



the centre for **voluntary action**

BVSC

Domestic Abuse Professional Survey Results

Analysis by Public Health and BVSC
October 2021



Birmingham Domestic
Abuse Needs Assessment



Birmingham
City Council

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Introduction

On 29th April 2021 the Domestic Abuse Bill was signed into law. The Act will provide further protections to the millions of people who experience domestic abuse and strengthen measures to prevent abuse and tackle perpetrators.

Birmingham Voluntary Service Council (BVSC) has been commissioned by Birmingham City Council (BCC) to undertake a comprehensive assessment of need in relation to domestic abuse in Birmingham. To assess the situation, two questionnaires were used to seek information both from those affected personally by domestic abuse (victims/survivors) and those who provide services which support domestic abuse (professionals).

This report summarises the responses provided to the survey completed by professionals providing domestic abuse support services or professionals who refer into these services. The results will be used to help inform and shape the needs assessment, its recommendations and the Implementation Plan for the city.

The survey ran from August to September 2021, asking people about their experiences with domestic abuse (DA) and relevant support services. 94 people responded to the survey.

Key Findings

Below is a summary of the main survey questions. For demographics, please see [page 30](#)

About the respondents and their work

Respondents had a mix of roles, at a wide range of levels and responsibilities in public and third sector organisations. Some organisations had only one respondent, others had several.

The top roles identified by respondents were:

- providing a DA specialist service (38%)
- being an operational lead for DA/ safeguarding/adult care (23%)
- working with people who disclose domestic abuse to either signpost/ refer to specialist service (23%)
- or case manage in partnership with a specialist service (22%).

Respondents could select more than one option, so it is likely respondents have multiple aspects to their role. 21% of the professionals responding had been personally affected by DA (and live in Birmingham).

Respondents' Service - Core Activities and Services

The most frequently cited groups supported were:

- victims/survivors (76%)
- women (71%)
- BAME (63%)
- pregnant women/mother and baby (51%)
- LGBTQ+ (48%)
- people with disabilities (45%)
- and people with learning disabilities (43%).

Men, children under 18, children under 16, Other, and Perpetrators were all cited significantly less frequently (38%, 31%, 28%, 24% and 18% respectively). The most frequently cited DA services were housing support (57%), mental health support (42%), coercive control (36%), forced marriage (35%) and sexual violence (30%).

Other DA Services

The survey asked which helplines professionals used in their work. The most frequently cited were:

- Birmingham and Solihull Women's Aid (70%)
- BSWA DA Helpline (44%)
- the NDA Helpline (41%)
- RSVP Rape & Sexual Violence Project (33%)
- Roshni (30%)
- and Men's Advice Line (Respect) (24%).

Others were cited but in percentages below 20%

13% said they did not use helplines.

With regard to referrals to other services, **type of need** was the most frequently cited reason, particularly **refuge/housing support**.

The most frequently cited reason for not using a service was that respondents were **not aware of the particular service**, followed by the service **not being relevant** to the group, such as Men's Aid not being used because the respondent has no male clients.

Gaps in Provision

Most respondents think that there are gaps in DA provision. The most frequently cited gap was lack of provision for housing (37%), whether for refuges, temporary accommodation, housing for specialist needs, or long-term housing. There was a concern over poor quality of the housing (10%), with safety a major concern, and a feeling for some that Birmingham City Council doesn't check (or care) whether the housing is suitable. Some respondents felt that this resulted in clients returning to living with the perpetrator.

Lack of resources and support for specific demographics was also a frequently cited issue (35%), particularly for men, children, young people, and families. Also cited but in much lower percentages were resource issues for BAME, LGBTQ+, older people, those with disabilities, mental health issues, etc.

Workplace – Policy and Procedures

The survey asked respondents whether their organisation has a domestic abuse policy and procedure. 87% stated that their organisation has a domestic abuse policy and procedure and of those 69% believe the policy/procedure to be effective. 23% of respondents had never used the policy/procedure and 8% believed it to be ineffective.

