Domestic Abuse Draft Strategy Consultation

Summary of Survey Results

1. Background

1.1 The first draft Domestic Abuse Strategy for Glasgow City HSCP was produced in 2022. This draft Strategy pledges to improve services to people who are, or have been affected by domestic abuse, and to improve the HSCP's response to people who cause harm through domestic abuse. It describes what Glasgow City HSCP will do, along with its partners, over the next 3 years to ensure people affected by domestic abuse receive the best possible care.

1.2 In order to seek views on the draft Domestic Abuse Strategy, an online survey was developed and disseminated to key stakeholders using SmartSurvey. This Survey sought opinions on the Vision and Strategic Priorities set out within the draft Strategy, as well as the HSCP's responses to them. The results of this Survey have been analysed and are presented in this report. Responses to each Survey question are summarised and common themes and issues which came up are identified. Summary information is also presented on the respondents, along with what organisation and service they work for.

1.3 There was extensive feedback gathered through this Survey and it has not been possible to include everything within this summary. However, all feedback has been reviewed and taken into account when preparing the final Domestic Abuse Strategy.

2. Respondent Details

Personal Characteristics

2.1 There were **138** respondents to the Survey, with **70% (96)** responding as Individuals and **30% (42)** as Organisations. A more detailed breakdown of the characteristics of the respondents is included in Appendix 1, split by age, sex, gender, religion, ethnicity, and physical and mental health.

Employer

2.2 **108 (78%)** of the respondents worked for Glasgow HSCP. Of these, **42 (39%)** worked citywide or in a centre based team; **32 (30%)** in the North East; **19 (17%)** in the North West; and **15 (14%)** in the South. These respondents worked with a variety of client groups as shown below:

Which client/care groups do you work with?	No.	%
Children's Services	27	20%
Mental Health	24	17%
Criminal Justice	22	16%
All care groups	19	14%
Older People's Services	19	14%
Other	14	10%
Physical Disabilities	14	10%
Alcohol and Drug Recovery Services	13	9%
Carers	12	9%
Learning Disabilities	11	8%
Other Adult Services	11	8%
Homelessness	8	6%

2.3 The remaining **30 (22%)** respondents worked for other organisations in NHSGGC (Acute, Primary Care and other HSCPs), as well as a range of voluntary sector organisations including Glasgow Violence Against Women Partnership; Glasgow Women's Aid; Scottish Women's Convention; and SafeLives.

Reasons for Responding

2.4 Respondents were asked their reasons for responding to the survey and these are summarised in the table below. **28%** indicated that they had experience of, or have been affected by domestic abuse, with **24%** indicating their family/friends had been. **61%** indicated they work with people where domestic abuse is a presenting or underlying issue.

Q2. What are your reasons for responding to this consultation?	**No.**	**%**
I have personal experience of, or have been affected by, domestic abuse	39	28%
I have family/friends who have experience of, or have been affected by, domestic abuse	33	24%
I have an interest in domestic abuse	54	39%
I work with people where domestic abuse is a presenting or underlying issue	84	61%
I would prefer not to say	3	2%
Other	11	8%

Ongoing Engagement

2.5 Respondents were asked if they would like to continue to be engaged with to help measure the progress made towards the vision outlined in the Plan**. 28% (39)** said they would; **35% (48)** said no, while the remainder did not respond to this question. Various engagement mechanisms were suggested including surveys, focus/working groups, emails and city-wide events.

3. Questionnaire Responses

Our Vision

3.1 The draft Domestic Abuse Strategy set out the following overall vision:

> *Domestic abuse is unacceptable and tackling domestic abuse is everybody's business. Glasgow's people deserve to flourish in a safe environment without fear where they are free from harm. We will support those affected from crisis to recovery, and ensure they have access to the right help and support when they*

3.2 **89% (123)** of respondents indicated that they agreed with the above vision, with **11% (15)** disagreeing. The reasons mentioned for disagreeing with the vision are summarised below, with the most common reason being that 'something was missing from it' **(13)**.

