefore provides more holistic perspective on domestic abuse help-seeking which goes beyond what each theory proposes individually. This will hopefully provide researchers with an opportunity to explain and predict help-seeking behaviours of domestic abuse survivors in the sense of how, why, and when they occur, as well as what areas needs to be focused on to increase help-seeking.

Third, the model is applicable both to instances in which survivors sought help from the police and the domestic abuse organizations, and in instances in which the survivor felt that she had help imposed on her. Fourth, it also demonstrates why survivors might be satisfied or dissatisfied with the services that they obtained. Thus, in line with a previous study (Reisig & Chandek, 2001), the model I proposed provides the police with a valuable framework in order to examine if they need to improve their practice. Fifth, in some instances, it also helps us to understand how police practice can be improved so that domestic abuse survivors are satisfied with the services they have received. For example, it highlights the importance of believing survivors and improving communication.

## **6.5 Conclusions**

This chapter examined the similarities and differences between the interview studies. The accounts of the survivors, highlighted above, indicated that survivors may face various barriers when trying to seek help which may impact their opportunities to seek help as well their capabilities to do so. The accounts of the police and IDVAs recognized similar influences. The implications of these barriers are important since they may influence survivors' motivation to seek help. Thus, these barriers as well as expected police performance can act as determinants to help-seeking. However, the accounts of the survivors also indicated that once they sought help their satisfaction with services was determined by congruence between their expectations of the services that they will receive and the quality of the services they actually got. It is important to note that the police participants also stated that the level of satisfaction of survivors with the services received is dependent on the quality of services they obtained and whether their expectations were fulfilled. These two groups also recognized similar determinants for satisfaction (e.g., taking the concern seriously, believing

them, obtaining effective help even if the survivor's case does not fit the mould, the importance of good communication). Their (dis)confirmation played an important role in seeking help again. The congruence between the account of the survivors and the perspectives of the police employees implies that police employees have realistic views and understanding of the needs and expectations of domestic abuse survivors from their services. Furthermore, they both have similar perspectives on how services could be improved. Therefore, it is not surprising that they both identified similar priorities for change in the feedback groups which were brought to the co-design event. Together, these findings indicate that perhaps, some issues lie with some first responding rather than with all police employees (e.g., all initial response officers, the trained Public Protection Officers). This is a significant issue as some survivors might be more hesitant to seek support again from the police after having a negative experience when they first sought help.

This chapter has used these findings in order to propose a new integrated theoretical model which has been named *Holistic Perspective on Help-Seeking*. This model helps to explain the help-seeking experiences, behaviours, and decisions survivors make when suffering from domestic abuse. The next chapter is the Overall Discussion and Conclusions chapter and will bring this thesis to a close.



## Chapter 7

### Overall Discussion and Conclusions

#### 7.1 Introduction

This thesis aimed to: (a) understand domestic abuse survivors' experiences of help-seeking; (b) understand service-providers' experiences of that process; (c) reflect on the suitability of EBCD as a tool for improving that process; (d) propose an integrated theoretical model to explain help-seeking of domestic abuse survivors. The aim of this chapter is to bring all these chapters together through an overall discussion. This chapter will first examine how this thesis adds to knowledge, demonstrating how it extends and informs the theories I have drawn upon through the thesis. The second part of this chapter will review how the keypoints and the themes relate to one another. This chapter will then discuss the overall findings, implications, and future research directions. The chapter will then cover the adaptations the project made in order to use EBCD with the domestic abuse survivors for the first time, and the implications of this for future research. This will hopefully aid people who want to use EBCD in a policing setting in the future. This chapter will conclude, by examining the strengths and limitations of the thesis as a whole and will end with conclusions and the "take home" messages.

#### 7.2 Contribution to Knowledge

I have aimed to advance the field and make a clear contribution to knowledge in this thesis. The thesis demonstrates where and how I have met this aim in two main ways. The first is by demonstrating that, although it might be challenging EBCD *can* be implemented in

a policing setting with victims and particularly with domestic abuse survivors. Thus, this thesis has shown that it is possible for domestic abuse survivors and their formal service-providers to co-design services in partnership. Indeed, the project this thesis is based on generated several actions plans which have been implemented in the Regional Strategic Plan for Domestic Violence. By demonstrating that EBCD can be used with victims I hope that I have extended research into the scope, adaptation and implementation of EBCD. I have shown that EBCD has the potential to improve services for domestic abuse survivors as well as for their service-providers. As described in greater detail in Chapter 1, services that are tailored to survivors' needs will be more satisfactory to them, and in turn, survivors may be more likely to use them. Thus, co-designed improvements may have benefits for violence reduction.

In the thesis, I have also demonstrated which modifications EBCD may require for successful implementation in this setting. For example, although a 'typical' EBCD project may use video recordings to capture participants' voice as well as observation (Donetto et al., 2015), I have discussed why this may be less suitable in this setting. This is described in greater detail in section 7.6 below. As another example, I have demonstrated that conducting EBCD with victims in a policing setting require a substantial time commitment due to the challenges it faces (e.g., difficulties recruiting survivors – see Chapter 3 for further detail) which is an important consideration for future research projects. Thus, the thesis has added to knowledge by hopefully setting a reference point for future initiatives.

The second way that I have added to knowledge in the thesis is by proposing an integrated theoretical model to explain the help-seeking experiences of domestic abuse survivors from a holistic perspective. Thus, it has been titled 'Holistic Perspective on Help-Seeking'. It has been described in detail in the previous chapter. This integrated theoretical

model advances the field because I have shown how the individual models applied in isolation do not sufficiently explain domestic abuse help-seeking. Therefore, I have integrated them, with further ideas drawn from the COM-B model (Michie et al., 2011) and the expectancy disconfirmation model (Oliver, 1977) to provide a more holistic perspective on help-seeking. This in turn increases our understanding about the topic, especially around interventions and how to tailor them to suit survivors needs.

Although I have proposed this theoretical model, it is also important to consider how the findings may inform the further development of the theories that I have used throughout this thesis. We have seen that survivors may face various barriers when suffering from domestic abuse. For example, they may face barriers from their environment, family and social role expectations, psychological consequences of the abuse, and childhood abuse and neglect issues. I have drawn upon the barriers model (Grigsby & Hartman, 1997) to shed light on these issues. However, the barriers model (Grigsby & Hartman, 1997) tends to focus primarily on women, and this thesis extends the model by discussing how men also face barriers in their environment from the police and the domestic abuse organizations. This was not only supported by the account of the male participant, but also by the description of the police and IDVA participants when describing the experiences of other male survivors. This thesis has extended the barriers model by demonstrating that its assumptions may also apply to *male* survivors. Furthermore, by examining my findings through the lens of the intimate partner violence stigmatisation model I described that another barrier that domestic abuse survivors face is stigma.

We have seen that individual, interpersonal, and sociocultural factors may influence whether domestic abuse survivors define their relationship as abusive, whether they decide to seek help, and whom they select as their source of support. I have used the intimate partner

violence stigmatization model (Overstreet & Quinn, 2013) and the help-seeking model of (Liang et al., 2005) to critically evaluate the experiences of a range of survivors. The findings regarding these survivors extend these theoretical models in three ways. First, these models have focused on the experiences of female survivors, but in this thesis, we can see they appear to apply to findings about male survivors, thereby extending the reach of both theories. Second, since this thesis included a sample of domestic abuse survivors, it highlights that these models do not only apply to cases of intimate partner violence, but to cases of domestic abuse in general. Third, and this also applies to the barriers model described above, the models I utilized describe the experiences from the perspective of the survivors, and don't explicitly focus on the perspectives of the service-providers (e.g., why they believe survivors may remain in an abusive relationship). This thesis does so, and therefore provides a fuller perspective on help-seeking as a process.

I have critically examined the findings of this thesis by utilizing the four aspects of the communication of a victimization model (Strobl, 2004). For example, this thesis has demonstrated that male survivors, and survivors who don't fulfil police expectations regarding their appearance (don't appear as very vulnerable, weak, are not compliant with police demands) may have difficulties obtaining effective support from their formal service-providers. Two aspects of this theory should be reflected upon. First, I should emphasize that this model is a general theory of victimization: although it uses an anecdote of a domestic abuse case to describe the implications of the model, it is not theory which is specific to domestic abuse. Thus, my thesis has applied the theory to the accounts of survivors, as well as the accounts of the police and IDVA participants who described the experiences of additional domestic abuse survivors. Second, one should consider the details of the anecdote. The anecdote describes a case of domestic abuse in which effective service are provided by the

police due to the successful communication of victimization. The anecdote describes that the survivors were seen as helpless, weak, cooperative, could not be blamed for the situation, and that for the police it was clear what needs to be done. Although my thesis argues that police are more likely to consider that a case of victimization has occurred when survivors are cooperative, it also extends and informs the model in multiple ways. First, the anecdote this model provides is about what happens when effective services are provided, but this thesis extends it by examining the experiences of survivors who receive a negative response. This is especially important when trying to describe the barriers to successfully communicating victimization. Second, in contrast to the anecdote, my findings illustrate that when people experience domestic abuse they may not always be perceived as weak and helpless, and they may even be blamed by the police for their abuse which in turn limits the knowledge of the police on what needs to be done. Third, my thesis has applied the theory to the account of a male survivor, as well as the accounts of the police and IDVA participants who reported the experiences of additional male survivors. Thus, in contrast to the anecdote my thesis extends it by applying it not only to the accounts of female survivors, but also to the accounts of *male* survivors.

The findings from this thesis have demonstrated that survivors' circumstances influence the opportunities and capabilities of domestic abuse survivors' and in return their motivation to seek help. I have used the COM-B model (Michie et al., 2011) to shed light on this issue. However, while doing so I have extended the theory. The COM-B model is an overarching theory of behaviour (McDonagh et al., 2017), but does not focus on domestic abuse. Therefore, this thesis informs the theory by indicating that it can also be applied in this setting. Furthermore, two additional points should be added in relation to this point. First, this thesis has used the COM-B model to shed light on how the aspects which were discussed in

the barriers model, the help-seeking theory of Liang, the intimate partner violence stigmatization model, and the four aspects of the communication of a victimization model influence help-seeking, opportunities, and capabilities. By doing so I have extended these models. Second, the COM-B model argues that enacting a behaviour can influence motivation, opportunity, and capability (Michie et al., 2011). However, it does not examine the role of satisfaction with services on behaviour. I have examined this issue when describing my theoretical model, by utilizing the expectancy disconfirmation theory (Oliver, 1980), thereby, extending the COM-B theory. Furthermore, by using the ‘four aspects of the communication of a victimization’ I was also able to inform the expectancy disconfirmation theory (Oliver, 1980) by examining which factors mediate the encounter between expected performance and satisfaction with services (successful communication of one’s victimization).

### **7.3 The Keypoints vs the Themes**

Chapter 3 described the project this thesis is based on and outlined the results of the keypoint analysis. Then, in Chapter 4 and in Chapter 5 I have explained the findings of the subsequent reflexive thematic analysis for the accounts of the domestic abuse survivors and the findings of the template analysis for the accounts of the police employees and IDVAs. While outlining the finding in these two chapters I have also underlined the keypoints which formed part of the themes and sub-themes. In this section I will describe how the themes and keypoints relate to one another.

Some themes are clearly and directly consonant with corresponding details in the keypoints. For example, the sub-theme called “*it is perceived to be difficult to get effective help when your problem does not fit the mould*” shares the title of a keypoint. Other examples may be less direct than this, but there is strong conceptual congruence between the two

analyses. This can be considered a form of methodological triangulation, providing confirmation that these patterns in the data are robust and visible with more than one approach.

However, differences are also evident, and these are important because they highlight what is gained (beyond triangulation) by applying the more comprehensive reflexive thematic approach. First, in contrast to the keypoints, the themes communicate the experience of suffering from domestic abuse, which also forms an overarching category. This is important since it helps to explain those circumstances which survivors face when suffering from domestic abuse and which are not directly related to service provision. For example, it can shed light on barriers the survivors may face in their environment except their formal service-providers (e.g., that survivors might suffer from domestic abuse from their partner, but it can also be from other family members); the nature of the interpersonal relationship (e.g., the shifting behaviour of the perpetrator); the ways in which culture impacts help-seeking; and provides insight into the cultural beliefs held by society (e.g., that men and women have to comply to different rules when suffering from domestic abuse due to the societal beliefs which tend to view men as perpetrators and women as survivors of the abuse).

Second, because the themes provide this additional overarching theme on the “experience of suffering from domestic abuse”, they provide an experiential ground for the keypoints themselves, helping us to contextualise and understand them. For example, the sub-theme “*men and women have to comply to different rules when suffering from domestic abuse*” provides context to the keypoint “it is perceived to be difficult to get effective help when your problem doesn’t not fit the mould” because it helps to explain that service-providers may be impacted by the societal beliefs when providing domestic abuse with services which can influence stigmatizing reactions survivors may face.

Third, the themes help to understand the psychological mechanisms and reasoning behind some of the keypoints. For example, Theme D, “*the importance of being understood, believed, and cared for*” illuminates the psychological mechanisms for the keypoint “positive contact can help survivors feel safe and reassured”. This helps us to understand that in order for survivors to feel safe and reassured, they also need to be understood, believed, and cared for.