The survey also asked respondents if they knew whether their workplace HR collected and retained data on **staff domestic abuse**. 53% said they **didn't know**, 21% said **data was collected**, and 26% said that data was **not collected**.

Workplace - Disclosures

The survey asked respondents in non-DA specific services whether they made routine enquiries for domestic abuse (e.g. if you are a midwife, do you ask mothers if they are experiencing domestic abuse?). 44% said **yes for adult victims/survivors**, 34% said no, 24% said **yes for children/young people**, 23% said **don't know**, and 10% said yes for perpetrators. The survey also asked respondents whether their organisations used a case management system. 76% said that their organisations did (76%) but mainly for adult clients; a much smaller percentage (35%) use a CMS for children/young people, and only 15% for perpetrators. 16% said they didn't know whether their organisation used a CMS and 6% said their organisation did not use a CMS.

Training

The survey asked respondents whether their organisations offer training. 60% said training was provided for all internal staff; 26% said that training is provided to some staff depending on role; 27% said they provide training to external organisations. 13% said they didn't know if training was provided and only 3% said training was not provided. The survey also asked about training needs. “**So called honour-based violence training**” received the most responses (68%), but also frequently cited were: training on the DA Act (61%), local provision and how to refer (61%), safeguarding (56%), working with children who are experiencing DA (56%), legal remedies (e.g. injunctions) (50%), and coercive control (50%), suggesting demand for domestic abuse training on a wide range of topics.

Partnership Working

The survey asked respondents to identify both positive and negative examples of partnership working:

Positive: The most popular theme centred on **improved communication** particularly regarding general **information sharing**, sharing **best practice**, **expertise** and learning from each other, as well as regular/frequent contact.

Negative: Many of negative examples cited also focused on communication, in particular: poor communication (26%), lack of knowledge/specialist expertise (11%). Lack of information sharing and too much silo working were also mentioned. A small number mentioned poor or incomplete referral processes/procedures.

Additional Comments

There were only 16 comments in this section. The themes found were around suggestions for service improvement, either requesting a specific resource, a new idea, or a specific organisation that needs to improve.



Job title

A total of 94 responses were received from professionals representing a cross-section of roles – from Housing and MARAC to the NHS, and at a range of levels including CEOs, support workers, managers, and officers. Many other roles from miscellaneous areas relating to safeguarding, public health, and domestic abuse were also represented.

Organisation

Professionals from a wide range of public and third sector organisations responded, including Birmingham City Council, Birmingham & Solihull Women’s Aid (BSWA), Roshni, Cranstoun, Department for Work and Pensions (DWP), the NHS, the Refugee and Migrant Centre, and many other organisations.

Roles

The roles most frequently cited by respondents were: providing a DA specialist service (38%); being an operational lead for DA/safeguarding/adult care (23%); working with people who disclose domestic abuse to either signpost/refer to specialist service (23%), or case manage in partnership with a specialist service (22%). As respondents could select more than one option it is likely that many have multiple aspects to their role.

In terms of Other, there was a wide range of responses, involving managing teams, and supporting victims and families in a range of specialist services and programmes. Please see Appendix 1 for full results of respondent roles.

Personal link to DA and Birmingham

21% of the professionals responding stated that they had been personally affected by domestic abuse (and live in Birmingham).

Respondents’ Service - Core Activities and Services

Please note that this is reflective only of the respondents who replied to the survey and how they described their service: it is **not** a comprehensive and proportional list of all services available in Birmingham. For example, some services only had one survey respondent whereas others had multiple.

What is the core activity related to domestic abuse your organisation offers?

Of the 80 comments made, some only mentioned which demographics they supported rather than which services, and some only mentioned services and not demographics.

In terms of demographics supported, the highest one was women, followed by those who said their service supported all groups but didn’t necessarily specify what that meant. There were a few organisations which specifically said they supported one or more of the following groups: BME, Children and families, Men, and LGBTQ+.

In terms of services offered, a number of organisations said they offered general DA advice and support. This was followed by those offering mental health/emotional support, such as counselling or one-to-one sessions, housing/refuge, referrals/signposting to other services, or honour-based abuse and forced marriage.