Q9. If No, please indicate why you do not agree with the vision:	No.	% of 15
Something is missing from it	13	87%
Too narrow	3	20%
Not specific enough	3	20%
Disagree with parts of it	3	20%
Too short	1	7%
Too long	1	7%
Not relevant	1	7%
Too broad	0	0%
Too specific	0	0%
Not achievable	0	0%
Other	9	60%

3.3 Specific comments on the vision included the following:

- Concern with the term 'everybody's business'. While agreeing with the sentiment, it was felt that domestic abuse victims are already fearful of disclosing abuse and involving others, as they are afraid of who will find out. This was felt to be a huge barrier to disclosure and it was suggested that this statement was rephrased to reassure victims about their confidentiality.
- The vision could be enriched by giving more emphasis to the role of prevention of domestic abuse, as well as supporting those affected by it, given prevention is a key strand of the Strategy.
- It could be made clearer who are affected, including children and families as well as the perpetrator. This would be in line with the whole systems approach to tackling domestic abuse adopted within the Strategy and in local initiatives such as the Caledonian Programme.
- It could better reflect the fact that domestic abuse is inclusive of both mental and physical abuse and often is unseen, happening behind closed doors.
- It should recognise the need to remove the stigma associated with domestic abuse and avoid victims blaming themselves.

Strategic Priorities

3.4 The draft Domestic Abuse Strategy set out 6 Strategic Priorities and identified a range of service responses to them. The Survey asked people to indicate whether they agreed with these and feedback is summarised for each Priority in the table below. As can be seen, of the 118 who responded, almost everybody either completely or partially agreed with each of the Strategic Priorities. There were only 2 responses where this was not the case (1 each for Priority 3 and 4).

	Yes - completely		Yes - partially		No - not at all	
10. Do you agree with Strategic Priority…	**No.**	**%**	**No.**	**%**	**No.**	**%**
1. Prevention and early help. Improve support to families affected by domestic abuse through early identification and early help?	111	80%	7	5%	0	0%
2. Survivors and people who suffer from domestic abuse. Make sure that the right services are available at the right time to people who need them, to protect them from further harm and to support them in their recovery. Ensure our services do no further harm?	113	82%	5	4%	0	0%
3. Those who harm through domestic abuse. Adopt a proactive approach to working with those who cause harm through domestic abuse to help them better understand and address their harmful behaviours, and to reduce and prevent repeat domestic abuse; and to improve our own understanding of people who abuse, to inform and shape service responses?	93	67%	24	17%	1	1%
4. Whole Life Course. Work with people across the whole life course to reduce the harmful and negative impacts of domestic abuse?	106	77%	11	8%	1	1%
5. Working Together. A whole systems approach means working collaboratively with our partners across Glasgow in order to deliver our vision, including those with lived experience of domestic abuse?	111	80%	7	5%	0	0%
6. Evidence-based approaches. Create culture change by driving and encompassing evidence based approaches consistently across all care settings and services and by working collaboratively with our staff to install changed cultural norms, attitudes and values?	112	81%	6	4%	0	0%

3.5 When they indicated they did not completely agree with any of the Strategic Priorities, respondents were asked to state why. Areas mentioned for each of the Priorities included the following:

Priority 1 Prevention and Early Help

- Prevention and early help should be separated and split into two distinct themes, as there is a need for both early intervention and primary prevention.
- Primary prevention action is needed at local and national levels and will require a long-term multi-agency approach in order to change values, attitudes and culture.
- It is not only about families which the wording of this priority suggests, it should also consider young people and their relationships, as well as people without families and older people.
- It is also not only about domestic relationships as abuse can continue long after these relationships end, with child contact a common source of conflict.
- There needs to be an explicit recognition within the Strategy of the high domestic abuse rates of LGBT+ people and the need for services to be responsive to their needs.
- There is a need to recognise the impact of gender roles/stereotypes and gender inequality on patterns of domestic abuse.
- Work with minority ethnic communities is needed to better understand and support victims of abuse from these groups.
- A key focus should be on the early years and primary preventative approaches which support children and young adults to develop their emotional intelligence and learn about respect, equalities, morals, boundaries and life skills. These will support them to develop positive, healthy relationships in later life.
- Young people should also be supported to develop appropriate age and stage awareness of domestic abuse and coercive control.
- Early intervention can cause some challenges for staff and the client-professional relationship when the person abused does not want the issue raised further.

Priority 2 Survivors

- Rather than use the term ‘suffer’, it may be better to use the phrase ‘experience’ domestic abuse, with one respondent suggesting this was more in line with how their clients described it. They also felt the term suffer was disempowering and suggested that the person cannot affect change.

- Suggested that there could be reference to particular priority groups with additional vulnerabilities, such as those with no recourse to public funds or no immigration status.
- It would be helpful if the Strategy recognised that leaving an abusive relationship is when a woman is at greatest risk of serious harm, thus encouraging women to leave a relationship should not be default response without appropriate support and safety advice.
- A focus on the impact on victims both during and after civil or criminal court processes needs to be maintained, even if the court processes are not successful for the victim, with partners working together to ensure those being abused and children involved are safe and well.

Priority 3 Those Who Harm

- While the majority supported this priority, some respondents questioned the value of investing in it, feeling that those who are abused should be the priority.
- Others stressed that it must coincide with appropriate punishment, with those who commit abuse taking full responsibility for their actions. Otherwise it may deter people from coming forward and may encourage those who harm to see themselves as 'untouchable'.
- The Caledonian Programme is only available for men following conviction. Other men are subject to alternative disposals such as structured deferred sentencing or community payback orders, so the need for alternative interventions was highlighted by some.
- Many people who commit abuse will not be the subject of the Criminal Justice system and there needs to be a clear and stated commitment across all services to identify, challenge and proactively engage those who harm.

Priority 4 Whole Life Course

- While the vast majority supported this priority, there was a suggestion that a more Plain English term for Whole Life Course was adopted.

Priority 5 Working Together

- The plan needs to give greater emphasis and focus to who will be involved and how. This should include the third sector including smaller community based services, as well as larger national organisations.
- Lessons need to be learned and built upon from joint approaches that have worked well in the past including in other Council areas.
- The priority could be made clearer by referring to sharing expertise and knowledge.
- Concerns around client confidentiality were expressed and the need to ensure that this was not at risk as a result of this partnership approach.
- Lot of work needed to ensure partners fully understand and are sensitive to the issues involved.

Priority 6 Evidence Based Approaches

- Evidence based is good, but flexibility is needed to enable people to try new things.
- Would support the inclusion of the Equally Safe in Practice development framework.
- Need to seek the views of children and young people, to better understand what helps them.
- Would like to see more detail on available evidence included in the Strategy.

Responses to the Strategic Priorities

3.6 Feedback on the HSCP's responses to the Strategic Priorities is summarised in the table below. As with the question on the Priorities themselves, the vast majority of respondents who answered these questions (117 or 118) indicated that they either completely or partially agreed with the HSCP's responses to each of these Priorities.

	Yes - completely		Yes - partially		No - not at all	
11. Do you agree with our responses to Strategic Priority…	**No.**	**%**	**No.**	**%**	**No.**	**%**
1. Prevention and early help?	108	78%	10	7%	0	0%
2. Survivors and people who suffer from domestic abuse?	110	80%	6	4%	1	1%
3. Those who cause harm?	96	70%	19	14%	2	1%
4. The whole life course?	103	75%	14	10%	0	0%
5. Working together?	113	82%	4	3%	0	0%
6. Evidence-based approaches?	109	79%	8	6%	0	0%