Finally, the themes help us to understand how the concerns identified in the initial keypoints cluster together. This kind of integrative synthesis is a core feature of all forms of thematic analysis (that’s what a theme *is*). The conceptual development from a ‘longlist’ of concerns (keypoints, codes) to a ‘shortlist’ or organizing patterns of meaning (themes) is important for enabling dialogue between analysis and theory, and for communicating the findings to a wider audience. For example, the keypoint “the police wouldn’t understand” and the keypoint “it can be difficult to get/find help” sit together under the theme “*the importance of being understood, believed, and cared for*”. Thus, the theme helps to explain that two related reasons why survivors may be reluctant to seek help and feel dismissed, disbelieved, and not cared for is because “the police wouldn’t understand” and “it can be difficult to get/find help”. Subsequently, this theme then feeds into the dialogue with the integrated help-seeking theories.

Overall, then, themes provide the added value of providing further experiential meaning around the keypoints (e.g., further light on the experience of suffering from domestic abuse which are not directly service provision related, context, psychological mechanism) as well as signify their potential structural integration.

Similarly, to what has been described above, the themes generated by the template analysis for the accounts of the police and IDVA participants provide added value to the



keypoints. First, it helps us to understand which keypoints can be clustered together. For example, the keypoints “organizations can be poor at communicating with each other”, “it is vital for the police to get good information in order to tailor their response”, “once other people were involved, their support/involvement was often very helpful to survivors” sit under the sub-theme *“multi-agency approach and collaboration within services are important in order to provide a more tailored and meaningful response”*. Thus, by clustering all the different keypoints together one is able to consider how the keypoints relate to one another and form part of a multi-faceted theme. Furthermore, in relation to the keypoints and sub-theme just described, structuring the keypoints under the themes help to explain their meaning more intuitively. For example, it might be unclear at first that the keypoint “once other people were involved, their support/involvement was often very helpful to survivors” is related to communication, but by clustering it with these other two keypoints under a sub-theme which focuses on communication it’s meaning becomes immediately clearer.

Second, the themes help to provide insights on to some of the issues identified in more ‘concrete’ form by the keypoints. For example, the police and IDVA participants explained that for survivors “it is perceived to be difficult to get effective help when your problem doesn’t not fit the mould” (which is a keypoint). The keypoint sits under the sub-theme *“the police and IDVAs should provide tailored, meaningful, and rapid responses to survivors”*. Thus, the keypoint identifies that it is problematic when the police and IDVA fail to provide an effective response to survivors’ whose problems are not considered typical (e.g., male survivors). However, the sub-theme suggests that a tailored, meaningful, and rapid response would be a solution to the problem proposed by the keypoint. Third, the keypoints and themes integrate into one another. For example, one of the sub-themes is *“the police and IDVAs should provide tailored, meaningful, and rapid responses to survivors”*. Under the sub-theme

sit the keypoints “services need to be ready to support people who will have different ‘tipping points’ for seeking help” and “positive contact can help survivors feel safe and reassured” and “a good response is a prompt and effective response”. This suggests that a way to provide a tailored and meaningful response is by supporting survivors who will have different ‘tipping points’ for seeking help and by providing a positive, prompt, and effective contact. Fourth, the template analysis brings up aspects about which factors influence reoccurring help-seeking which have not been covered by the keypoints. For example, one of the generated themes is “*satisfaction of domestic abuse survivors with services provided by the police and IDVAs is varied*”. This theme is important since, as suggested by the integrated theoretical model I proposed, it can help to explain whether survivors decide to seek help again. However, this issue was not covered by the keypoints. Therefore, this theme adds value to the thesis in the form of integrated concepts which can be connected to theory.

However, it should be emphasized that – conversely - the keypoints also add value to themes. More specifically, the keypoints help to explain and provide context to the sub-themes. For example, under the sub-theme “*police work can be challenging relentless, and dangerous*” sits the keypoint “it can be difficult for the police to know how to make a difference in domestic abuse cases”. Thus, this keypoint helps to explain and shed light on why police work can be challenging, relentless, and dangerous.

In sum, this review of the keypoints vs. the themes indicates that even after conducting a thorough keypoint analysis, it is worthwhile conducting a more formal analysis since it increases our understanding about the research topic.

## **7.4 Overall Findings on the Experience of Suffering From Domestic Abuse, Help-Seeking, and Improving Police Practice**

This thesis explored the experiences of survivors as well as the experiences of representatives of the police and IDVAs when seeking/providing support and has used EBCD in order to try and improve these experiences. The research produced two overarching findings. First, this thesis found that EBCD can be used to improve police practice, especially in relation to domestic abuse (this will be discussed in greater detail in section 7.6). Second, through discussing the findings through the lens of different theoretical models it has proposed an integrated help-seeking theoretical model which has been reviewed in the previous chapter which provides a holistic perspective on the topic. However, it is also important to consider the more nuanced key findings which have emerged through the themes, keypoints, feedback groups, and co-design event. However, prior to reviewing them it should be emphasized that most of the key findings relate to help-seeking since this was the main focus of the thesis. The experience of suffering from domestic abuse is reviewed more briefly since this information was mainly included to help set the scene and understand why help-seeking is complicated.

The first key finding which was evident in the accounts of the survivor participants as well as the accounts of the police employees and IDVAs was that domestic abuse is a complex and varied experience. For example, some survivors may wish to end the relationship, while others may want to remain in the relationship, but have the abuse stop. The findings highlighted that domestic abuse relationships are complex since relationships are dynamic and survivors make sense of their experiences in the context of other people's expectations. In other words, some survivors may remain in the relationship because their

culture views divorce as shameful, or feel that they need to comply to different societal rules due to their gender.

The second key finding is that specific circumstances sometimes influenced opportunities for help-seeking. There were several examples of this. First, children acted as a barrier to help-seeking (e.g., due to fear that the perpetrator will retaliate by hurting the child), but also as a motivator (e.g., to be a good role model to one's children). Second, several of the survivor participants (e.g., the male survivor) described how they had difficulties obtaining a meaningful response since their experience didn't fit the mould. Similarly, to these survivor participants, the police and IDVA participants also recognized that there were circumstances in which survivors can find it difficult to get help. For example, their accounts also indicated that it can be difficult for survivors who don't fit the mould to access meaningful and tailored support. The IDVAs also described how male survivors receive an additional level of scrutiny not reportedly applied to female survivors – whether their reported abuse is genuine or a counter-allegation. Therefore, it is not surprising that the police and IDVA participants added that they did not often provide support to male survivors since men are reluctant to report the abuse and embarrassed to admit it. These findings emphasize that it is important that service-providers keep an open mind about who needs help and provide all survivors with a humane first contact. This was one of the consensus areas brought to the co-design event. The action plan proposed was to improve survivor experience by providing more specialist support with trial of domestic abuse specialist car.

The third key finding indicated that all stakeholder groups (i.e., survivors, police employees, and IDVAs) felt that due to the variation of domestic abuse cases it is important that tailored services are provided. For example, the accounts of the survivors indicated that it was important for them to obtain a victim-centred, rapid, and meaningful response in which

they felt understood, believed, and cared for. However, their accounts also shown that they could find it difficult to get help, especially when they first sought it. They felt that the police could be ineffective, make things worse, and they feared that the police would not understand them. This could also occur when they suffered from coercive control. Furthermore, the findings from the survivors indicated that services need to provide a prompt and effective response as well as support people who will have different ‘tipping points’ for seeking help. Therefore, it is important that services ready to support people who will have ‘help’ imposed on them as well as those who want different sorts of solutions. If this does not occur, it can undermine their willingness to return to the police for help. However, the survivors described how once other people were involved (e.g., IDVAs, police officers from the Public Protection Unit), their support/involvement was often very helpful to them. Thus, when positive contact did occur, it made them feel safe and reassured. However, it should be emphasized that one of the survivor participants felt that she received an effective and meaningful response from the start. The implications of this are important since, as this thesis has demonstrated, the abuse can have accumulative and sustained consequence on their lives (e.g., it can have a ripple effect on their lives and impact the way they feel as a person).

In contrast to the experiences of the survivors, the police participants indicated they recognized that it was important to them to provide a tailored, meaningful, and rapid response to survivors. Furthermore, they recognized that positive contact can help survivors feel safe and reassured. A good response was seen as a prompt and effective response. Furthermore, they indicated that policing and prosecution is not the best outcome for all survivors, and therefore, only one solution to the complicated landscape of domestic abuse. Thus, the police employees recognized that survivors might not report the abuse to the police since they: are fearful that the police will not understand them; perceive police services to be ineffective, or

even make things worse. Thus, similarly to the survivor participants, they felt that it was important that services are be ready to support survivors who will have different ‘tipping points’ for seeking help, have had ‘help’ imposed upon them, and want different sorts of solutions. However, the police participants recognized that their response is varied and that not all survivors receive a meaningful response. Therefore, they described the satisfaction of domestic abuse survivors with services as also varied. However, the readiness of survivors to leave an abusive relationship and expectation fulfilment were also considered as important factors influencing survivors’ satisfaction with services. The IDVAs also stated that it was difficult for survivors who did not fulfil police expectations to get a meaningful service from the police (e.g., survivors who are non-compliant with most of the police’s demands). The IDVAs argued that an unhelpful response when seeking help, can undermine survivors’ willingness to return to the police for help. Since providing a meaningful response was recognized as important, one of the consensus areas brought to the co-design event was about having a range of options for responding which don’t place further burdens on the survivor or their children (e.g., not requiring them to move away from the area). The two actions plans generated focused on putting more emphasis on perpetrators (e.g., more routine discussions and monitoring of perpetrators at MARACs, development and trial of ‘brief stay’ respite accommodation for perpetrators).

However, it should be highlighted that although the police wanted to provide a victim centred response, they also recognized that this might not be always possible. For example, they stated that at times they might need to put more pressure on the survivor to leave the relationship or remove the child from their care (e.g., when survivors protect the perpetrator over the children). Thus, they saw that all professionals need to be aware that children, or the relationship with the children, may be put at risk. Moreover, the police and IDVA participants

stated not everyone knows that they are suffering from domestic abuse or what the police can do to help. They stressed that to prevent the occurrence of domestic abuse it is important to educate the public about abusive behaviour. Indeed, one of the consensus areas brought to the co-design event was about improving peoples' knowledge about when and where to seek help, and what to expect. The two action plans put forward at the co-design event was to improve young people's knowledge about healthy relationships with a campaign /education programme in school and to launch a survivor-informed review of the help which is on offer, to identify areas for improvement.

The fourth key finding indicated that although the accounts of the police recognized the importance of providing a humane non-judgemental service, there is also at times a mismatch between what the police think is making a difference and what the survivors think. Although the accounts of the police recognized that, at times, they may not be proactive enough, it was important for them to stop the occurrence of domestic abuse due to several reasons: protect the survivor and other vulnerable parties and also prevent crime which they must respond to whenever they are aware it's happening. They want to achieve this efficiently, especially since police service is already overstretched. Therefore, police officers, especially those working directly with domestic abuse survivors, described how it was frustrating to them when: the survivors did not want the perpetrator arrested, they could only make a difference in a small number of cases, they often had to revisit the same cases again and again. They felt that it can be difficult for them to know how to make a difference in domestic abuse cases. In addition, they were also worried about getting it wrong, and they would be blamed and potentially fired if the survivor would end up being revictimized again, which would "paralyze" them in their decision making. Therefore, they described their work as challenging, relentless, and dangerous. Furthermore, the police participants described how,

although they felt that supporting domestic abuse survivors was worthwhile, they felt that the work was psychologically taxing and that there was little professional support available. Police employees often had to rely on their colleagues, family, and friends, for emotional support. As a result, police employees may be burnt out or experience compassion fatigue. Due to these determinants, police response might be different to what survivors want. These findings emphasize that it is important to improve the psychological support the police provide to its employees. Therefore, as expected, one of the consensus areas brought to the co-design event was developing support for police officers. Unfortunately, as discussed in greater detail in Chapter 3, no actions plan was designed for this area. Therefore, it is important to reflect how psychological support can be improved which will be discussed in section 7.5 below.

The fifth key finding was that all stakeholder groups felt that good communication was important to obtain/provide effective services. For example, the survivors described that it was important for them to be followed-up on, and how they did not want to have to ask for information multiple time. Since this did not always occur, they felt that organizations can leave them excluded from the processes. Similarly, an IDVA participant explained that organizations can leave survivors excluded from their processes, when they do not explain to survivors why they are not being helped. Furthermore, the police and IDVA participants stated that a multi-agency approach and collaboration within services are important to provide a tailored and meaningful response, but that this did not always happen since organizations can be poor at communicating with each other. Furthermore, the police participants stated that it was important for them to get good information in order to tailor their response. The findings also emphasized that the police participants valued their work with the IDVAs. Furthermore, they felt that some survivors may find it easier to trust the IDVA than the police



(e.g., when the survivor doesn't want to pursue a prosecution). Therefore, they felt that once other people were involved their support was often very helpful to survivors. However, the IDVAs described their experience of working with the police as frustrating. The accounts of the service-providers together with the accounts of the survivor participants emphasize that in order for a meaningful response to occur it is important that there is collaboration between the different service-providers themselves (e.g., police, IDVAs, domestic abuse organizations, CPS, medical providers) and between those service-providers and the survivors themselves. Therefore, as to be expected one of the consensus areas brought to the co-design event was improving information sharing and collaboration across organizations. The action plan proposed was to develop an online resource which provides details on the different help-seeking pathways and the help which is available at them.

