



**Item No. 8**

**Meeting Date Wednesday 22<sup>nd</sup> February 2023**

**Glasgow City  
Integration Joint Board  
Public Engagement Committee**

**Report By:** Pat Togher, Assistant Chief Officer, Public Protection Complex Needs

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**Domestic Abuse Strategy – Engagement and Consultation**

<b>Purpose of Report:</b>	To outline the engagement processes which took place to enable the production of a Glasgow City HSCP draft Domestic Abuse Strategy and the consultation undertaken on this draft Strategy.
<b>Background/Engagement:</b>	Reports on the Service User Engagement, HSCP Staff Survey, Education Staff Survey, and Third Sector Survey on Domestic Abuse were appended to the draft Strategy when it went out for consultation. A report on the results of the Consultation Survey is also available.
<b>Governance Route:</b>	The matters contained within this paper have been previously considered by the following group(s) as part of its development.  HSCP Senior Management Team <input checked="" type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>Recommendations:</b>	The IJB Public Engagement Committee is asked to:  a) Note the extensive engagement which took place in the development of the draft Strategy; b) Note the consultation process which resulted in subsequent revisions to the document; and

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	c) Note the Domestic Abuse Strategy will be presented to the IJB in March 2023 for approval.
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**Relevance to Integration Joint Board Strategic Plan:**

Relevant to Priority 1 and Priority 5

**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Outcome 1 People are able to look after and improve their own health and wellbeing and live in good health for longer. Outcome 3 People who use health and social care services have positive experiences of those services, and have their dignity respected Outcome 5 Health and social care services contribute to reducing health inequalities Outcome 7 People who use health and social care services are safe from harm
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<b>Personnel:</b>	No direct implications
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<b>Carers:</b>	No direct implications
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<b>Provider Organisations:</b>	No direct implications
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<b>Equalities:</b>	An EQIA has been completed and is available on the HSCP website at the link below: <a href="https://glasgowcity.hscp.scot/publication/eqia-gchscp-domestic-abuse-strategy">https://glasgowcity.hscp.scot/publication/eqia-gchscp-domestic-abuse-strategy</a>
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<b>Fairer Scotland Compliance:</b>	No direct implications
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<b>Financial:</b>	No direct implications
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<b>Legal:</b>	No direct implications
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<b>Economic Impact:</b>	No direct implications
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<b>Sustainability:</b>	No direct implications
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<b>Sustainable Procurement and Article 19:</b>	No direct implications
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<b>Risk Implications:</b>	No direct implications
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<b>Implications for Glasgow City Council:</b>	No direct implications
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	No direct implications
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### 1. Purpose

- 1.1 To outline the engagement processes which took place to enable the production of Glasgow City HSCP Draft Domestic Abuse Strategy and the consultation undertaken on this draft Strategy.

### 2. Introduction

- 2.1 During the earlier months of the COVID-19 public health emergency there was a requirement to improve Public Protection data in order to ensure oversight of trends and respond accordingly. This process ensured a stratified oversight of all Glasgow City HSCP care services and more notably focused on the impact of domestic abuse as a risk factor which appeared highly prevalent in all care groups. In response, Glasgow City HSCP Senior Management Team approved a proposal to develop a clear strategic direction for Domestic Abuse and effective joint planning arrangements across the city. From the start it was noted as essential that engagement and involvement of people with lived and living experience was included in this process. The draft Domestic Abuse Strategy was developed and designed throughout 2021-22 with involvement and participation at its core. An inclusive engagement approach promoted a collective responsibility for the strategic direction and helped ensure effective alignment with our partner organisations who are working to address domestic abuse. Our engagement was heavily affected by the impact of COVID-19 on staff absence, both within the HSCP, and across our network of stakeholders. Despite this, we engaged with a wide range and number of staff, as well as with partner organisations and people with lived experience of domestic abuse.
- 2.2 The draft Strategy was published in August 2022, and a full public consultation process was carried out from August to December 2022. The draft Strategy was made widely available on social media platforms and disseminated to staff, people who use services, key partner organisations, our health and social care partners across Greater Glasgow and Clyde and beyond, and the general public. A survey was designed to allow specific responses and comments on the detail contained within the draft, and we received around 140 responses from a mix of individuals and organisations. We also held specific sessions to look at the draft Strategy with staff and with key partners, as well as consulting with specific groups of staff, 3<sup>rd</sup> sector organisations, and the Domestic Abuse Operational Groups established across all care groups who fed into the development of our strategic direction.