3.7 Some of the issues which came up in the specific comments upon the HSCP's responses are included below:

- It was suggested more detail was required on primary prevention activities which will be undertaken.
- Should give an increased focus on the responses to economic and financial abuse, with gambling harms also mentioned as a contributory factor.
- Lack of reference to mental health services and the need for a robust mental health response to perpetrators of domestic abuse, as well as for those who have experienced it.
- Further development of suicide prevention strategies to reflect the issues involved in domestic control, which include those being abused feeling suicidal, as well as abusers threatening to commit suicide to manipulate partners.
- More on role of social media and how it is increasingly contributing to abuse. There is a need to improve education around safe online usage and consider how this abuse can be more effectively tackled.
- More advertisements in the community using a wide range of media channels needed, highlighting the support services available and how to contact them.
- Would like to see linkages to the Sexual Health Improvement programme made and how it will support the Strategy e.g. through a range of programmes which contain messages in areas such as bodily autonomy and consent, and relationships and sexual health.
- Sexual health and reproductive health involvement should also be recognised in the aftermath of abuse.
- Would be value in developing specific responses/pathways for those with protected characteristics. Suggested that a multi-agency advisory Board/Team is established to oversee the delivery of the Strategy along with a communication plan to engage stakeholders.
- Also suggested that a Short Life Working Group is established to oversee the adoption of Routine Inquiry across all services, supporting staff to identify the issue and intervene early.
- The plan should mention the use of MAPPA for high risk perpetrators and commit to increasing the use of similar processes to manage risk e.g. SafeLives DASH/RIC checklists.
- Greater recognition of the physical and emotional impact on staff of working with victims or perpetrators of abuse and the need to provide them with the mental health and wellbeing support they require.
- Some concerns about the capacity of front-line specialist domestic abuse services, and their ability to respond to the increased demand that will be generated by raising awareness of domestic abuse amongst mainstream services.
- Training needs analysis to help build a baseline of staff skills/knowledge, along with the development of a variety of resources to help make staff aware of what supports are available and referral routes, tiered to the different levels of knowledge that exists amongst staff including non-specialists.

Things People Liked

3.8 Respondents were asked what they liked about the draft Strategy and some of the areas mentioned in the 64 responses to this question included those below:

- That it exists, with several noting it was long overdue in order to challenge a longstanding issue that affects the lives of many people across the city.
- Offers corporate responsibility and a whole system partnership approach with senior management buy-in to domestic abuse being seen a priority.
- It is comprehensive and adopts a holistic whole life approach, recognising domestic abuse in all its forms and considering its wider impact.
- The recognition of the potential long-term adverse impact upon victims, including their employment, housing, finance and family and friends, along with their need for a range of ongoing support.
- Its focus on those who cause harm as well as those who experience it and the need to change their attitudes and behaviours
- The focus on prevention and work with boys and young men in relation to positive healthy relationships.
- Early intervention and the need for ongoing support as well as crisis intervention.
- It addresses the blame culture which can see victims blaming themselves for the abuse and/or not keeping others safe.
- The recognition that women from a range of backgrounds experience domestic violence including ethnic minority groups.
- It is clear about its goals and how it will achieve them.
- It adopts an evidence based approach to drive learning and change.
- The level of engagement with key stakeholders.
- The commitment to upskilling and training a range of staff to enable them to better understand and respond to domestic abuse.
- The commitment to improved data collection to support robust analysis and service developments. It was suggested by some this should include what barriers victims and perpetrators have experienced which stopped/delayed their engagement; as well as the recording of referrals linked to alcohol.