The sixth key finding was that the police participants felt that training was important to provide a meaningful response, but that it was not properly provided (e.g., police employees mainly learned through experience, their colleagues at work, and training days). Thus, most formal training, which tended to focus on new legislation and polices, was provided online, but they felt that face-to-face classroom especially when they can speak with people who have the lived experience was considered more effective. The police and IDVA participants also highlighted that improved training could ensure that tools which are used to handle domestic abuse cases (e.g., risk assessments) could be implemented more effectively. Furthermore, they described how there are tools which aren't always used, aren't available everywhere or are not effective. Together, these findings emphasize that it was important for the police participants to obtain effective training which will help them execute their work. Therefore, it is not surprising that one of the consensus areas brought to the co-design event was developing this training. The action plan designed at the co-design event suggested to

improve domestic abuse training to all response officers by delivering it by a range of media (e.g., face-to-face and survivor-led).

I have highlighted above the key findings from this thesis as well as reviewed the actions plans which were consequently proposed at the co-design event. The next section will aim to cover additional implications for practice from these findings as well as future research directions.

## **7.5 Implications and Future Directions for Police Practice and for Services Provided by the Domestic Abuse Organizations**

This thesis has demonstrated that domestic abuse is a multi-layered experience. Through the accounts of the survivors as well as the accounts of the police I have indicated that a variety of factors play a role in survivors' decision to seek help (e.g., environment, interpersonal, socialization). This highlights that domestic abuse is not a unitary construct, but a complex situation which is experienced differently by survivors and that this is shaped by the survivors' histories and values (Liang et al., 2005). Therefore, some survivors may want to leave the relationship and punish the perpetrator, while others may want to remain with the perpetrator and view the abuse as a consequence of stress and poverty (Liang et al., 2005). Furthermore, the findings of this thesis have also indicated that not all survivors may recognize that they are suffering from domestic abuse. Therefore, it is important to educate the public about abusive behaviour. However, as the intimate partner violence stigmatization model has indicated even when survivors seek help, they may face stigmatizing reactions due to negative cultural beliefs about intimate partner violence (Overstreet & Quinn, 2013). Furthermore, as this thesis has already discussed, survivors may internalize these stigmatizing beliefs following a judgemental disclosure (Overstreet & Quinn, 2013). These findings are

relevant to practice in multiple ways. First, it indicates that more education is required to eliminate certain beliefs about among survivors and the general public. Broad public awareness campaigns should emphasize the impact of domestic abuse on survivors, their children, and the community (Fugate et al., 2005). These campaigns should urge survivors to conclude that their experiences are significant enough to ask for help and should assist others in whom survivors disclose to realize that any domestic abuse justifies support (Fugate et al., 2005). This may also reduce the shame and embarrassment that survivors feel while sending a clear message to perpetrators that their actions are unacceptable (Fugate et al., 2005). However, if survivors still want to remain with the perpetrator service-providers should realize that not all survivors want the same solution and that policing, and prosecution is only one solution. In these cases, as the police participants have indicated, services should try to rehabilitate the offender and treat the root cause of the abuse. Therefore, it is important that training that is provided to police employees should think about how to increase knowledge about why survivors might decide to remain with the perpetrator and consider how the delivery of services can accommodate different kinds of help-seeking.

This thesis has also demonstrated that the formal services provided by the police and the domestic abuse organizations to domestic abuse survivors are variable. More specifically, the accounts of the survivors indicated that when they first sought help, they were often dismissed, disbelieved, and not cared for. These cases illustrate that some services might not take the threats of perpetrators seriously enough. Furthermore, the accounts of the police emphasized although it was important for them to provide a meaningful response, this did not always occur. As a result, survivors may be dissatisfied with the services provided. The consequences of this are principal since as the *holistic perspective on help-seeking* model suggested a negative response may limit survivors' help-seeking opportunities, but also

reduce their satisfaction with services and limit their motivation to seek help again. However, it is important that all survivors have equal opportunities to access support which is humane, non-judgemental, and tailored according to survivors' needs and wishes. This has several implications for practice. First, this thesis has already covered the importance of ensuring that survivors are satisfied with services. Second, it indicates that it is important that service-providers should try to understand survivors' perspectives and address the abuse as the survivors define it, instead of the way they define it (Liang et al., 2005). Thus, it is important that service-providers try to solve problems *with* the survivors instead of *for* the survivor. Future research could explore the *process* of definition in the different stages of readiness for change (i.e., pre-contemplation, contemplation, and preparation states) through which survivors evaluate and define their abusive relationship (Liang et al., 2005).

My findings have indicated that the police and IDVA participants felt that to provide a meaningful response it is vital to improve the training police officers receive, and also to improve the communication between the service-providers themselves (e.g., between the police and IDVAs). Furthermore, the survivors discussed that good communication between themselves, and their service-providers was important to them. These findings are relevant to practice by indicating that communication needs to improve. There are several solutions to this. One which was not proposed at the co-design event but stated by a police participant is to have the police, CPS, and health services work through the same systems or have the same protocols so that information can be easily shared. A second solution is to discuss the importance of communication in training while also making it mandatory to ensure that it actually occurs. For example, the police may discuss the importance of communicating with IDVAs and following-up with survivors in training, but also making it compulsory.

The findings of this thesis have also indicated that the police should take steps to improve the psychological support they provide to their staff instead of relying on informal mechanisms. However, no action plans were generated to address this matter. Therefore, it is important to consider the implications for practice. This is especially salient since police officers may have reservations about obtaining psychological help since it is often stigmatized in policing (Papazoglou & Tuttle, 2018). Consequently, some police officers may use maladaptive coping skills (e.g., avoidance, alcohol) to try to dissipate symptoms which are associated with stress and trauma (Papazoglou & Tuttle, 2018). Examining this through the lens of the *holistic perspective on help-seeking* implies that police employees may not be motivated to obtain support due to stigmatizing reactions, which, in turn, will negatively influence their abilities to do so. This is relevant to practice because people who are willing to ask for help in stressful scenarios are more likely to experience job satisfaction (Carlan & Nored, 2008). This is especially important since a decrease in job satisfaction has been proven to be followed by an increase in the intention to leave and vice versa (Koslowsky, 1991). Consequently, this can impact turnover, attendance, and performance (Koslowsky, 1991). Thus, the model I proposed may not apply only to domestic abuse survivors but also to the help-seeking experiences of their service-providers. Future research could explore this more in-depth. This research could be conducted not only with police employees but also with other professionals who may experience compassion fatigue. For example, this may include healthcare, emergency, and community service workers (Cocker & Joss, 2016). Thus, this model may go beyond the field of domestic abuse.

These issues in collaboration with the findings of my thesis highlight that it is important to consider which actions can be taken to increase the motivation of police employees to seek psychological support. A previous study by Papazoglou and Tuttle (2018)

has covered this issue and has provided several recommendations which aim to assist clinicians working with police officers who are exposed to severe stress and trauma in their role. They recommended clinicians to: become familiar with police culture and work; increase their knowledge about the complex nature of police trauma and stress (e.g., by reading relevant articles and attending police-related conferences); including family members of officers in treatment planning especially since the stress experienced by officers can have a negative impact also on their families; persuading officers to obtain psychological support (e.g., by incorporating psychological training into the police training curricula; partnering with high-ranked police officials to encourage the important role of obtaining psychological support while using positive and strengths-based language) (Papazoglou & Tuttle, 2018).

One of the findings of this thesis indicated that police employees felt that domestic abuse survivors might be critical of services because their expectations of services are unrealistic. Therefore, they suggested that it would be helpful if domestic abuse survivors knew more about how services work which would hopefully, consequently, increase their satisfaction with services. With the caveat that standards of services should of course always aim for improvement, this is relevant to practice because it indicates that public knowledge on police work could be improved. A solution to this is by advertising and increasing the opportunities for ride-along programs. In these programs civilians are provided with the opportunity to ride with officers during their shift (Papazoglou & Tuttle, 2018). This can increase one's knowledge about the responsibilities and day-to-day role of officers and insight into police work (Papazoglou & Tuttle, 2018). Consequently, the public might be less critical of police services and more satisfied with services provided. It should be added that this approach may also prove to be beneficial to clinicians who are trying to improve their knowledge about police work (Papazoglou & Tuttle, 2018).

Throughout the thesis, I have also discussed the importance of training to provide a meaningful response. Furthermore, the findings indicated that police participants found training to be ineffective and that police employees mainly learned through experience and their colleagues at work. This resonates with the findings of Stanko and Hohl (2018) which argued that police training is ineffective because the training which is provided is not challenged by people from outside the police, there is little written training material which learners can take home to review and refresh, and it is not conducted by experts in the subject. Instead, it is delivered mainly by former operational officers who share their tacit knowledge (Stanko & Hohl, 2018). Stanko and Hohl (2018) recommend that to ensure that police employees can think critically about complex domestic abuse situations it is vital that the training focuses on evidence about successful interventions which stem from outside the force/academia. To improve police training it could be valuable to have written material which police employees can take home; have the training delivered by people who are experts in the subject; and ensure that the material taught is informed by research in the field.

This thesis has indicated that in order to try and improve services for domestic abuse survivors it is helpful to involve those with a lived experience. This is especially important since as this thesis has demonstrated, police employees feel that they learn the best when they have the opportunity to speak to domestic abuse survivors and perpetrators. Therefore, it would be valuable for the police and the domestic abuse organizations to conduct similar EBCD research projects in the future. These projects could be conducted with other vulnerable populations, in other localities, and even with the general public experiencing other types of criminality (e.g., rape survivors). Since this project only included one male survivor and no survivors who did not seek help, it would be valuable to conduct further policing projects with broader representation of service-user needs. This could be conducted

by trying to recruit survivors from a larger geographical area across the county, especially during the research phase when recruitment can be more difficult.

This project only focused on the experiences of domestic abuse survivors. Thus, it did not examine those of perpetrators when receiving services. Previous research has highlighted that both women and men can perpetrate intimate partner violence (Thornton et al., 2010). Therefore, it would be useful, for the police, to conduct an EBCD research project with this population. This would be useful since taking their perspectives into account could help in the creation of services which serve both parties needs well and would benefit survivors too.

However, in order to conduct these types of projects one needs to take into account funding (Locock et al., 2014). For example, the cost of compensating service-users and service-providers for their expertise, time, and travel. One also needs to calculate the cost of hiring a venue in order to execute the interviews, feedback groups, and co-design event. A vulnerability of a project which does not have sufficient funding is that it relies on goodwill. Thus, one needs to take into account the time-commitment such a project requires.

In order to conduct further EBCD projects, the police could hire an organization (e.g., a university) or an external person (e.g., an independent researcher) to conduct the project. Alternatively, the police could try to embed EBCD into their routine practice and inside work by employing a group of police employees who execute this type of work regularly. This would potentially have two benefits. First, if EBCD becomes the routine practice of the police, the police would already have the people and procedures in place to execute this type of work easily and quickly. As a result, this would yield the second benefit, of securing that the EBCD process would be a cyclical one instead of the linear process described here. This would be ensured since the police employees who conduct this type of work would be responsible for executing it regularly. However, the benefit of hiring an independent research



partner would be that they would be able to provide an outside oversight, and a neutral perspective. In any case, embedding EBCD into policing practice would add to the way the police mainly sought feedback in the past (e.g., on-line surveys to a large volume of survivors; HM Inspectorate of Constabulary, 2014) and instead have a more focused approach, which could provide more in-depth information and victim-centred services.

In order to encourage the police to commit to invest in additional EBCD projects in policing settings it would be valuable for the next police based EBCD researchers to gather evidence about the effectiveness and acceptability of utilizing interventions in this setting (Sekhon et al., 2017). One could achieve this by conducting a research study which examines the experiences of domestic abuse survivors and their service-providers of being involved in an EBCD project. These experiences could be explored through conducting audio-recorded interviews and focus groups with participants from these stakeholder groups. The interviews and focus groups would focus on the participants' involvement in the EBCD project (at what stage/s they were involved and what their involvement entailed); how they were involved in the EBCD project (e.g., how they were invited; why did they decide to take part; their expectations, hopes, and fears of the co-design event); what was the experience of participating during the co-design event itself (e.g., their experience of working in mixed groups; the process of identifying shared goals; the experience of hearing about other people's experience of the service; how they would improve the co-design event); their reflections on the barriers and facilitators of implementing the action plans (e.g., if anything happened or if anyone did something which was particularly helpful or unhelpful in terms of working towards improvements in the service); and what they would like done differently at future EBCD projects. Following these interviews and focus groups the transcripts would be

anonymized, and the researchers would look for patterns and themes in the transcripts, in order to learn about how well the EBCD process worked.

In order to gather this evidence, it would also be of importance to conduct a research study to evaluate the formal consequences of an EBCD project on police work. For example, by examining the satisfaction of domestic abuse survivors with services who have received services both before and after the action plans have been implemented. An additional factor which could be examined is the attrition levels of their service-providers from the police and the domestic abuse organizations before and after the EBCD project. A further way to gather this evidence is by conducting interviews with a diverse sample of service-providers in order to examine if they believe the action plans had an impact on their work.

## **7.6 Overall Findings: Adapting EBCD in Order to Involve Domestic Abuse Survivors**

This thesis has argued that several adaptations might be needed in order to successfully conduct EBCD in this setting. These adaptations were not difficult to make. Indeed, a study examining the adaptations made to previous EBCD projects has found it to be a flexible approach, which could be modified according to the project's needs (Donetto et al., 2014). Here, I first describe the ways in which this project was conducted which are more typical of an EBCD project and I then discuss the adaptations made. First, as with other EBCD projects (Bate & Robert, 2006), the aims and methods of this project were designed around principles of collaboration and learning from stakeholder experience. Second, similarly to other EBCD projects (Donetto et al., 2014), the research phase of this project included interviews with service-users and service-providers who were interviewed about their experiences of receiving/providing services. Third, these interviews and subsequently

the keypoints were identified and cross checked by several researchers by searching for themes across the data set (Robert, 2013). Fourth, correspondingly to other EBCD projects (Donetto et al., 2014), this project included small co-design groups in which service-users and service-providers tried to design action plans for improving services together. Fifth, much like other EBCD projects (Larkin et al., 2015), this project was guided by a steering group.