### 3. Engagement

#### 3.1 Service user engagement and lived experience

Support was provided to third sector partners to enable them to engage meaningfully with their own service users and people affected by domestic abuse, in order to ensure that their views, experiences, and needs are listened to and taken into account in the development of the draft Strategy as it developed.

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Engagement with women who had experienced domestic abuse was facilitated with support from:

- 218 Services, Turning Point Scotland (group sessions)
- Staff at Chara Centre and Elder Street (one to one interviews)
- Tomorrows Women Glasgow (one to one interviews)

Engagement with men who had abused, and their female partners, was facilitated with support from:

- Caledonian Programme (group sessions, one to one interviews)

All partners were asked to develop conversations with participants that were open enough to surface what mattered most to them, as well as indicative guidance on questions and topic areas being provided. Our main aim was to gather feedback based on experiences of accessing (or trying to access) help from Glasgow City HSCP in relation to domestic abuse. We were interested in; their perceptions of accessing help from health and/or social care professionals; their knowledge of what help was available and, if relevant, how they sought or accessed any advice or help about domestic abuse, e.g., online, in-person; any barriers to accessing support (emotional, physical, practical) and; what might have helped to remove these barriers. We wanted to know what kind of support and services need to be in place to best support people who harm through domestic abuse or people experiencing domestic abuse in Glasgow. Finally, it was also helpful to know if there were opportunities to disclose the abuse (as the victim or as someone who was abusing), that they didn't take, for whatever reason.

Findings and themes emerging from this engagement were included in the draft Strategy, and a report is attached in Appendix 1.

### 3.2 Staff Survey

A baseline survey was undertaken across the HSCP to gather information from staff who work directly with patients and services users affected by domestic abuse which resulted in almost 500 responses. The survey was designed to gather information about how our colleagues are guided in their work relating to domestic abuse: what experience, qualifications and training they have received and how (if at all) this impacts on their practice; what frequency and what types of intervention are prevalent in their day to day work; and how understanding, thinking and attitudes can be used as a broad measure of consensus and consistency.

The findings of this survey concluded with 9 recommendations including choice of language, improved data, prevention, pro-active perpetrator engagement and a contemporary training agenda, as well as making specific reference to research informed approaches to working with some targeted groups of people. Some areas of work recommended in the report have already commenced, and the others will be explored further and were used to inform the draft Strategy.

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### 3.3 Third Sector Survey

In early 2021, our staff survey was adapted for use by the third sector and sent out to voluntary sector staff across Glasgow. Over 130 responses were received. The majority of third sector staff who responded had worked within the previous 2 years with people affected by domestic abuse with almost 70% of those working with people and issues of domestic abuse 'often' or 'very often'. Less than half (48%) of respondents reported that relevant qualifications for their current job did not have content on domestic abuse – although of those that did, 93% believed that it was helpful in their current role. 60% of staff had received 'on the job' domestic abuse training. Around half of the staff who responded said that they felt 'fairly' or 'very' confident about their professional knowledge of domestic abuse, with similar numbers feeling confident about their practice. Almost 90% of staff responding to the survey reported that they received professional supervision or support.

### 3.4 Education Staff Survey

To complement the HSCP staff survey carried out in 2020, Education Services carried out a similar survey based on some of the concepts used by the HSCP. Staff across all sectors who had responsibility for Child Protection and pastoral care were invited to complete the survey in early 2021. A total of 187 members of staff participated, representing all sectors and all areas of the city.

A report was produced, detailing the key findings and outlining 5 recommendations for next steps within Education Services.