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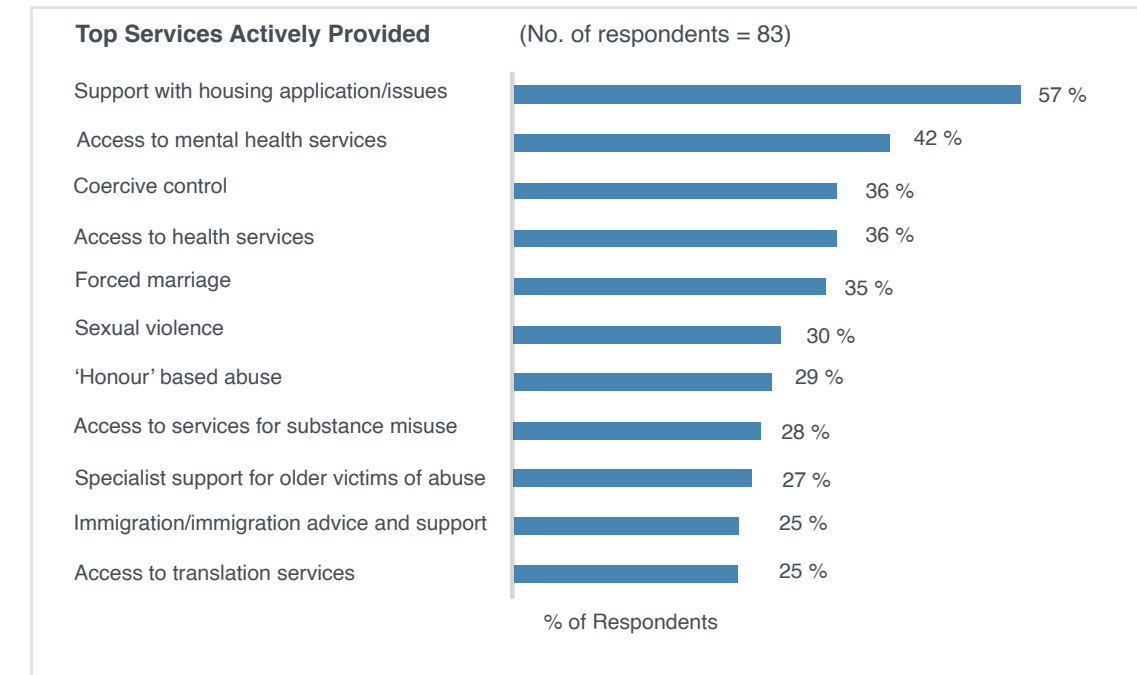
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Which services does your organisation actively provide, if any?

Figure 1: Services



A wide range of DA issues are covered by the respondents' organisations. The most frequently cited services involve housing support, mental health, and coercive control. Access to different types of services is widespread, with organisations providing multiple services including mental health, general health, substance misuse, translation, etc.

These are just the most frequent responses: please see Appendix 1 for full table of results, which include child-specific support.

Does your service support specific groups?