This project included adaptations due to the considerations it faced. The situation in policing is different to healthcare, where EBCD has originated from (Bate & Robert, 2006). Furthermore, it has not been used before with domestic abuse survivors and therefore there were no studies, I could review in order to help me in my decision-making about how to conduct this project with this population. I tried to adapt the method in the best way that I could and in the closest way to the spirit of EBCD that I could. I will describe the adaptations I included and the reasons for doing so, with the hope that it will assist researchers if they conduct an EBCD project with this population or with other victims of crime in the future. I will describe this in the table below.

**Table 14***Adapting EBCD in Order to Involve Domestic Abuse Survivors*

<b>Modification</b>	<b>Reasoning</b>
<i>“Touchpoints” renamed “keypoints”</i>	This modification was included in order to be sensitive to the needs of domestic abuse survivors; after it was reported, during a steering group meeting, that domestic abuse survivors felt uncomfortable with term touchpoints.
<i>No observations due to safety concerns and non-specialist role of first responders.</i>	Typically, non-participant observations are conducted in order to understand the experiences of patients from the perspective of both patients and staff as well as see both of these groups interact (Donetto et al., 2014; Robert, 2013). However, a previous study has found that one of the most often eliminated EBCD activities is non-participant observations (Donetto et al., 2014). In this project, the police were not keen on observations since they felt that it would be unsafe for me to do so. In addition, it would have been difficult to shadow initial response officers since their work is varied and they don’t necessarily go from one domestic abuse incident to another. However, as an alternative to that I was able to get another service-provider perspective on the help-seeking experiences of the domestic abuse survivors through the IDVAs and the employees of domestic abuse organizations.
<i>In-vivo interviews and quotes rather than video-recordings</i>	In EBCD projects films are used to get the services-users to consider their priorities for change during the feedback groups (Robert, 2013). Films are also used in the co-design event for a stimulus for peoples’ focus on the areas for development (Donetto et al., 2015; Robert, 2013). However, a survey has found that approximately half of previous EBCD projects have used audio-recordings when interviewing their patients and staff (Donetto et al., 2014). Similarly, in this project I captured the experiences of survivors and staff through audio-recordings. I then fed quotes from them (which illustrated the keypoints) into the feedback groups and co-design event. I also used in-vivo interviews with survivors in the steering group in order to provide stimulus for participants to focus on areas for development during the co-design event.
<i>Identifying priorities for change</i>	This modification relates to the process used in order to identify the priorities for change. This had two elements, which will be addressed below:

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**Modification**

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**Reasoning**

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- *Priorities for change identified mainly collaboratively rather than via a survivor only event:* The project did not include an event in which several service-users came together alone in order to determine their shared priorities for change (Robert, 2013). This was because it was very difficult to recruit survivors without the involvement of the domestic abuse organizations. However, as a positive, the joint feedback group allowed for service-providers to be available in case survivors needed support and it also provided an opportunity for joint priorities to be identified. Identifying joint priorities for change was a good thing since it allowed the service-users and the service-providers with an opportunity to reflect how their views might align, but also differ from one another. It also prepared these stakeholder groups for the collaborative work of the co-design event. However, I did collect feedback from one of the survivors through a one-to-one meeting.
- *Process of identifying joint priorities for change:* Another modification I made was when I identified the priorities for change of the service-providers. In a typical EBCD project the service-providers usually view the film about the experiences of the service-users for the first time only during the first co-design event (Robert, 2013). The film is then used by the service-users and service-providers in order to identify their joint priorities for improving services (Robert, 2013). In contrast, borrowing from previous research (Larkin et al., 2015), after the feedback groups, I searched with the other members of the steering group for the commonalities between the accounts of all of these stakeholder groups in order to identify their joint priorities for change. I fed these results through to the co-design event. I did this to avoid the survivors feeling discomfort from the service-providers learning about the experiences of the service-users for the first time during the co-design event. Therefore, the feedback group was used as a way for the stakeholder groups to anticipate how they would feel about talking about their priorities with the other groups as well as to examine how their perspectives on these issues match or clash with the perspective of the other stakeholder groups, while doing so in a safe place. The aim was to encourage collaboration rather than hostility and defensiveness.

*Aim of co-design event: designing action plans rather than*

In a typical EBCD project, the joint priorities for change for the different stakeholder groups are identified during the first co-design event (Donetto et al., 2015). However, borrowing from a previous study (Larkin et al., 2015), in this project, the co-design event was used in order to design

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**Modification**

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*identifying joint priorities for change*

action plans for the joint priorities for change instead of identifying the joint priorities for change themselves. There was a risk that participants might not attend multiple events because of limited funding, disengagement, hectic schedules of the service-providers, and the practicalities to get all of the stakeholder groups to come together in one place at an event which was not taking place at one organization but bridging several. Therefore, in order to avoid an eventuality of no action plans being identified for the joint priorities for change the steering group decided that it would be useful to design action plans already during the first co-design event. However, the steering group did ask the co-design groups to continue to meet after the co-design event. On the flipside, the co-design event produced several useful action plans. However, according to my knowledge the small working groups did not continue to meet. The key learning point from this is that there needs to be researcher involvement in any further events to keep momentum.

*Seeking ethical approval for the research phase of the project*

EBCD projects do not require ethical approval since they are undertaken as quality improvement design projects (Springham & Robert, 2015). One of the key adaptations made to EBCD when working with more vulnerable populations, in less equitable and/or more complex systems, has involved treating the first phase as research, and then meeting accepted ethical standards for collecting, managing and sharing those data (Larkin et al., 2015). In order to safeguard survivors and staff, I sought ethical approval for the first phase of the project. There were several implications for this:

- *Drawing lines around consent and data sharing*: The advantage of seeking ethical approval was that I was better able to draw clear lines around consent and data sharing. However, following ethical standards consistent with an academic research project did have an impact on recruitment and engagement (e.g., the content, level of detail, or formality of an information sheet can seem daunting to some survivors).
- *Conflict between seeking the perspective of those with a recent experience of receiving services vs. them being in a safe place to do so*: The eligibility criteria to be involved in the project had an impact on recruitment of survivors. Since one of the aims of the project was to evaluate *current* services, the steering group decided in the beginning to include only survivors who had experienced abuse in the past year. However, the organizations who tried to help and recruit survivors felt that many of the survivors who had recently experienced abuse, were not suitable due to their vulnerable state. As a consequence, my research

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colleagues and I sought an amendment to the ethics application and extended the inclusion criteria for recruitment from 12 months to 24 months. This did help, but it was also clear that most service involvement went to on while the abuse was a risk. As risk reduced, so did service involvement. Since it was important for the steering group only to interview survivors who were in a safe place to participate it was difficult to recruit survivors for the project.

- *Limited flexibility*: Research ethics committees' requirement about contacting and recruiting potential participants are stringent. It would have been easier to conduct the research phase of this project, with more flexibility. For example, during an awareness-raising event, a survivor who attended the event approached me, and wanted to participate immediately. However, the recruitment protocol required me to provide her with the information sheet and give her time to read it. I provided the survivor with my contact details in order to schedule an interview, but unfortunately, she did not get back to me. This indicates that seeking ethical approval for the research phase of the project can limit flexibility of involving participants in the project. On a positive note, this example highlights that conducting an EBCD project with ethical approval does provide survivors with the allotted time to thoroughly consider if they would like to participate, what their participation would involve, and what will be done with the data collected.

*Conducting an EBCD project across multiple services instead of in a contained context*

EBCD projects are normally conducted in a single contained setting (Robert et al., 2021). For example, in a ward, clinic, or hospital (Larkin et al., 2015). Of course, the larger this context, the more variants within it: a hospital may host many wards, a service may host multiple teams, and so on. However, in my project, there were multiple services. These services had different aims and cultures and responsibilities shaping their responses to survivors. For example, of the partners who were involved in this project, only the police have direct responsibility for addressing criminality. Charges and prosecutions are not their only priority, but they are the only directly responding organization who have this responsibility. Thus, this thesis has demonstrated that EBCD can also be implemented in a project in which there are multiple services who hold different responsibilities.

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The implications of the table above are that researchers can tailor EBCD to the vulnerable population they are working with and to their study. For example, this study has found that domestic abuse survivors did not feel comfortable with the term touchpoints. This might also apply to other victims (e.g., rape survivors). I have also reflected on the use of audio-recording and quotes instead of film. The findings of my thesis demonstrate that there are multiple ways in which experiences of service-users and service-providers can be captured in a powerful way and fed into the subsequent phases of the EBCD project (e.g., quotes and an in-vivo interview). The method, through which one captures these experiences, should be tailored to the wishes of the participant (e.g., if a person wishes to be involved in the research phase, but prefers to do so anonymously). In addition, the table has captured the benefits of seeking full ethical approval by ensuring best practice is followed regarding consent and data sharing. However, it also demonstrated the negative impact it can have on recruitment and engagement. The implication here, is that researchers should try to seek approval for several different methods and plan for challenges that can arise around recruitment and timescales.

## **7.7 Implications and Future Directions for EBCD Research**

It is important to note that there are limits to the scale and scope of collaboration in EBCD. It is not wholly equitable (Donetto et al., 2015), and this project was not either. For example, it was initiated, part-funded, and hosted by the police. Thus, it relied on them (e.g., those in power) to offer opportunities to the survivors to share power, which they did not have to do. Although the project did try to empower survivors and distribute the power more equally between the different stakeholders it was not equitable. This was because the service-providers could have decided not to implement the action plans generated from the project. However, it is difficult to imagine a project in which there is equal distribution of power



between citizens and the police, or a situation in which citizens lead the project, since the aim of the police is to be in charge. However, it was a step towards it. This came across when the survivors designed action plans alongside their service-providers during the co-design event. In addition, there was representation of survivors on the steering group, who were involved in the implementation of the project (e.g., they provided their feedback on the interview schedule, developed recruitment strategies, reviewed the keypoints, assisted with planning and running the co-design event). Thus, the co-design approach used in this project tried to encourage citizen participation by creating several platforms in which survivors worked in partnership with their service-providers in order to co-design improved services. Therefore, in this thesis, we moved beyond service-providers trying to improve services through simply consulting with service-users (e.g., by asking them to complete a satisfaction survey) to more of a partnership approach, which involved collective ownership of co-designing services (Arnstein, 2019; Donetto et al., 2015).

Although it was hopefully an empowering and positive experience for the survivors involved in the project, there were limitations to their involvement. For example, although there were survivors who were involved throughout the whole project, such as the domestic abuse representatives of the steering group and one of the survivor participants, different survivors were involved in each of the phases of the project. This was a limitation since often in EBCD it is helpful to have a core of consistent participants, and to blend these injections of people who bring new perspectives as the project develops (Piper et al., 2012). However, it can also be a challenge in EBCD projects to retain participants for their entire duration (Piper et al., 2012).

In this project, it was difficult to retain the survivors because many of them either changed their phone number and I was unable to obtain their new phone number or they

moved out of the county and felt that travelling to the co-design event would be too far for them. The consequence of this was that the new participants were not as familiar with the story so far, and perhaps not so well prepared for the collaborative working of the co-design event as they might have been in a more 'typical' EBCD project (Robert, 2013). Although the co-design event provided survivors with an opportunity to legitimize their views and express their thoughts and feelings about the services they or other survivors have obtained; it did not always happen in the way that it was hoped for by the steering group. For example, although some survivors were vocal and shared their opinions, others were very quiet. Furthermore, similarly to what has been expressed by others (Donetto et al., 2015), once action plans were determined, the hierarchical power went back to the service-providers as it was their responsibility to implement the action plans. In some cases, these plans needed to be developed further in order to be implemented, without necessarily consulting with survivors in order to do so.

Although this project tried to involve domestic abuse survivors, future research should consider if there would have been ways to involve them even further. As with many other EBCD projects, my research colleagues and I identified the keypoints (Robert, 2013). However, we tried to compensate for this by asking the survivors involved in the steering group to provide their opinion on the identified keypoints and on the joint priorities for change. Moreover, we also met with them at the start of the analysis in order to discuss what to beware of (Locock et al., 2019). In addition, aligning with the EBCD approach, it was my colleagues and I who led the interviews and co-design event. However, it was still important for us to provide the survivors with an opportunity to share with us anything they felt they wanted to and thus the interview schedule only acted as an aid from which one could deviate. Future EBCD projects could ask those with the lived experience of the service to gather the

data while the researchers guide them through the process in a facilitative role. This might also generate richer data, since survivors might feel more comfortable disclosing their experiences if they knew that interviewer themselves was also a survivor. This could make the process easier on other survivors since they would not be fearful that they would be judged (Olsen & Carter, 2016). Another way to involve those more with lived experience would be to ask survivors who sought help from the police and/or the domestic abuse organizations to analyse the data, following training to determine if they identify different themes (Locock et al., 2019; M. Williams et al., 2019). However, in order for this to occur it is important to pay survivors for their time (Hague & Mullender, 2006). In this project, it was not possible to involve the survivors more due to limited funding and we felt that ethically it would have been difficult to require further involvement of domestic abuse survivors without payment being an option. However, services will spend money if outcomes are effective and processes acceptable (Sekhon et al., 2017). This could be examined through the follow-up studies covered earlier in this chapter (see section 7.3).