### 3.5 Development Session

We brought together key decision makers and staff across the HSCP and partners, including elected representatives, in order to explore the emerging themes and key priorities to be included in a Strategy.

### 3.6 Staff Engagement sessions

We designed engagement sessions which sought to:

- Value contributors equally by drawing on both expertise and experience and being mindful of the implicit promise being made when we involve others in our work.
- Create safe spaces for relevant communities of need, interest and practice, to inform the development of the Strategy, in ways that do not stigmatise or retraumatise.
- Nurture inclusive discussions, that move from *debate*, where participants argue, express, persuade, or compete in their thinking in order to promote opinion or gain majority, to *dialogue*, where participants exchange, listen, reach across and reflect, and then evolve further to *deliberation*, where participants collectively frame and weigh options, seeking common ground to solve problems or implement change.

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Engagement and participation sessions were held with HSCP staff across all services. Staff were invited to take part in an online facilitation discussion to explore the language, approaches, expectations, values and experiences in providing services and support to people affected by domestic abuse. A total of 6 sessions were held and over 200 staff participated, from a broad range of services and roles across the HSCP. The themes and priorities emerging from these sessions were used to develop the aims and strategic direction within the draft Strategy. In addition to these sessions, we brought together a small number of staff to co-produce a draft vision that frames the draft Strategy and effectively articulates where we are trying to get to.

### 3.7 Partner Engagement

Proactive engagement with partner organisations and key stakeholders took place towards the end of 2021, with the intent of exploring:

- what we can learn from partners' experience in supporting people who are affected by domestic abuse, including those who abuse;
- how their own service users perceive or experience HSCP services and working culture, and how these could be improved;
- what the HSCP can do within the draft Strategy to ensure more effective and inclusive provision of support and services.

Again, issues and priorities emerging from this were fed into the development of the draft Strategy. We have pledged to continue this proactive engagement and participative working with our partners throughout the lifetime of the Strategy.

### 3.8 Critical Friends

From the outset, guidance and support has been sought from colleagues across the UK with a wealth of research, policy and practice experience.

### 3.9 Planning Structures

A Strategic Oversight Group and three Operational Groups were established with a wide range of staff and partners across the HSCP and their discussions contributed to the draft Strategy. As the Strategy is finalised, and implemented, they will develop proposals for policy and practice improvement in domestic abuse responses and services. This will be done alongside community planning arrangements to make sure whole system connections are retained as we implement the Domestic Abuse Strategy.

## 4. **EQIA**

- 4.1 An Equalities Impact Assessment (EQIA) was carried out in order to identify, understand and seek to mitigate any issues which the development of a Domestic Abuse Strategy might raise. This EQIA was undertaken by group of Glasgow City HSCP staff who volunteered their time, expertise and insight between December 2021 and March 2022. The EQIA informed the draft Strategy prior to consultation. The same group of staff were then involved again in December 2022 to consider the consultation outcomes, and ensure that the final Strategy also took account of the issues identified in the EQIA.

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4.2 The participatory approach to EQIA is new and unique and was undertaken as a project working group with a broad and committed membership from staff across the whole HSCP, reflective of the organisation and the communities we serve.

4.3 In addition to staff involvement, the EQIA was informed by service users with lived experience of domestic abuse, who were anonymised throughout the engagement process, enabled and supported by colleagues in homelessness services, the Caledonian Project, and our partners at the 218 Service (Turning Point Scotland). The EQIA is complete and is available on the HSCP website at the following link: <https://glasgowcity.hscp.scot/publication/eqia-gchscp-domestic-abuse-strategy>

## 5. Consultation

### 5.1 Online Survey

A survey was designed to enable us to consult widely on the detail contained within the draft Strategy. We wanted to know, specifically, if there was agreement or dissent on:

- The vision contained within the draft Strategy
- Each of the 6 Strategic Priorities
- Our specific responses to each of the Strategic Priorities

The survey opened in early August 2022 and ran initially until mid-October. However, an extension of 3 weeks was agreed to enable the findings to be considered alongside the other consultation activity taking place. All HSCP staff were emailed the survey link, and reminders sent throughout the consultation period. People were encouraged to share with their networks and contacts outside their workplace to enable a wide range of responses. The survey was also shared on Glasgow City HSCP, NHS GG&C and Glasgow City Council social media platforms and staff communications.