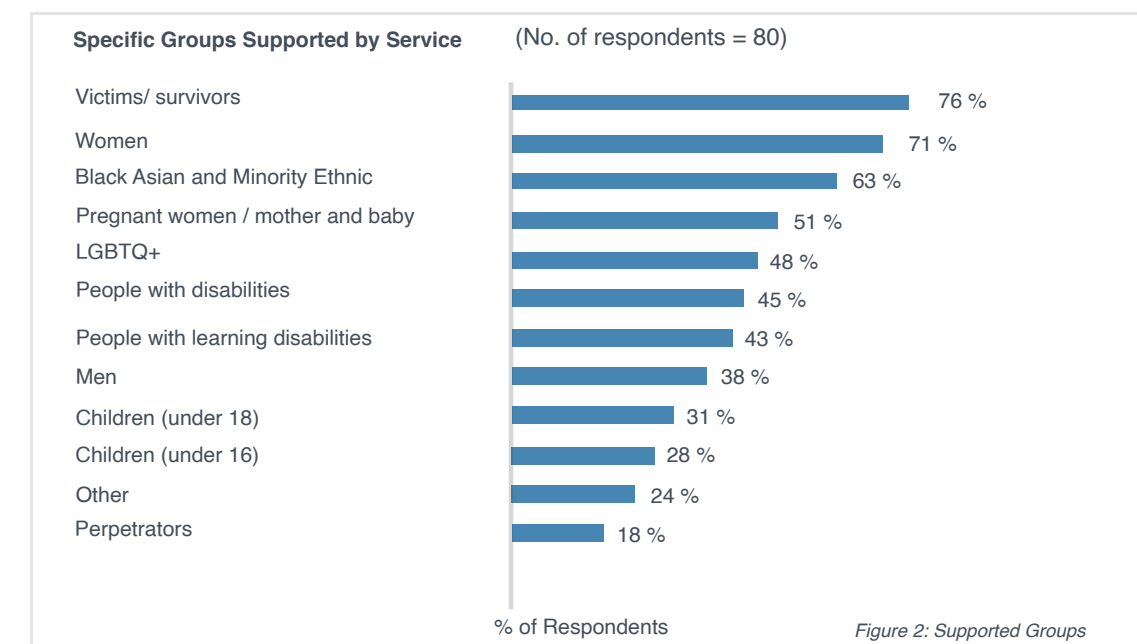


Figure 2: Supported Groups

The most frequently cited 'specific group' supported is victims/survivors, which is to be expected and no doubt covers a lot of the other supported groups mentioned. Women (71%), BAME (63%), and pregnant women or mothers with babies (51%) are all widely supported; perpetrators are the least supported group but still cited as a supported service by 18% of respondents.

Those who answered 'Other' covered such groups as:

- People subject to immigration control.
- Lesbians and bisexual women.
- Children under 5 (supported in a crèche).
- University Students.
- Tenants.

Does your service cover the whole of Birmingham, if not which wards are covered?

83 respondents answered. 86% said their services covered all of Birmingham.

14% cover individual Birmingham wards (indicated on the map below with green dot), none of which were duplicated: Acocks Green; Balsall Heath West; Billesley; Bordesley Green; Bromford and Hodge Hill; Hall Green South; King's Norton South; Kingstanding; Moseley; Perry Common; Rubery and Rednal; Sparkbrook and Balsall Heath East.