## **7.8 Overall Strengths and Limitations**

This project had several barriers, which helped the project work, and several enablers which one needs to take into account, which will be covered in the table below. They have been discussed throughout the thesis but are consolidated here. They signify the strengths and limitations of this project, and therefore are covered here. Taking this into account will hopefully help future researchers when conducting their own EBCD project.

**Table 15**

*Barriers and Enablers This EBCD Project Faced*

<b>Barriers</b>	<b>Enablers</b>
Steering group dissolved. This made it more difficult to develop the action plans which were generated at the co-design event. Therefore, it is unclear to what extent they had been implemented.	Dedicated steering group. This helped to project move forward and solve the challenges it faced.
High staff turnover.	Active participation of domestic abuse survivors in the steering group.
Difficulties recruiting domestic abuse survivors due to their vulnerable state.	Police willing to be involved in an EBCD project and push it forward.
Participation of domestic abuse survivors in the co-design event was more limited than hoped for.	Interviews and focus groups helped to learn about the experiences of domestic abuse survivors, police employees, and IDVAs. The quotes from these events helped to represent their voice.
Due to their hectic schedule some domestic abuse organizations had no time to find domestic abuse survivors for the project, which limited recruitment.	Several domestic abuse organizations were very dedicated to help me find domestic abuse survivors, who were eligible to participate, involved. The good connection between the domestic abuse organizations and the survivors helped in recruitment and engagement with this project.
It took a long time to complete the project, but we wanted to execute the project carefully in order to avoid a bad outcome.	Survivors were involved in this project, as part of the steering group and as participants, since they wanted to improve services.
Limited budget (e.g., difficulties compensating survivors for their time and expertise).	

This thesis had several limitations which are connected to one another and therefore represent the overall limitations. First, although the sample of the survivors for the first phase of the study was diverse and included participants from both genders and from a mixed group of ethnicities, it was small. For example, survivors who did not seek services were not

included and there was only one male participant. Therefore, the findings of this thesis are not generalizable to all domestic abuse survivors. Second, due to the small sample size of survivors during the research phase, I faced difficulties of ‘carrying over’ service-users from one phase to the next (i.e., only one survivor participated in all three phases). One consequence of this was that the different survivors who participated in the different phases were not familiar with the ‘story so far’, and perhaps not so well prepared for the collaborative working of the co-design event as they might have been in a more typical EBCD project (Robert, 2013). However, I was grateful to have the input of everyone who spared me their time, and I was fortunate to be able to bring in new people to offer survivor perspectives at the feedback and co-design stages. Future researchers could try to retain the same membership of survivors from start to finish of the project by keeping them up to date about the progress of the project (Piper et al., 2012) through a bulletin, having a messaging group or another online platform through which survivors can stay in touch, and having multiple types of contact details for the same person.

Despite these limitations, the thesis had a number of strengths, not least being successful implementation of EBCD to a policing setting with victims for the first time. I did so with consistent involvement of service-users on a very dedicated steering group, and with good representation from the full range of stakeholders across the three phases of the project. I managed to maintain high ethical standards to protect vulnerable participants during the research phase, even if this also meant that I lost out on the involvement of some of those people. The identification of keypoints was conducted systematically, drawing on all data collected during the first phase. During the feedback phase, there were less formal ways for people to contribute and they did not need to share their personal experiences. This widened the range of people that I heard from. In this respect, the shift in focus and activity (e.g., no

formal data collection) of the EBCD project helped me to get more people involved, and in different ways. At the end of the process, I ran a co-design event where all participants were respectful of each other. At that event, stakeholders worked energetically and constructively together to produce a set of progressive and innovative plans, designed to improve help-seeking for domestic abuse. The feedback on the event was excellent. I have received confirmation from the lead organization – the police – that they intend to implement the plans from the project.

## **7.9 Conclusions**

This thesis is novel and has the potential to have an impact on practice, theory and future research. First this thesis had proposed an integrated help-seeking theoretical model which tries to increase our understanding on this topic from the perspective of domestic abuse survivors, police employees, and IDVAs. It goes beyond understanding how individual, interpersonal, and socio-cultural influence impact help-seeking by examining how capabilities, opportunities, motivation, successful communication of victimization, and satisfaction with services also influence this. Consequently, it tries to provide a holistic perspective on the topic which can inform interventions. Second, this thesis has added to knowledge by demonstrating that EBCD can be used in a policing setting with domestic abuse survivors and that the action plans generated from it can be adopted into police work. Therefore, it increases our knowledge of how EBCD works and for which populations especially surrounding the topic of domestic abuse. This can act potentially as a reference point for future police practice in terms of further such initiatives as well as for future EBCD research projects in this setting.

Beyond the importance of examining help-seeking from a more holistic perspective to have a more enhanced understanding of the topic and the significance of using EBCD in a policing setting with victims and especially with domestic abuse survivors this thesis had several additional “take home” messages. First, it has demonstrated that domestic abuse is a complex and varied experience, with significant and sustained consequences, in which individual, interpersonal, and socio-cultural factors play a significant role. These influences can impact the help-seeking opportunities of both female and male survivors. Furthermore, not all survivors want the same outcome. Therefore, it is important that the police and the domestic abuse organizations take this into account and provide tailored, meaningful, rapid, and victim-centred services to *all* survivors as well as be followed-up on. I have argued that it is imperative that survivors feel understood, believed, and cared for, in order to enable them to make live-saving engagement with services. Unfortunately, according to the statements of the survivors and the service-providers who participated in this project, this does not always occur, and standards of services are variable. When this does not occur, it can lead not only to the dissatisfaction of domestic abuse survivors with services, but also undermine their willingness to return for help in future, with significant implications for their safety.

Second, this thesis has argued that police work with domestic abuse survivors can be challenging, relentless, dangerous, and psychologically taxing. However, as the findings have indicated, there is little formal psychological support accessible and police employees often need to rely on informal resources. This can have significant implications for their well-being. Therefore, it is essential that they are provided with formal psychological support which is easily accessible.

Third, to provide an effective and meaningful response, it is crucial to improve the training that is provided to police employees, and to improve multi-agency collaboration

between organizations (e.g., police, IDVAs, CPS, medical providers). This will help to ensure that a coordinated and consistent response is provided which takes into the account the complexities of domestic abuse. Furthermore, training should involve those with lived experience of domestic abuse, to increase service-providers' understanding of survivors and of what they find helpful and unhelpful.

I hope that as a result of this project and thesis future EBCD projects in a policing setting will be implemented, so that police services can be genuinely co-designed benefitting both those that provide the service as well as those who receive it. In conclusion, through an EBCD approach in a policing setting we can really start to make a difference for the people who matter.



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## **APPENDICES**

## Appendix A - Service-User Participant Information Sheet



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# PARTICIPANT INFORMATION SHEET

### **Domestic Abuse Services: An 'Experience-Based Co-Design' Study.**

We would like you to consider this research study and then decide whether or not you wish to take part. Before you decide whether to participate or not it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information and decide whether or not you wish to take part.

#### **1. What is the purpose of this study?**

Experience based co-design (EBCD) is an approach to research and service development. In EBCD, the people who use a service, and the people who provide a service, work together to identify problems, design improvements and then make these improvements. Together with [name of county] Police and the [name of city] Domestic Violence Forum, the University of Birmingham is co-ordinating an EBCD project on domestic abuse services in [name of city]. The first stage of an EBCD project involves conducting research to learn about people's experience of the services that they have been involved with.

The researchers are Dr. Michael Larkin, Dr. Gemma Unwin, Ms. Shoshana Gander-Zaucker, Ms J'Nae Christopher.

#### **2. Why have I been invited?**

You have been involved with a service provided by one of the support organisations in [name of city] that are helping us with this project, and we would like to learn about your experience.

#### **3. Do I have to take part?**

It is up to you to decide whether or not to take part. If you decide to take part we will ask you to sign a consent form indicating your willingness to participate in the study. Taking part in the study is voluntary.

#### **4. What will happen if I take part?**

If you decide to take part in the study you will be invited to meet with one of the University's research team, who will ask you questions about your experiences. You will be asked whether you would prefer a male or female interviewer. The interview will take approximately forty-five minutes, and the researcher will ask to hear your story, in your own words. They will ask to hear about the support and services which you accessed. Your interview will be audio recorded so that we can transcribe it, and represent your views accurately. In the transcript, we will change your name, and any other real names that you use in your interview. We will look for touchpoints (things which made a difference to you) and themes (ways in which your experience is similar to the experience of other participants in the study) in the transcribed interviews.

You may like to put together a brief timeline ahead of the interview to help you note down key dates and events, such as when you contacted police/other services and what happened. This might help you to prepare for the interview and to think about things that you would like to discuss and think about things that you might prefer not to talk about, such as things that might upset you. Should you become upset in the interview, the interviewer will offer to suspend the interview, you can also ask to take a break. We can arrange for you to talk to an Independent Domestic Violence Advisor during a break or after the interview. It is up to you what you tell us in the interview – you can decide not to answer certain questions and ask the interviewer to move onto different topics.

#### **5. What do I have to do?**

Once you have registered your interest in the study by completing and returning the 'permission to contact' slip, or telling the researcher, you will be contacted to arrange an interview. This can be conducted at a time convenient for you, and we can suggest a choice of venues. If you have any questions about the project, the researcher will answer them. At the interview you will be asked to sign a consent form, confirm that you are happy to take part, and to give your permission for the interview to be recorded. Once the interview has been conducted, no further involvement is required.

#### **6. Expenses and payments**

If you incur travel expenses in order to attend the interview, these expenses will be reimbursed upon request up to a maximum of £15. Please keep your receipts and tickets so that we can reimburse you.

#### **7. What are the possible benefits of taking part?**

You will not directly benefit from taking part in this study but your contributions will help to inform service improvements, and will contribute to research about better understanding the needs of people who have experienced domestic abuse.

#### **9. Will my taking part be kept confidential?**

Your taking part will be kept confidential, and once arrangements have been made for the interview to take place, your personal contact details will no longer be stored. All transcript and audio data will be stored on password protected storage devices accessible only by the research team members involved in this study. You will be allocated a unique pseudonym (false name) and your interview transcript will be anonymised at the point of transcription. Staff not directly involved with your interview will know you only by this pseudonym.

In certain situations, we may tell someone about your participation and what you have said. This will only happen if the interviewer thinks that you or someone else is at risk of harm. In these situations, the interviewer will seek advice from the Strategic Lead for [name of city]'s Domestic Violence Forum so that appropriate notifications can be made.

#### **10. What if I change my mind about taking part?**

You are free to withdraw from the study before the interview, during the interview and during a two week reflection period after the interview, and you can do so without giving a reason by contacting/telling the researcher. You can also contact the researcher if you are worried about any particular details you might have shared; if necessary, we can mark a selected section as 'not for quotation.'

#### **11. What if there is a problem?**

If you wish to complain about any aspect of the way in which you have been approached or treated during the course of this study, you should contact Michael Larkin on [telephone number] or [email address].

**12. How will the information I provide be used?**

Any information used will be anonymised. The results will inform the next phases of the project. We are interviewing three groups of stakeholders: service users, providers of police services and providers of support/third sector services. Once we have completed these interviews, we will arrange three feedback groups with representatives from each of these three stakeholder groups. In the groups, we will discuss information from the interviews. After this feedback stage, we will bring the three groups of stakeholders together in a 'co-design' event.

We will use anonymised quotations from the interviews to help all of the different groups in the project to understand what is working well, and what could be improved. The results will also be written up for inclusion in a postgraduate student's research thesis. The results may be published in an academic journal so others can read about and learn from the outcomes of the study.

A newsletter will also be produced at the end of the study in order to inform all those who were involved about the findings. If you would like to receive this newsletter, please tick the box on the consent form, giving us permission to keep your contact details until the project is finished.

If you would like to be invited to take part in the next stages of the EBCD project, please also tick the box to give us permission to keep your contact details until the project is finished. If you would like to be involved, you can come to a meeting with other people who have taken part in the interviews to decide on your top 5 priorities for improving services (the feedback groups), or you can come to the final 'co-design event', to work with service providers from the Police and support/third sector services, to decide how to solve these top 5 problems.

**13. Who is organising and funding the research?**

The research is being organised by the University of Birmingham. It is funded by [name of county] Police, [name of county] Policing and Crime Commissioner and the University of Birmingham and is being delivered through a collaboration between [name of city] Local Policing Unit, the University of Birmingham and [name of city] Domestic Violence Forum.

**15. Who has reviewed this study?**

The University of Birmingham STEM Ethics Committee has reviewed the study and given it a favourable opinion.

**16. Further Information**

If you require more information about this study please call one of the telephone numbers provided or speak to a member of the research team.

**Thank you for reading this information sheet.**

**If you have any questions or would like any more information please contact**

**Shoshana Gander-Zaucker**

**Email address: [email address]**

**Telephone: [telephone number]**



## Appendix B - Service-Provider Participant Information Sheet



UNIVERSITY OF  
BIRMINGHAM

# PARTICIPANT INFORMATION SHEET

### **Domestic Abuse Services: An ‘Experience-Based Co-Design’ Study.**

We would like you to consider this research study and then decide whether or not you wish to take part. Before you decide whether to participate or not it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information and decide whether or not you wish to take part.