There were 138 valid responses from a mix of individuals and organisations. 78% of respondents work for Glasgow City HSCP with the biggest proportion of these (39%) working across localities. The majority of respondents (61%) said they work with people where domestic abuse is a presenting or underlying issue, and this was with a range of clients across many HSCP services; but 52% also said that they had personal or family/friends experience of domestic abuse.

In terms of the proposed vision within the draft Strategy, 89% of respondents agreed with it. There was no one theme emerging from the 11% of people who said they did not agree. When we asked people if they agreed with the 6 proposed strategic priorities, between 84-86% of them either 'completely' or 'partially' agreed. 20 people (14%) chose not to respond to this question. Similarly, between 84-85% of respondents said that they either 'completely' or 'partially' agreed with our proposed responses to the strategic priorities. 21 people chose not to respond. Among the responses indicating why people did not completely agree with what we said, several themes emerged. We were asked to expand on our partnership working arrangements and which partners we work with; more detail on prevention and how we would intend to ensure this happens, and more explicit differentiation between prevention and

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early intervention; and we were asked to strengthen our responses around financial and economic abuse and harms. Our use of language was challenged, and consideration was given to updating some of the terms and phrases alongside views on what service users and people with lived experience had told us.

Overwhelmingly, people welcomed the development of a Domestic Abuse Strategy for the city, and in particular the whole life approach we are taking, the fact that people who cause harm are included as well as people who have experienced abuse, and that there is a real and strong focus on training and equipping staff with skills and confidence when dealing with domestic abuse.

### 5.2 Online Consultation Sessions

Alongside the extensive survey coverage, we held online sessions for staff and for partners, again designed to explore what was contained in the draft Strategy, the strategic direction set out in the priorities, and whether the actions and commitments were accurate and robust. Again, participants were welcoming of the setting out of a clear strategic direction for the HSCP, their role in developing future action plans and in working together to implement the commitments in the Strategy. We undertook to include further detail on the impacts of domestic abuse on people's mental wellbeing and connectivity with mental health services, specific issues which can be experienced by people from black and minority ethnic communities, and to address the omission in the draft Strategy of issues affecting Lesbian, Gay, Bisexual, Transgender and non-Binary populations. Finally, we recognised that we had not engaged specifically with children or young people, or the organisations and partners who work with them, and acknowledged this gap. This is something which we will make sure happens early as we move into the implementation of this Strategy.

### 5.3 Animation

In order to augment the public consultation process, a short, animated film was commissioned which explained, in a few minutes, what the draft Strategy was setting out in its strategic priorities. This animation was made available on the social media platforms of the HSCP, NHS GGC and Glasgow City Council to accompany the online survey, as an easily accessible format of the Strategy. It can be viewed on the HSCP [YouTube channel](#).

## 6. **Conclusion**

- 6.1 Everything which was highlighted during the consultation process has been considered and discussed and any emerging issues and themes have been fed into the Strategy as appropriate. We have pledged to continue this proactive engagement and participative working with our staff and our partners, as well as with the people who use or need our services, throughout the lifetime of the Strategy.



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### 7. Recommendations

7.1 The IJB Public Engagement Committee is asked to:

- a) Note the extensive engagement which took place in the development of the draft Strategy;
- b) Note the consultation process which resulted in subsequent revisions to the document; and
- c) Note the Domestic Abuse Strategy will be presented to the IJB in March 2023 for approval.

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## Findings from service user engagement (January to June 2022)

### Overview of Process

Engagement with service users was facilitated with support from:

- 218 Services, Turning Point Scotland (group sessions)
- Staff at Chara Centre and Elder Street (one to one interviews)
- Tomorrows Women Glasgow (one to one interviews)
- Caledonian Programme (group sessions, one to one interviews)

All partners were asked to develop conversations with participants that were open enough to surface what mattered most to them, but the below list was provided as indicative guidance.