Areas People Didn't Like

3.9 Respondents were also asked what they liked least about the draft Strategy and some of the areas mentioned in the 36 responses to this question included the following:

- Would be good to have a specific section about challenging cultural and societal attitudes and including more details of preventative public health approaches to domestic abuse.
- The term 'breaking the cycle' which can unhelpfully label victims of domestic abuse, implying that they will go on to repeat the crime, which may prevent them from reporting their abuse.
- It doesn't sufficiently recognise the gender-based nature of domestic abuse and the impact of gender-based inequality, patriarchy and societal influences on the behaviour of abusers.
- The exclusion of LGBT+ and the statement that they experience comparatively lower rates of domestic abuse than cisgender heterosexual women.
- Could be made easier for the public to engage with by using less jargon and being easier to read.
- No consultation with children and young people capturing their views and seeking their ideas on solutions. Linked to this was the comment that there was more scope to profile the voices of the citizens of Glasgow.
- There needs to be a stronger focus on the impact of inequalities on domestic abuse.
- More detail needed on the monitoring and evaluation of the Strategy.
- More detail on the resources being invested.

Appendix 1: Characteristics of Respondents

There were **138** respondents to the Survey, with **70% (96)** responding as Individuals and **30% (42)** as Organisations. The characteristics of the respondents is summarised in the tables in Appendix 1.

Q18. Sex:	No.	%
Female	63	46%
Male	16	12%
Other	1	1%
Prefer not to answer	1	1%
No response	57	41%
Grand Total	**138**	**100%**

Q19. Do you consider yourself to be trans, or have a trans history?	No.	%
Yes	1	1%
No	74	54%
Prefer not to answer	2	1%
No response	61	44%
Grand Total	**138**	**100%**

Q20. Age:	No.	%
18-24	2	1%
25-34	10	7%
35-44	15	11%
45-54	20	14%
55-64	27	20%
65-74	4	3%
Prefer not to answer	3	2%
No response	57	41%
Grand Total	**138**	**100%**

Q21. What religion, religious denomination or belief do you identify yourself as?	No.	%
None/Atheist	37	27%
Roman Catholic	20	14%
Church of Scotland	12	9%
Muslim	2	1%
Other Christian	2	1%
Hindu	1	1%
Prefer not to answer	7	5%
No response	57	41%
Grand Total	**138**	**100%**

Q22. Ethnicity:	No.	%
White Scottish	58	42%
White Other British	8	6%
White Irish	3	2%
Other White ethnic group	3	2%
Indian, Indian Scottish or Indian British	1	1%
Other ethnic group	1	1%
Prefer not to answer	4	3%
No response	60	43%
Grand Total	**138**	**100%**

Q23. Do you need an interpreter or other communication support?	No.	%
Yes	0	0%
No	80	58%
Prefer not to answer	1	1%
No response	57	41%
Grand Total	**138**	**100%**

Q24. Which of these best describes how you think about yourself?	No.	%
Heterosexual / Straight (attracted to opposite sex only)	69	50%
Bisexual (attracted to same and opposite sex)	2	1%
Gay or Lesbian (attracted to same sex only)	2	1%
Other	3	2%
Prefer not to answer	5	4%
No response	57	41%
Grand Total	**138**	**100%**

Q25. Do you have a physical or mental health condition lasting, or expected to last, more than 12 months?	No.	%
Yes	26	19%
No	47	34%
Don't know	2	1%
Prefer not to answer	5	4%
No response	58	42%
Grand Total	**138**	**100%**

Q26. If Yes, does your condition or illness affect your ability to carry out your day to day activities?	No.	%
Yes, a lot	1	4%
Yes, a little	21	81%
No, not at all	4	15%
Grand Total	**26**	**100%**

Q27. Does this condition or illness affect you in any of the following areas?	No.	%
Mental Health	7	27%
Mobility (for example walking short distances or climbing stairs)	6	23%
Stamina, breathing or fatigue	5	19%
A long term illness (such as diabetes, cancer, HIV, heart disease or epilepsy)	3	12%
Socially or behaviourally (for example, associated with autism, attention deficit disorder or Asperger's syndrome)	1	4%
Other	2	8%
Prefer not to answer	2	8%
Grand Total	**26**	**100%**