#### **1. What is the purpose of this study?**

Experience based co-design (EBCD) is an approach to research and service development. In EBCD, the people who use a service, and the people who provide a service, work together to identify problems, design improvements and then make these improvements. Together with [name of county] Police and the [name of city] Domestic Violence Forum, the University of Birmingham is co-ordinating an EBCD project on domestic abuse services in [name of city]. The first stage of an EBCD project involves conducting research to learn about people’s experience of the services that they have been involved with.

The researchers are Dr. Michael Larkin, Dr. Gemma Unwin, Ms. Shoshana Gander-Zaucker, Ms J’Nae Christopher.

#### **2. Why have I been invited?**

You have been involved as a professional in a service provided by a support organisation or [name of county] Police, and we would like to learn about your experience.

#### **3. Do I have to take part?**

It is up to you to decide whether or not to take part. If you decide to take part we will ask you to sign a consent form indicating your willingness to participate in the study. Taking part in the study is voluntary.

#### **4. What will happen if I take part?**

If you decide to take part in the study you will be invited to meet with one of the University’s research team, who will be ask you questions about your experiences of providing services for those experiencing domestic abuse. This interview will take approximately forty-five minutes, and the researcher will ask to hear about your experience of working with domestic abuse. Your interview will be audio recorded so that we can transcribe it, and represent your views accurately. In the transcript, we will change your name, and any other real names that you use in your interview. We will look for touchpoints (things which made a difference to you, or to service-users) and themes (ways in which your experience is similar to the experience of other participants in the study) in the transcribed interviews.

#### **5. What do I have to do?**

Once you have registered your interest in the study by completing and returning the ‘permission to contact’ slip, or telling the researcher, you will be contacted to arrange an

interview. This can be conducted at a time convenient for you, and we can suggest a choice of venues. If you have any questions about the project, the researcher will answer them. At the interview you will be asked to sign a consent form, confirm that you are happy to take part, and to give your permission for the interview to be recorded. Once the interview has been conducted, no further involvement is required.

**6. What are the possible benefits of taking part?**

You will not directly benefit from taking part in this study but your contributions will help to inform service improvements, and will contribute to a better understanding of the concerns of professionals and services who support people who have experienced domestic abuse.

**7. Will my taking part be kept confidential?**

Your taking part will be kept confidential, and once arrangements have been made for the interview to take place, your personal contact details will no longer be stored. All transcript and audio data will be stored on password protected storage devices accessible only by the research team members involved in this study. You will be allocated a unique pseudonym (false name) and your interview transcript will be anonymised at the point of transcription. Staff not directly involved with your interview will know you only by this pseudonym.

In certain situations, we may tell someone about your participation and what you have said. This will only happen if the interviewer thinks that you or someone else is at risk of harm. In these situations, the interviewer will seek advice from the Strategic Lead for [name of city]'s Domestic Violence Forum so that appropriate notifications can be made.

**8. What if I change my mind about taking part?**

You are free to withdraw from the study before the interview, during the interview and during a two week reflection period after the interview, and you can do so without giving a reason by contacting/telling the researcher. You can also contact the researcher if you are worried about any particular details you might have shared; if necessary, we can mark a selected section as 'not for quotation.'

**11. What if there is a problem?**

If you wish to complain about any aspect of the way in which you have been approached or treated during the course of this study, you should contact Michael Larkin on [telephone number] or [email address].

**12. How will the information I provide be used?**

Any information used will be anonymised. The results will inform the next phases of the project. We are interviewing three groups of stakeholders: service users, providers of police services and providers of support/third sector services. Once we have completed these interviews, we will arrange three feedback groups with representatives from each of these three stakeholder groups. In the groups, we will discuss information from the interviews. After this feedback stage, we will bring the three groups of stakeholders together in a 'co-design' event.

We will use anonymised quotations from the interviews to help all of the different groups in the project to understand what is working well, and what could be improved. The results will also be written up for inclusion in a postgraduate student's research thesis. The results may be published in an academic journal so others can read about and learn from the outcomes of the study.

A newsletter will also be produced at the end of the study in order to inform all those who were involved about the findings. If you would like to receive this newsletter, please tick the

box on the consent form, giving us permission to keep your contact details until the project is finished.

If you would like to be invited to take part in the next stages of the EBCD project, please also tick the box to give us permission to keep your contact details until the project is finished. If you would like to be involved, you can come to a meeting with other people who have taken part in the interviews to decide on your top 5 priorities for improving services (the feedback groups), or you can come to the final 'co-design event', to work with service-users, to decide how to solve the top 5 problems.

**13. Who is organising and funding the research?**

The research is being organised by the University of Birmingham. It is funded by [name of city] Police, [name of area] Policing and Crime Commissioner and the University of Birmingham and is being delivered through a collaboration between [name of city] Local Policing Unit, the University of Birmingham and [name of city] Domestic Violence Forum

**15. Who has reviewed this study?**

The University of Birmingham STEM Ethics Committee has reviewed the study and given it a favourable opinion.

**16. Further Information**

If you require more information about this study please call one of the telephone numbers provided or speak to a member of the research team.

**Thank you for reading this information sheet.**

**If you have any questions or would like any more information please contact**

**Shoshana Gander-Zaucker**

**Email address: [email address]**

**Telephone: [telephone number]**

## Appendix C - Interview Consent Form

UNIVERSITY OF  
BIRMINGHAM

School of Psychology

### INTERVIEW CONSENT FORM

**Title of Project:** Domestic Abuse Services: An Experience-Based Co-Design Study.

**Name of Researcher:** Gemma Unwin, Shoshana Gander, Michael Larkin, J'Nae Christopher.

Please tick box

1. I confirm that I have read and understand the information sheet.
2. I have had the opportunity to ask questions and had them answered.
3. I understand that my participation is voluntary.
4. I understand I am free to withdraw before or during the interview, without giving a reason.
5. I give consent for the interview to be audio recorded and transcribed in full. I understand and give consent for *anonymised* quotations to be used in research reports, presentations and training.
6. I understand that I may ask for some or all of my data to be withdrawn from the study, or marked as 'not for quotation,' if I contact the researcher within two weeks of completing the interview.
7. I understand that relevant sections of my anonymised interview may be used by supervisors and researchers at the University of Birmingham for training and evaluation purposes.
8. [Optional] I would like to receive invitations to take part in other parts of the co-design process. Please retain my contact details until the end of the study.
9. [Optional] I would like to receive a report about the findings of the research. Please retain my contact details until the end of the study.

**Signature of Participant:**

**Date:**

**Name of Person taking consent:**

## Appendix D - Agreement to Be Added to Contact List for Future Updates

Agreement to be added to contact list for future updates

I would like to receive a report outlining the results of the research (note that the research team will need to keep your contact details until the end of the in order to send the report)

The interviews form the first stage of a service development project in which we are working with [name of county] Police Force, Third-sector service providers (e.g. charities) and service users (survivors/victims of domestic abuse). We will hold a series of feedback groups to discuss the results of the interviews. These discussions will then be fed into a co-design event. Please tick the box if you would like to be invited to these groups and events. The research team will need to keep your contact details until the end of the project so that we can invite you to these events.

Please provide your preferred contact details:

Name:

Address:

Telephone number:

Email address:

## **Appendix E - Recruitment Briefing for Support Organisation Staff**

In describing the participant as a service-user, we consider the police and support organisations for domestic abuse, to provide a service.

By using the word service-provider below, we refer to the police *and* the domestic abuse organisations.

*Guidance for identifying potential participants in the Domestic Abuse Services co-design research.*

### **1. Who we are looking for.**

*Inclusion criteria (potential participants must fit this description)*

Service users who:

- Have current or recent (within two years) experience of being a victim of domestic abuse
- Are in a psychologically, emotionally and physically safe place to engage in the research, without risk of psychological, emotional or physical harm (use professional judgement)
- Are aged 18 years or above.

*Exclusion criteria (potential participants must not fit any of these descriptions)*

Service users who:

- Are in a position whereby taking part in the research may place them at risk of psychological, emotional or physical harm, either now or in the future
- Are in a position which may change in the near future which may compromise their suitability to take part in the research
- Have a learning disability or mental health condition which may compromise their ability to provide informed consent to take part in the research (capacity will also be formally assessed by a member of the research team as part of the consent process).

*If you have a client in mind, who you would like to approach, please discuss the client anonymously with the research team first, so that we can avoid over-representation of any one group.*

## **2. What to ask them.**

- Would you be interested in taking part in this project?
- Do you understand what it would mean for you? [clarify that it will involve taking part in an interview with the **option** of participating in later service development groups]
- Do you feel that it is (psychologically, emotionally and physically) safe for you to take part?

If the service user has answered ‘yes’ to all three questions, and you are also happy that it is safe for them to take part, then please give them a copy of the information sheet and explain how to contact the research team (see end of information sheet).

## **3. FAQs:**

*Who takes consent?*

Consent will be secured for all service users prior to the taking part in an interview. The research team will take consent which will be recorded on a consent form.

*What is meant by capacity?*

A member of the research team will check that service users have capacity to provide informed consent to take part in the research. This means they will check that service users can understand, retain and weigh up information about the research so that they understand the risks and benefits of taking part, and that they can communicate their decision. There are certain conditions which may affect a person’s capacity such as learning disability or mental health problems. It may be inappropriate to approach a service user about the research if you feel that they would not be able to understand information relating to the research.

*What will happen if they contact the researchers?*



Service users who are interested in taking part in the research will be contacted by the research team who will provide further details about the research. Each interested service user will be provided with an information sheet and given at least 24 hours to consider the information. They will be contacted again to go through the information and answer any questions. If the service user is still interested, then an interview will be arranged.

*What happens to the information they provide to the researchers if they do decide to take part?*

The interview will be audio recorded and transcribed. The transcripts will be anonymised. This means that names of people or organisations will be changed. Some specific details will also be changed so that the service user cannot be identified from the transcript. The transcripts will be analysed by the research team to better understand the experiences of receiving support services, key features of service provision and features of the experience that could be improved. This information will then be used in the service development phases of the project.

## Appendix F - Flyer about the EBCD Project

# Using 'Experience-based co-design' to improve responses to domestic abuse

### What is 'Experience-based co-design'?

EBCD is an approach to service development, which has been widely used in healthcare services. It is an evidence-based approach to service development, and it uses people's *experiences* as the evidence for deciding what to change, and how to change it. It involves close and equal collaboration between all the groups of people who may have a stake in the system or process which is to be improved.

### Who is involved in the project?

The project is funded by [name of county] Police, and is a collaboration between [name of city] Police, the University of Birmingham and the [name of city] Domestic Violence Forum.

The researchers leading the project are Michael Larkin and Gemma Unwin in the University of Birmingham's School of Psychology. Michael and Gemma will be joined on the project by a PhD researcher, Shana Gander, and will be supported by a Research Assistant (to be appointed).

The steering group which oversees the project is chaired by Superintendent [name of person]. The [name of city] Domestic Violence Forum is represented on this committee by the forum's Strategy Coordinator, [name of person].

### What will happen?

#### *1. Research phase: understanding the experiences of key stakeholders*

The research team will conduct interviews with people who have experienced domestic abuse; the people who support them; and the police officers who respond to calls and deal with cases.

#### *2. Identifying touchpoints*

The research team will identify 'touchpoints': a touchpoint is anything which happens during a process which makes an important difference to our experience of it.

#### *3. Prioritising touchpoints and seeking consensus*

The research team will run a series of feedback groups, with each set of stakeholders, to work out which touchpoints to carry forward to the action-planning stage.

#### *4. Co-design event*

Representatives from all of the stakeholder groups will attend an event, run by the research team, where they will work together to generate plans which address the most important touchpoints.

#### *5. Implementation and evaluation.*

The steering group will oversee the implementation of the plans, and the research team will work with the Police and the forum to evaluate how many plans are implemented, and what impact they make.

**Who can tell me more?**

Contact Michael Larkin (email address) or Shana Gander-Zaucker (email address) if you have any questions about what will happen, or how to get involved.

## Appendix G – Ethical Approval



UNIVERSITY OF  
BIRMINGHAM

FINANCE OFFICE

To Whom It May Concern

2<sup>nd</sup> December 2012

**Study title: “Domestic Abuse Services: An Experience-Based Co-Design Study”**

**Reference: ERN\_15-0752**

**Investigators: Dr Michael Larkin and Dr Gemma Unwin**

**Funding body:** [REDACTED]

I can confirm that the University of Birmingham’s Science, Technology, Engineering and Mathematics Ethical Review Committee approved this study on 17<sup>th</sup> May 2016.

When reviewing the ethics application, the Committee agreed with the researcher’s assessment that phase 2 (an Experience-Based Co-Design exercise) did not require ethics review, although information about it was included within the ethics application for transparency.

It was felt that whilst not requiring ethics review, phase 2 represents an important source of feedback to participants and allows participants to be involved in addressing the findings of the research.

Yours faithfully



Dr Birgit Whitman  
Head of Research Governance & Integrity  
Finance Office  
University of Birmingham  
c/o Room 106 Aston Webb, B Block  
Edgbaston  
Birmingham, B15 2TT

Mob: [REDACTED]  
Email: [REDACTED]

## Appendix H - Interview Schedule: Questions for Service-Users

### INDICATIVE TOPIC GUIDE

[In describing the participant as a service-user, we consider the police and support organisations for domestic abuse, to provide a service.]