- The main aim is to gather feedback based on experiences of accessing (or trying to access) help from Glasgow City HSCP in relation to domestic abuse. We appreciate that the HSCP is just a name we give to a range of services, so may be easier to use the type of individual roles people may be more familiar with, such as health visitors, nurses, GPs, social workers - anyone they might have spoken to in the handling of a case or in relation to services they were accessing or seeking to access.
- Areas we are interested in include:
  - Their perceptions of accessing help from health and/or social care professionals.
  - Their knowledge of what help was available, and, if relevant, how they sought or accessed any advice or help about domestic abuse, e.g., online, in-person.
  - Any barriers to accessing support (emotional, physical, practical) and what might have helped to remove these barriers. It would also be helpful to know if there were opportunities to disclose the abuse (as the victim or as someone who was abusing), that they didn't take, for whatever reason.
- We'd like to know what kind of support and services need to be in place to best support those perpetrating or experiencing domestic abuse in Glasgow.
- We'd value hearing about anything they want our staff to know and understand about domestic abuse that might help us to provide better support.

We advised that the Strategy and accompanying communications campaign needs to use imagery and words that do not stigmatise or re-traumatise people experiencing domestic abuse, and shared images captured images from a range of UK public sector strategies. We sought feedback on the images and their alternatives. We also asked if there were any terms that we should reconsider using when we talk about domestic abuse - things like 'victim' and 'perpetrator', for example.

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### Experience of Abuse

In many cases, women we heard from had experienced more than one abusive relationship, with the majority of women describing patterns of abuse that they experienced from a young age, either through a familial relationship, or their first romantic relationship.

*“My first relationship was when I was aged thirteen...abusive and violent towards me. I didn't know any better, thought it was the norm. I think he thought this was okay as they didn't know any better. He may have witnessed violence from his family home...but I knew being hurt each day was not right.”*

Some women told us about witnessing their grandmothers and mothers experience abuse, and seeing that abuse as young children. One woman described that these generations *“just got on with it”*, seeing tolerance as a strength, and believing that was what she should have been capable of.

The experiences of domestic abuse were physical, sexual and emotional, and in every instance where abuse was detailed, the impact on a woman's self-worth and her confidence was emphasised, with one woman describing how *“they get inside your head”* and *“chip away”*.

We heard loneliness, guilt and fear all played a part in women staying with an abusive partner, or in returning to them.

*“Women will stay with abusive males due to habit or feeling lonely.”*

*“I felt bad for my partner at one point as my son kept asking for his daddy and I took him back. The abuse only got worse.”*

*“I know people that will keep returning to their partner as there is a fear that the next partner could be even more violent, an even worse scenario, your better with the devil you know.”*

One woman described her partner as very loving and caring until they both became alcohol dependent, with this triggering aggression in her partner. She told us that after the birth of their first child, things at home became *“a whole lot worse”*.

### Barriers to Disclosing Abuse or Accessing Help

Across engagement activities, we heard that women felt, perceived and experienced barriers to accessing help from health and social care professionals. For some, this was because of previous experience, but for almost all, it reflected a fear of the consequences, and the 'labels' they felt were applied to women who experienced abuse.

*“I don't want to be seen as one of 'those women'.”*

*“I didn't want to approach any services because I was worried what might happen to my kids.”*

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*“The social worker told me if I went back to our shared tenancy then the likelihood would mean the kids would not be able to return there.”*

*“Emotionally, it’s extremely difficult dealing with services as it does feel very much them and us... it has made me feel very guilty and equally to blame”*

Women talked about feeling judged by health and social care professionals, untrusted, or assumed to be under the influence of drugs or alcohol.

One woman felt that reporting her physical abuse would make her a “grass” and when asked by hospital staff about injuries she presented with, she lied, and found her answers were easily accepted. Women described being scared to access services for help and explained concerns about how much would be confidential. Some women told us they were embarrassed to ask for help.

