

Viewpoint 35 (November 2013)

SUMMARY

Viewpoint 35 which focused on the subject of domestic abuse was circulated in November 2013 to support the review of the Borough's "Domestic Abuse Strategy". This paper summarises the key findings from Viewpoint 35.

BACKGROUND

1. **All questions were developed with colleagues in Public Health at Stockton Borough Council.** The Survey provided valuable insights into residents' understanding and awareness of domestic abuse and how they would react if they suspected domestic abuse was taking place in a number of different situations. Overall, an 18% response rate (200 responses in total) was achieved, with 41% responding online and 59% by paper questionnaire. In total 76% were happy with how long it took to complete the questionnaire, 71% found it interesting, 65% found it easy to complete.
2. Because we sought to gather in-depth insights into people's feelings on a highly sensitive subject, **Viewpoint 35 included a larger than usual number of 'open ended' questions.** While statistical results were also collected as necessary, our primary focus with this Viewpoint questionnaire (which was quite unlike most Viewpoint questionnaires) was to be able to construct a rich and deep picture from the responses and that that picture should help us to understand what our residents genuinely know and think about domestic abuse as well as what they are likely to do if they suspected it was happening. A one off, primarily qualitative research approach, which was substantially more time resource intensive than usual, was therefore required. Relying on statistics and a less time intensive approach would not have supported our primary aim.
3. **All statistical results reported below have been weighted to ensure they represent the Borough's population in terms of age, gender and location of residence.** A very brief summary of the qualitative results are shared here, primarily in paragraphs 7 – 11, following in-depth analysis of the key categories and themes in the large number of different responses to the open ended questions.

SUMMARY OF OVERALL RESULTS

4. **Awareness of what is defined as domestic abuse** was very mixed. Over 90% were aware that physical violence, sexual abuse, psychological abuse, emotional abuse and controlling behaviour were types of domestic abuse. Between 80% and 90% were aware that forced marriage was a type of domestic abuse. Between 70% and 80% were aware that coercive behaviour, female genital mutilation, financial abuse and honour based violence were forms of domestic abuse. The lowest level of awareness was linked to domestic abuse impacting young people aged 16 and 17 (53% were aware this is considered to be domestic abuse). This suggests that less visible, less often talked about and more indirect forms of domestic abuse are less well known than others.
5. Highest levels of surprise were shown (around 65% on average) against **national domestic abuse facts** highlighting the number of women affected by Female Genital Mutilation. The lowest level of surprise was shown against a fact highlighting that children can experience short and long term effects as result of just witnessing domestic abuse.
6. Considering **domestic abuse facts relating to our Borough**, respondents were most surprised to be told that 4 in 10 of all violent crimes reported to Cleveland Police are linked to domestic abuse and least surprised (7 in 10 were not surprised) to be told that between 60 and 70 percent of homes where domestic abuse has taken place are lived in by children.

7. When asked about what kind of **mission statement**, if any, the Borough's reviewed Domestic Abuse Strategy should have, 87% said it should convey the following message "Domestic abuse is socially unacceptable. Everyone deserves to, and should, live without fear. There is no excuse". Additional comments highlighted the need for (i) everyone to do what they can to identify and support victims of domestic abuse and (ii) targeted promotion of key information and messages and coordinated activity by key organisations and agencies (i.e. in particular the Police and Health, the Council and charities too).
8. Generally speaking, most respondents felt that **the Council** was best placed to play a coordinating role in tackling domestic abuse in the Borough; the Police were best placed to intervene; Health (including mental health) can treat victims and perpetrators; teachers can monitor situations involving children; and, charities are seen as "unbiased" and "less threatening".
9. With regard to **promotion of information and key messages**, respondents highlighted the need for targeted ways to reach specific audiences in ways that did not allow perpetrators to identify that victims were seeking help/advice. Suggestions ranged from face to face options for older and more vulnerable people (e.g. children in care, people with disabilities) to web based approaches for young people specifically. There was also a suggestion to make information generally available in e.g. local newspapers where "anyone and everyone" can see it.
10. **Awareness of what support is currently available for victims and perpetrators of domestic abuse** was very low. The Police was identified as the key source of known support for those who commit domestic abuse with a perception also that "very few seek help". Most said they simply did not know anything about this at the moment. A small proportion were however aware of Harbour, women's refuges and the roles played by GPs and social services for victims of domestic abuse. One respondent (who said they had personal experience of being a victim of domestic abuse and only just escaping with their life) provided valuable insights into why victims do not report domestic abuse by mentioning the following: fear of not being believed; fear of being rendered homeless; fear of being unable to support oneself financially; and, fear of having their children taken away from them.
11. When asked **what action they would take if they suspected domestic abuse was happening** the theme that emerged from respondents was that if the suspected victim of domestic abuse was a close friend, relative or colleague they would speak to them personally and attempt to help. Overall, willingness to make direct contact with and personally offer help to suspected victims of domestic abuse diminished as respondents became 'less close' to those suspected being victims of domestic abuse. Most also said they "would not know" what to do if they suspected that someone (of any age) who they did not know, but who they might pass on the street, was a victim of domestic abuse. When asked why, most said they would find it easier to speak to someone they knew, it would be important to establish facts before doing anything about their suspicions but doing nothing should not be an option and reporting suspicions to the Police would be a likely course of action if they just were not sure what to do for the best.
12. Social Services was seen as the main department to **report domestic abuse** in Councils (78% said this) because that department would know what to do and take the right action. In terms of health, GPs were seen as the main place to report domestic abuse (57% said this) largely because they are accessible, trusted and familiar and would take necessary appropriate action.

FOR MORE INFORMATION PLEASE CONTACT:

Johanne Parker
Consultation Officer, Stockton-on-Tees Borough Council
Tel. 01642 528866
Johanne.parker@stockton.gov.uk