[By using the word service-provider below, we refer to the police *and* the domestic abuse organisations.]

[The interviewee may want to refer to their timeline during the interview, if they have prepared one.]

- (1) Tell me a little bit about your situation during the time you experienced domestic abuse? When (on what date) did the abuse start? Who was involved? What were your living arrangements? Were you living with the perpetrator? What was your relationship with the perpetrator?
- (2) Can you please tell me a little bit about how you coped with the situation as it developed? Where you able to seek support from family members and friends? How did you come to seek support?
- (3) How did the people you know find out about the abuse? For how long did you experience abuse before they found out? *(If people found out about the abuse at different times ask the service-user to chart it down on a timeline and then describe how they found out each one of these incidents).*
- (4) How did the service provider (police/domestic abuse organization) get involved? How did you come to seek support/input from the service provider? *(If the service provider got involved several times ask the service-user to chart it down on a timeline and then ask them to describe the incidents that impacted the service provider to get involved – this can be done on a decision tree).*

4b You contacted [service provider x] but not [service provider y], why was that?

*(Question to be asked service-users who only contacted either the police or the domestic abuse organization, but not both of them. Prompt re: incidents/reasons/circumstances—this can be done on a decision tree).*

- (5) [If relevant] Who contacted the service provider and how? How many contacts have been made? *(If several contacts have been made either by the service-user or another person representing them ask the service-user to chart it down on a timeline and ask them to describe the incidents/reasons/circumstances that influenced the person/s who contacted the service provider – this can be done through a decision tree).*
- (6) What happened when you/another person representing you called/contacted the service-provider after an incident of domestic abuse? *(If several calls/contacts have been made either by the service-user or the other person ask the service-user to describe the results of each of the contacts, most important contacts. If many contacts have been made; explore the details surrounding the first contact – how felt afterwards and key features).*
- (7) How would you describe the conversations and interactions you had with the service-providers? *(If several conversations/interactions had occurred ask the service-user to describe the results of each of one of them/most important ones if many had occurred).* How did the service provider react when you spoke to them about the domestic abuse you experienced? *(If the reactions have changed over the time ask the service-user to describe the situation surrounding each one of these reactions).*
- (8) [If not yet discussed] Were charges brought against the perpetrator? Why/why not? What happened? Did you support a prosecution? Did a police officer outline the process and your options/did you feel informed? *(If several charges have been made against the perpetrator by the service-user/another person at different times ask the service-user to chart it down on a timeline. If applicable, ask the service user about the*

*process towards conviction – explore issues such as attrition and factors affecting decisions whether to proceed.)*

- (9) What do you think about the quality of services you received overall?
- (10) What aspects of the services you received did you like overall?
- (11) What aspects of the services you received did you dislike overall? What could have been improved overall?
- (12) What would you advise prospective service-users?
- (13) If you could change one thing overall about the service you received, what would it be?

*Finishing the interview: if not covered elsewhere, ask these questions to clarify demographic variables:*

- *Gender*
- *Sexuality*
- *Ethnicity*
- *Involved in mutual aggression*
- *Family circumstances: with/out children (number and ages), children in care*
- *Single incident of abuse/multiple incidents*

# Appendix I - Invitation to the Interview and Focus Groups for Police

## Service-Providers

### Using 'Experience-based co-design' to improve responses to domestic abuse

#### Background

In September 2013, the Home Secretary commissioned HMIC to conduct an inspection in relation to the effectiveness of the police approach to domestic abuse, focusing on the outcomes for survivors. HMIC reviewed files from 43 Home Office-funded forces, spoke to 70 survivors of domestic abuse in focus groups, surveyed over 100 survivors online, and surveyed 200 professionals working in domestic abuse services.

The results, published in 2014 highlighted that:

- The Police showed little empathy
- The Police did not listen
- Survivors want the abuse to stop, but some may not want the perpetrator to be arrested or for their relationship to cease.

This follow-up project has been funded by [name of county] Police and [name of county] Policing and Crime Commissioner and is being delivered through a collaboration between [name of city] Local Policing Unit, the University of Birmingham and [name of city] Domestic Violence Forum. The project was funded in response to the HMIC survey, in order to improve local Police services provided to those experiencing domestic abuse.

#### What is 'Experience-based co-design'?

EBCD is an approach to service development, which has been widely used in healthcare services. It is an evidence-based approach to service development, and it uses people's *experiences* as the evidence for deciding what to change, and how to change it. It involves close and equal collaboration between all the groups of people who may have a stake in the system or process which is to be improved.

#### Who is involved in the project?

The researchers leading the project are Michael Larkin and Gemma Unwin in the University of Birmingham's School of Psychology. Michael and Gemma will be joined on the project by a PhD researcher, Shana Gander, and will also be supported by an MRes Student, J'Nae Christopher.

The steering group which oversees the project is chaired by Superintendent [name of person]. Two experts by experience sit on the steering group. The [name of city] Domestic Violence Forum is represented on this committee by the forum's Strategy Coordinator, [name of person].

#### Why have I been invited?



The first stage of an EBCD project involves conducting research to learn about people's experience of the services that they have been involved with. We are keen to talk to people who have been involved as professionals for [name of county] Police, and we would like to learn about their experience of working with domestic abuse cases.

We are holding 2 focus groups and a series of individual interviews:

- Focus group on [DATE] at [VENUE tbc] for [name of county] Police Contact Centre Staff (to include urgent and non-urgent call handlers and dispatchers)
- Focus group on [DATE] at [VENUE tbc] for [name of city] Local Policing Unit First Responders
- Individual interviews with professionals in the Public Protection Unit (detectives, investigators, supervisors, sergeants, offender management, safeguarding), [name of city] Local Policing Unit (response sergeants, Contact Centre supervisors, and others who direct strategy and policy regarding domestic abuse).

**Do I have to take part?**

It is up to you to decide whether or not to take part. If you decide to take part we will ask you to sign a consent form indicating your willingness to participate in the study. Taking part in the study is voluntary.

You should seek support from your immediate line manager as they will need to release you for the interview/focus group.

Line Managers can speak to [name of person] (email address) to find out more about the project.

**What should I do if I'm interested in learning more?**

**DO NOT REPLY TO THE SENDER OF THIS EMAIL**

**PLEASE CONTACT**

Shana Gander-Zaucker (email address)

## **Appendix J - Interview Schedule: Questions for Initial Response Police Officers and Call Handlers (Focus Groups)**

### **INDICATIVE TOPIC GUIDE**

[In describing the participant as a service-user, we consider the police and support organisations for domestic abuse, to provide a service.]

[By using the word service-provider below, we refer to the police *and* the domestic abuse organisations.]

#### Questions for Initial Response Police Officers and Call Handlers

- (1) What role do you usually play in responding to a case of domestic abuse?  
Prompt: where in the process would you get involved? For how long? Doing what?
- (2) How does it figure in your working week?  
Prompt: frequency, core work?
- (3) Could you describe to me one of your most constructive experiences when dealing with a case of domestic abuse?  
Prompt: when you felt able to make a positive difference?
- (4) Could you describe to me one of your worst experiences when dealing with a case of domestic abuse?
- (5) How would you describe the conversations and interactions you have had with service-users/people who have experienced domestic abuse?
- (6) Describe to me a typical case, and how you dealt with it?  
Prompt: what kind of cases do you deal with?

- (7) What are the main challenges when dealing with cases of domestic abuse?
- (8) What do you think those experiencing domestic abuse think about the services they receive from the police force?
- (9) What do you think about the quality of services you/the police provide to those experiencing domestic abuse? Are they effective? Accessible? Supportive?
- (10) What aspects of the system and services for supporting domestic abuse survivors do you think are most appropriate/effective?
- (11) What aspects of the system and services for supporting domestic abuse survivors do you dislike? What could be improved?
- (12) How are risks to service-users assessed? Is this appropriate?
- (13) What training and supervision do you get to enable you to respond to a case of domestic abuse? Do you think this is appropriate??
- (14) What is it like providing services for different groups?
  - Prompts:
  - Male and female service users?
  - Service users with children?
  - Service users with learning disabilities?
  - Service users with mental health problems?
  - Same sex service users?
  - Younger service users, including those under 16 years old?
  - Service users involved in mutual aggression?
  - Experiences repeated incidents of domestic abuse?
  - Is at high risk?
- (15) Why do you think some people experiencing domestic abuse do not seek help from service-providers?

(16) What would you advise prospective police officers about this aspect of the job?

(17) If you could change one thing about the service provided, what would it be?

## Appendix K - Interview Schedule: Questions for Senior and Specialist

### Police Officers

#### INDICATIVE TOPIC GUIDE

[In describing the participant as a service-user, we consider the police and support organisations for domestic abuse, to provide a service.]

[By using the word service-provider below, we refer to the police *and* the domestic abuse organisations.]

#### Questions for Senior and Specialist Police Officers

1. What role do you usually play in responding to a case of domestic abuse?

Prompt: where in the process would you get involved? For how long? Doing what?

2. Could you describe to me one of your most constructive experiences when dealing with a case of domestic abuse?

Prompt: when you felt able to make a positive difference?

3. Could you describe to me one of your worst experiences when dealing with a case of domestic abuse?

4. How does it figure in your working week?

Prompt: frequency, core work?

5. Describe to me a typical case, and how you dealt with it?

Prompt: what kind of cases do you deal with?

6. What do you think about the quality of services the police provide to victims of domestic abuse? Are they effective? Accessible? Supportive?

7. What aspects of the system and services for supporting domestic abuse survivors do you think are most appropriate/effective?
8. What aspects of the system and services for supporting domestic abuse survivors do you dislike? What could be improved?
9. How are risks to service-users assessed? Is this appropriate? Is the assessment accurate enough? Does it protect against further incidents?
10. What do you think those experiencing domestic abuse think about the services they receive from the police force?
11. What do you believe are the main challenges when dealing with a case of domestic abuse?
12. Do you think that the training and support offered to officers effectively enables them to handle a case of domestic abuse/is appropriate?
13. What is it like providing services for different groups?:
  - Prompts:
  - Male and female service users?
  - Service users with children?
  - Service users with learning disabilities?
  - Service users with mental health problems?
  - Same sex service users?
  - Younger service users, including those under 16 years old?
  - Service users involved in mutual aggression?
  - Experiences repeated incidents of domestic abuse?
  - Is at high risk?

14. Why do you think some people experiencing domestic abuse do not seek help from service-providers?

15. What would you advise prospective police officers about this aspect of the role?

16. If you could change one thing about the service provided, what would it be?

## Appendix L - Interview Schedule: Questions for Support Organisation Staff

### INDICATIVE TOPIC GUIDE

[In describing the participant as a service-user, we consider the police and support organisations for domestic abuse, to provide a service.]

[By using the word service-provider below, we refer to the police *and* the domestic abuse organisations.]

#### Questions for Service-Providers

1. What role do you usually play in responding to a case of domestic abuse?
2. How would you describe the conversations and interactions you had with the service-users?
3. What were your experiences when dealing with cases of domestic abuse?
4. How does it figure in your typical working week?
5. How do you believe service-users evaluate the services they receive?
6. Describe to me a typical case and how you dealt with it?
7. What are the greatest challenges when dealing with cases of domestic abuse?
8. Do you believe that service-providers (domestic abuse organizations/police force) are effective when dealing with cases of domestic abuse?
9. Could you describe to me one of your best experiences when dealing with a case of domestic abuse?



10. Could you describe to me one of your worst experiences when dealing with a case of domestic abuse?
11. What aspects of the system and services for supporting DA survivors, do you like?
12. What aspects of the system and services for supporting DA survivors do you dislike?  
What could be improved?
13. Describe to me one of your best experiences when dealing with a case of domestic abuse?
14. Describe to me one of your worst experiences when dealing with a case of domestic abuse?
15. What training and supervision do you get to enable you to handle a case of domestic abuse? Do you think that it is the right/wrong/adequate training?
16. Do you/service providers (domestic abuse organizations/the police) handle cases differently when the service-user is a female compared to cases when the service-user is a male? (If yes? How so?)
17. Do you think that you/service providers (domestic abuse organizations/the police) handle cases differently in which children are involved? (If yes? How so?)
18. Why do you think that some victims of domestic abuse don't seek help from a service provider (domestic abuse organizations/the police)?
19. What would you advise prospective service-providers about this kind of work? What should they expect?
20. If you could change one thing about the service provided, what would it be?