Some women felt the criminal justice system worked against them, describing occasions where they felt courts or police, sided with their abuser, through process, or their attitudes. Several women told us that reporting to the police would only increase the risk they faced – *“Chances are that your partner will get arrested then released the next day...you will be attacked again, this is the consequences you face.”*

Women had generally heard of some support services (e.g., Women’s Aid) before they needed help, but were not always clear of what help was available, and whether they qualified for it. All women asked us to make information on where to go for help more readily available (GP surgeries, schools, supermarkets, female toilets), so that people in need didn’t have to seek it out.

We heard that women need someone to talk to face to face, with some suggesting the more common or innocuous the space, the better, suggesting ‘pop up’ services or information stands in schools, supermarkets or fast-food restaurants. Other suggested that they’d only been able to disclose where they had built a *“trusting relationship”* with a professional, and that this required time, and lots of safe spaces.

We heard from every woman, that access to female workers was critical for them in accessing help, and stayed engaged with support.

### Disclosing Abuse

Women who did talk about disclosing abuse, had mixed experiences. One, who disclosed to a *“drug worker”* was given information on the Domestic Abuse Helpline and recalled being told *“only you can make the decision to change”*.

*“Social Work made things worse as they put my child in care of my parents. Assist had tried to support me, but I felt too many people would be overwhelming...they were just trying to find out information about me. I felt let down as Social Work told me that everything I told them about all the violence that was going on in my house would be kept confidential. Social Work then told my father all my information, even as much as telling him how much I drank each day. I felt let down and I lost my faith and trust.”*

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One woman described a traumatic event where an ex-partner had left 'slash marks' over her face. She said staff at an accommodation centre in the East of the city did not notice these wounds but that a Pharmacist in a local Chemist directly asked what had happened to her, saying from there, the Police were then contacted, and action was taken.

One woman explained that she had built the confidence and trust to talk to a worker in a local foodbank, and found this gave her the confidence to seek help.

One woman told us that through the years she has mostly received good responses from services, such as being offered support to access police and provided details of further support services available following on from a domestic abuse incident. She said she received good emotional support from health and social care professionals when she has felt vulnerable due to domestic abuse, describing services "*mostly helpful and caring*", but described feeling unsupported whilst accommodated within B&Bs throughout Glasgow, saying she felt suicidal whilst in that situation.

Some women spoke about the support they had received from services which worked with the whole family. They felt that the individual and tailored support for them, their children and their partner was beneficial and could be empowering. One woman told us that her partner's controlling behaviour escalated around child contact but that she felt "*safer, more confident*" due to the support from services and she felt able to challenge his behaviour and "*over time things have become more stable*".

### Support for People Who Cause Harm

One woman described her abusive partners as coming from families where other men were abusers, so felt support should be made available to people to escape this pattern, to stop them "*thinking this was a normal way to live*".

*"There needs to be more support for the abuser, the Courts must ensure that individuals who have a history of violence are supported to understand that their behaviour is not acceptable. People need to understand their triggers as this may prevent them from continually doing what they are doing. Abusers need counselling, make them think is this the norm? I believe that people who abuse have learned this behaviour from the home they were brought up in and think that this is okay."*

*"More services like the Caledonia Project, services like this for men and women are needed. There should not just be a referral from the Courts to ensure the abuser gets the help they need to change their behaviour but give people an option where they can seek support themselves. Projects that specialise in supporting people who abuse need to be more advertised also, not just for the victims. People need to see that they can change and go for support if needed."*

At least two women were less in favour of help for abusers. One told us that abusers need to know there are consequences for their actions, and that criminal proceedings might be the only thing that would prevent someone from abusing.

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### Other Messages

Women recommended having workers who have lived experience supporting women escaping domestic abuse, "*showing that you can be free.*"

One woman told us that being mistreated made her become extremely paranoid, to the point that she felt staff were 'plotting' against her. She stressed that this is why it is important for staff to be trained to be patient and understanding.

One woman told that when she left her partner, she had no knowledge of how to claim benefits or pay bills or manage money as this had always been controlled – support at this point was critical for her. Other stressed help with the less obvious problems and decision-making was also important.