## Appendix M - Example of Keypoint Analysis

Theme	Keypoint	Description	Quotes from Interviews
<p><b>Identifying the problem:</b> Keypoints here were related to the situation in which the problem was appraised</p>			
<p><b>Active help-seeking</b></p>	<p><i>Services need to be ready to support people who will have different 'tipping points'</i></p>	<p>Severity and location of DA varies hugely –  (DA varies: beyond typical stereotypes, different relationships are involved, may not involve physical violence [see complexities of DA later])</p>	<p>From Interview with BW: so domestic abuse happens and it's prolific and voluminous and it's varied, you know, and I think it's important to say it's not homogenous so there are serial DA perpetrators who are incredibly violent and I think that there are lower level domestic abuse incidents, you know, arguments that we go to that might be a once or twice-off in someone's life. (34-39)</p> <p>From Urgent Call Handlers Focus Group: There there is a lot, I mean, I've only take, I've done an hour on the 9s before coming in here (...) and I had a domestic which was just down the road (...) by [name of gym] (...), in the street (...), so it's- we get a lot of domestics like like Aditi says, it can be just arguments, partner refusing to leave (...), can be a something a lot worse (...), but it's it's 24-7 day and night (...).Anywhere.</p> <p>From Interview with SM: SM: And then other things, like we've done lots of um training in relation to coercive control to try and get officers that respond to domestic abuse to understand we don't just police by injury (...). So, if officers turn up and</p>

			<p>they see an injury (...), a black eye or someone's been cut or stabbed or shot, or something, they know what to do with that scenario (...), because it's quite obvious that someone's had a physical assault (...). Er, trying to get officers to understand coercive control is sometimes more subtle... Or, you know, sibling on sibling (...) or children who are abusive to parents er, you know, LGBT relationships, you know, so there's lots and lots of different examples of domestic abuse, it's quite a complicated landscape, yet people tend to think it tends to be male perpetrator who is in somehow involved with female victim (...).Um, which, you know, it is highly gendered, that is the case in about 80% of the cases, but officers still need to have an open mind when they go to any incident of domestic abuse because, obviously, they need to understand what's going on in this dynamic and not make assumptions er before they arrive, if that makes sense?... So officers still need to arrive and work out what's happened (...) and ask the right questions and establish what's going on (...) er before assuming lots of things. So, to have this open mind is quite important (...) when they arrive at scenarios</p> <p><b>From Interview with SM:</b>  Because lots of victims that we've spoken to in [name of city], for example, have said (...), 'actually, that's the worst part, the control er and the, you know, constant er, you know, you can only do this, you can only do that, we're going to time you when you go to the bathroom, you're not allowed to go to the Dr's, you're not allowed to go for</p>
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			<p>your haircut, you're not allowed to do this without being chaperoned, you've got times around what you can and can't do, you can't- you've got financial restraint, you can't get a job, you're isolated from your family', all those elements (...) um, they say are far far worse (...) than actually having a black eye, er which is what victims have told us. So, it's years of that, if that's been going on for 10 years (...), er, you know, that's quite er a restrictive horrible sort of rot in your life that's just eating away at you, isn't it? So, they talk about coercive control being the worst part. So, trying to get officers to understand that, cause for years it's been, 'have you got a physical injury (...), can we prove physical injury, can we take the offender to court for a physical injury?'</p> <p>Line 132</p> <p><b>From Interview with Ben Waddingham:</b>  I think that's probably, you can probably put people into categories and there will be some that are more prolific or more common than others. Um, you know, there's stereotypes that, 'she will always have him back', for example. Um, and there's stereotypes of like a low-level argument once-off. Um but I think, certainly my understanding is that there is significant variance in domestic abuse incidents. (150-156)</p>
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## Appendix N- Example of Keypoint Illustration Brought to the Feedback Groups

Keypoint	Value?	Summary	Example quote[s]	Evidenced by?
6. It can be difficult to get/find help	Improve	<ul style="list-style-type: none"> <li>• [Nobody listens to me]</li> <li>• [Nobody listens to people like me]</li> <li>• There's never a safe time to call</li> <li>• 'I have to keep the number hidden, and then can't remember where/what it is'</li> <li>• There is good support out there, but I didn't know it was there</li> <li>• Police have to wait for bad things to happen before they can do anything</li> <li>• To get help, people have to see that you are desperate [if they think you are coping, you will be left to carry on]</li> <li>• Police need to take this into account when responding</li> <li>• Some call handlers don't know the basics – what an IDVA is, what MARAC is</li> </ul>	<p>I begged them and I cried er in front of them and then they listened to me because until then, they was not listening to me [Survivor]</p> <p>He don't give me a chance to call, but it's really good when the police see my number, find my house, they came very quickly [Survivor]</p> <p>The first time they didn't believe me. They saw my hair on the floor and they saw children crying and me crying but they didn't believe me. They just laughed. [Survivor]</p> <p>Sometimes, the support received from the police will vary depending on that victim's attitude towards the police - you know, the assumption that a victim of domestic abuse is</p>	All

		<ul style="list-style-type: none"> <li>• Victims feel responsible/to blame</li> <li>• Immigration status can deter people from seeking support</li> <li>• 'I'm not ready to make the first contact to police but I am ready for them to be involved'</li> <li>• [DA is hidden/behind closed doors]</li> </ul>	<p>appearing very vulnerable, very weak, crying all the time, feeling low. Some of the victims we meet don't present in that way, and the support that's offered to them is somewhat different [IDVAs]</p> <p>Some officers, both frontline and public protection, were um, I was going to use the word harsher or more judgemental - 'What you doing putting up with that' or 'What you doing, you know? Why can't you get your bags and leave?' [Police]</p>	
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**Appendix O - Feedback Group Report Sheet**

**Feedback group report sheet**

**Group number:**

**Date:**

<b>Names of top five touchpoints / clusters</b>  [most important at top]	<b>Touchpoint numbers</b>	<b>Why this is important</b>

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Use the back of the sheet to tell us anything you think we need to know about how you have decided to prioritise them:



## Appendix P - Co-Design Event Feedback Form

### EVENT FEEDBACK

	Very poor	Poor	OK	Good	Very good
<b>Venue</b>					
<b>Access</b>					
<b>Facilities</b>					
<b>Refreshments</b>					
<i>Comments:</i>					
<b>Presentations</b>					
<b>Engaging?</b> (was it interesting?)					
<b>Clear?</b> (was it easy to understand?)					
<b>Inclusive?</b> (was it respectful of everyone's point-of-view?)					
<i>Comments:</i>					
<b>Groupwork</b>					
<b>Clear focus?</b> (was it easy to understand what you had to do?)					
<b>Well-run?</b> (did the group leaders keep everyone involved, and on-track?)					



.....  
.....  
.....  
.....

**This feedback comes from:**

*Service-user*

*Family member*

*[Name of county] police staff*

*Support organisation worker*

*Other*

(Please tick; you can tick more than one!)

## Appendix Q1 - Example of Reflexive Thematic Analysis Line-by-Line Coding

Transcript	Analysis/Codes
<p>I: Who have you told?</p> <p>P: Oh, Martyn um numerous amount of counsellors um my doctor knows, [name of organization], social workers, everybody. Um, it's...</p> <p>I: ....And how have they responded, they didn't believe or?</p> <p>P: I don't think they do because they they put it with a predicament I'm going through at the minute, because I'm going through court to see my children even though I've got one, my son, living with me, Albie, who's 15 um, she won't let me see my kids um for reasons that she don't want me to and it's been proved in court that she's coaching them, poisoning the kids against me um but I- everything I say, it's like nobody believes you, you know what I mean, it's like sort of the court. Even though Martyn's told me like sort of [I'm winning?]....</p> <p>I: Sorry, who is Martyn?</p> <p>P: Martyn is the the one who you met at the door.</p> <p>I: Oh. [I thought?] his name is Stu?</p>	<p>Jake says that he has told about the abuse to everybody – including Martyn, his doctor, [a name of an organization], and social workers.</p> <p>Jake feels that people don't believe him that he is being abused.</p> <p>Jake says that even though he has son Albie living with him that he has to go to court to see his other children.</p> <p>Albie is 15 years old.</p> <p>Jake says that his ex-partner will not allow him to see the children since she does not want him to.</p> <p>Jake says that it has been proven in court that his ex-partner is poisoning the children against him.</p> <p>Jake says that he has been to MARAC three times already.</p>

P: No, that's the other one that is, Martyn's the one who deal- have you ever heard of er a MARAC (...), I've been to MARAC three times now and they're wanting me to move emergency move out the area but this, again, is like sort of because of my children and my little 'un keeps running off, I don't want to move out my house even though everybody's like sort of, 'you need to move, start afresh', this that and the other, you could say I'm torturing myself by stopping there but I don't want to move anywhere until I've sorted stuff out with my kids and I know what's going on with my my children, you know what I mean (...), I don't want to up sticks, move somewhere else and then couple of days later, phone call, so and so's happened and this, that and the other. It, it's hard because in the MARACS they've told me to move um kids have all been on child protection for over two years um and it's still going on **it is mentally draining, you know what I mean, it is constant, 24-7 is something going to happen er when it does, I mean the amount of times I've phoned the police and they've done nothing, you know what I mean, it's like sort of nobody believes you, nobody believes me and it's a nightmare, it really is.**

Jake says that in MARAC they have told him that they want him to do an emergency move out of the area.

Jake says that he does not want to move due to his children even though one could consider this as torturing himself.

**Not moving = torturing himself**

**Not moving = I don't want to move because of my children**

Jake is worried about his children and one of his younger children who "keeps running off".

Jake says that everybody has told him that he should move and start afresh.

Jake is worried that he would move and then a few days later something would happen to his children.

Jake says that the abuse is mentally draining since it is constant 24-7 in which he wonders if something is going to happen.

**Domestic abuse = constant**

Jake says that when the abuse does happen and he reports it, as he has done several times, nobody believes him.

## Appendix Q2 - Example of Part of a Case Summary of Domestic Abuse

### Survivor

Jake has several children and one of his sons, Albie, is living with him. Jake and his ex's relationship ended several years ago. Jake is being abused by his ex-partner (Katy), her new partner (Luke), and his eldest son (Sam) and their friends for several years already.

#### (1) The experience of suffering from domestic abuse:

- Domestic abuse =

*Words that describe DA for Jake* = “torture” (p5); “you don’t know what’s going to happen next” (p57), “vicious circle” (p67); “nightmare” (p14, 49 –similar to participant 3).

*The different forms of DA* = **can be experienced from multiple people**

**simultaneously** – his ex-partner, her new partner, and his eldest son and their friends –he described that people take turns in abusing him (p5, 42, 51); Jake is being **abused by the friends of the perpetrators** (17) - *similar to participant 3*; Jake is suffering from **verbal abuse and psychological abuse** (p6, 12, 15, 30, 47, 58, 67); The abuse is having a psychological impact on Jake - he is having panic attacks, forgetting “stuff”, and has problems sleeping – he is taking different medications for it but they don’t help with his constant thoughts about the abuse (p6, 9, 56); **physical abuse** – Sam physically abused him (p14); trying to ruin the benefits Jake is getting (p17, 36, 51).

*DA = Being a prisoner* = being a prisoner in your own home and living a limited life, imprisonment since Jake couldn’t cope by facing the trouble outside – *thus locking oneself inside might be a way to cope when you cannot cope?* (p 1, 46, 67); being cut off from everything (p37); Jake is scared to leave his home since he might be abused in a public place, or in a place in which he is supposed to be safe (such as the courtroom), even in broad daylight and therefore he stays at home (p6, 11, 12, 26, 29, 45, 52, 65), while also being scared that the perpetrators will try to hurt him in his own home (p37).

## Appendix Q3 - Example of Part of an Overarching Category

### Theme: The Importance of Being Believed, Understood, and Cared For

Description: Across the narratives of most of the participants came across the theme that formal services can lack understanding and sympathy towards the survivors and at times they can even be dismissive. Thus, survivors often felt that *the police won't understand (Keypoint)* and that *it can be difficult to get/find help (Keypoint)*. However, many of the survivors also mentioned that they did obtain good services from some of the people working at the police and the domestic abuse organizations. Therefore, the quality of services survivors obtain depends on the individual they receive services from (*"Some policeman, some police officers really good help but someone is not"* – Shayan).

Several of the survivors mentioned that it was unhelpful when the police were dismissive towards them, did not take them seriously, devalued their fears of the perpetrators, and did not take the threats of the perpetrators seriously. Due to these fears the survivors did not feel that the police was protecting them from the perpetrators:

*"I said 'why you know hes coming here', 'because he- hes crazy hes stupid man he come here'. [Police said] 'You don't know hes coming here he no have a GP, you no watch him 24 hr.' I no believe that he-because I know Scottish people, I know him I know hes' crazy he's coming here. I know he coming here wa- coming here looking for me. What happened again ? [PAUSE] and that's scary just all the times I'm just worry and look my back"* (Reya)

Here, Reya indicates that when she was fearful that the perpetrator will hurt her, the police dismissed her fears.

## **Appendix R - Example of a Part of a Case Summary of a Police Officer**

Ben Waddingham is a senior police officer. He deals with domestic abuse cases on a daily basis or at least once every other day (140-141).

How to deal with DA in the best way: DA is varied (very violent perpetrators to lower level of arguments a few times in life) and so should be the intervention. The most effective interventions are those that stop the abuse. It is valuable to remove someone from the premises- from arrest which allows the victim to calm down and think what they want to do next. A charge is effective, but not always. In an ideal world there would be a well-informed police officer who examines the victim and the circumstances and understands what is the intervention here, what is going to maximize the reduction in harm on this victim and the victim's family in the future – this could be arresting the perpetrator and remand in prison or removal from the premises with a third sector intervention and dealing with some of the causal factors (which could be alcoholism, drugs, mental health, all of those, and probably a combination). However, we are in the real world so we don't understand the causes and what the best interventions are. The police need to train everyone to a standard and accept a sub-optimal solution for the time being. So, in this case an effective solution would be to remove someone from the scene and dealing with the victim in an empathic fashion, understanding coercive control (which the police hasn't been particularly good at) and therefore instead of looking for physical injury to ask how the perpetrator is behaving (34-98).

The worst way of dealing with a DA case is when the police does more harm than good and makes the situation worse. The police have to take DA seriously handling the case with



dignity, respect, empathy, understanding, giving time and considering which intervention is effective and looking below the surface for coercive control. Historically it was violence oriented and less coercive control oriented, and now it needs to be both. However, the police are still not examining coercive control. The police are still asking 'where did he hit you' instead of 'how does he behave?' (99-135).