*"I feel there is not enough support regarding domestic abuse. Even with going into Women's Aid, this type of accommodation was not suited to my needs. I felt there were too many rules, but these projects do keep people safe."*

*"I have a son (4yrs) and daughter (6yrs) and they both miss their dad. My son especially misses him. I have told them he is away working. If he gets sentenced, he will want to see them. I am not sure how this works – maybe video? My Social Worker is hopeless."*

One woman described the stigma attached to someone who uses drugs, with social care staff treating her as "*an addict*" and not a person, or a victim.

One woman had advice for anyone who suspects that someone they know or is in contact with is experiencing domestic abuse.

*"If you know something is off, never give up.  
Keep in contact, persevere, and keep the focus on the person"*

### Responses to Imagery and Language

Women asked us to use images which portray the reality of abuse, and reflect the "*poverty, loneliness and isolation*" of living with an abusive partner. This was noticeably different for many women, to pictures of women "*just looking sad or worried*". Some women called for the most graphic images we were brave enough to use, to "*show the full picture*" of domestic abuse.

When asked how they felt about the word 'victim' or being described as a 'victim', women tended to agree this word is sometimes necessary because it captures the facts from incidents of domestic violence, but that this didn't make them a victim indefinitely: "*I'm not a victim but I was a victim [during an incident of domestic violence]*". One woman told us the term victim, applied as a general label, made her feel "*pitiful and small*". Some women asked to be more regularly referred to as 'survivors'.

Woman tended to dislike the term 'perpetrator' and preferred 'abuser'.

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One woman felt the term 'domestic' in some way "*downgraded*" the seriousness of the abuse.

*"You see an odd poster now and again. There is a television advert that is currently shown on the television about someone struggling with drugs. This advert is really good, gives you something to think about. The advert portrays a woman who is in a bad place, it seems real and honest. There needs to be more advertising like this kind to show Women there is help out there, a way out and its discreet. Women are scared to open up, you're seen as a failure and there is the fear of being alone."*

### Men's Experiences

In many cases, men told us that their experiences with services was not good, they felt judged, were not kept informed and felt excluded, and were often not seen as having any value or anything to contribute as a father. In some cases, where they also experienced abuse from their partner they felt that they were not listened to or their point of view respected.

*(We are) "just people who make mistakes and not bad people"*

Most men said that they would have liked help to identify and recognise their behaviours and the triggers that made them abusive, but that they didn't know where to look for help prior to being in the criminal justice system after offending. Many said that it took for them to be convicted for them to face up to their behaviour and would welcome early intervention / voluntary services to provide help and support.

Men suggested that help for their addictions or mental health issues is really important, not just support for their specific abusive behaviours. But they said that it is not easy to admit issues and previous negative experiences made them less likely to ask for help in the future. They also spoke about emotions and pride getting in the way.

*"You can't speak to anyone about issues due to the 'west of Scotland' perception that you should be 'manly' and be able to deal with things"*

When speaking about their good experiences of services, men often highlighted the importance of peer support and being able to talk to other men in similar situations, as well as consistency and continuity of the workers they deal with, and how the ability to develop a relationship over time is valuable.

*"When you have a good relationship with a worker it makes a big difference...open up and trust the person – this is important"*

*"When I got a worker that seemed to care and was interested that made a big difference"*

When asked about the word 'perpetrator' or being described as a 'perpetrator', men said that they felt this was a fair description. They tended to dislike the word 'abuser' as it has connotations with sexual abuse, although in discussion they did acknowledge their behaviour as abusive.

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One man told us that his partner is unhappy at being called a victim as she said it makes her sound weak and pathetic.

When asked about images of domestic abuse, most men agreed that men's faces should be included, both from the point of view of encouraging men to seek help for their abusive behaviour, but also for those men who are abused and may not feel able to seek help.

**Glasgow City HSCP is extremely grateful to the partners and staff who supported this engagement, and to the women and men who have shared their experience and expertise with us.**

K Hudson & F Noble  
Glasgow City HSCP  
June 2022

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