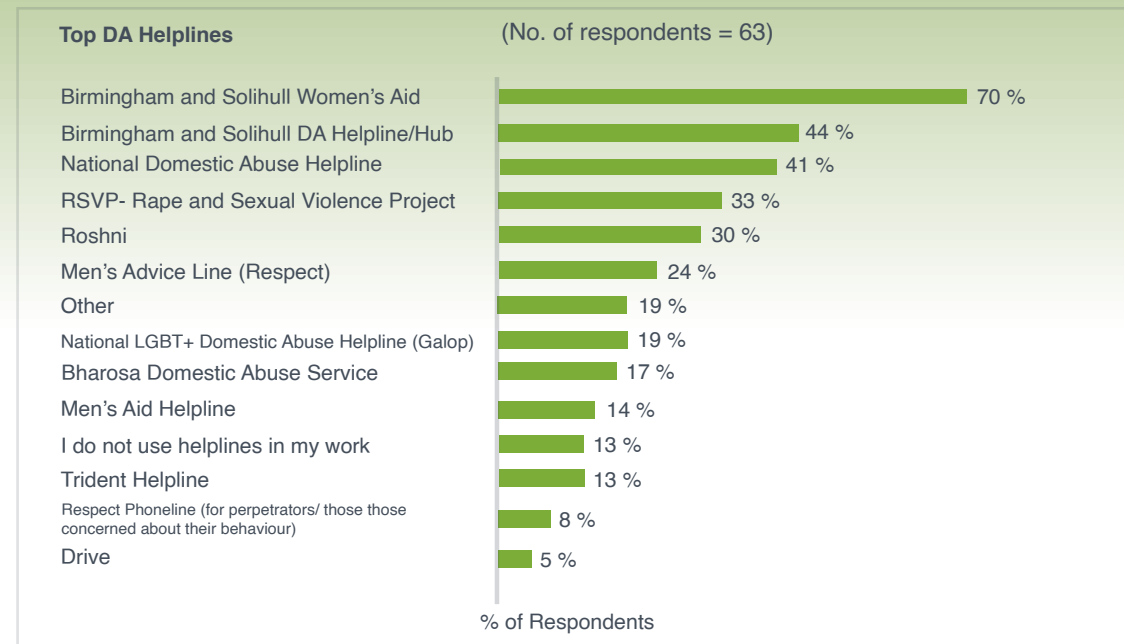


Figure 2: Supported Groups

Other DA Services

Please indicate which domestic abuse helpline(s) you use in your work?

Figure 4: Helplines



Of the helplines cited, Birmingham and Solihull Women's Aid was the most frequent response, with 70% of respondents using that service. This was followed by the B&S DA Helpline and the NDA Helpline. 13% stated they do not use helplines.

A further eight options were given within 'other', giving a total of 20 unique helplines:

- Rights of Women.
- Women Acting In Today's Society (WAITS).
- Cranstoun.
- Anawim Birmingham's Centre for Women.
- Custodian Housing.
- Breaking the Silence.
- The Project.
- Birmingham Adults Safeguarding Board.

Where do you refer to for refuge need?

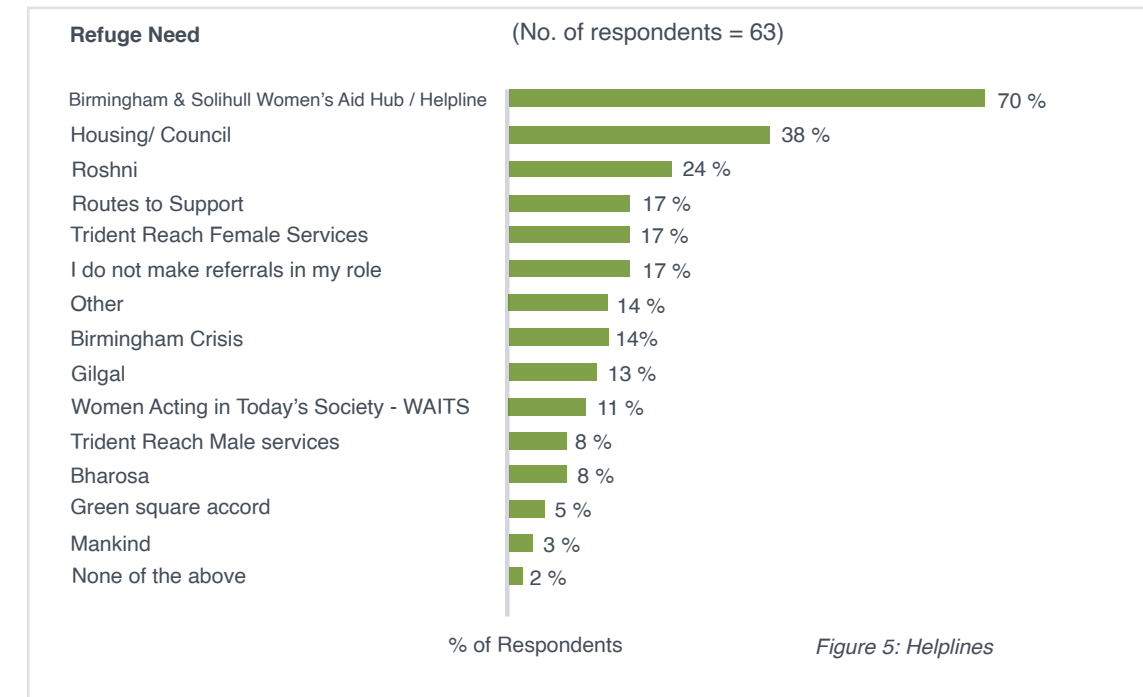


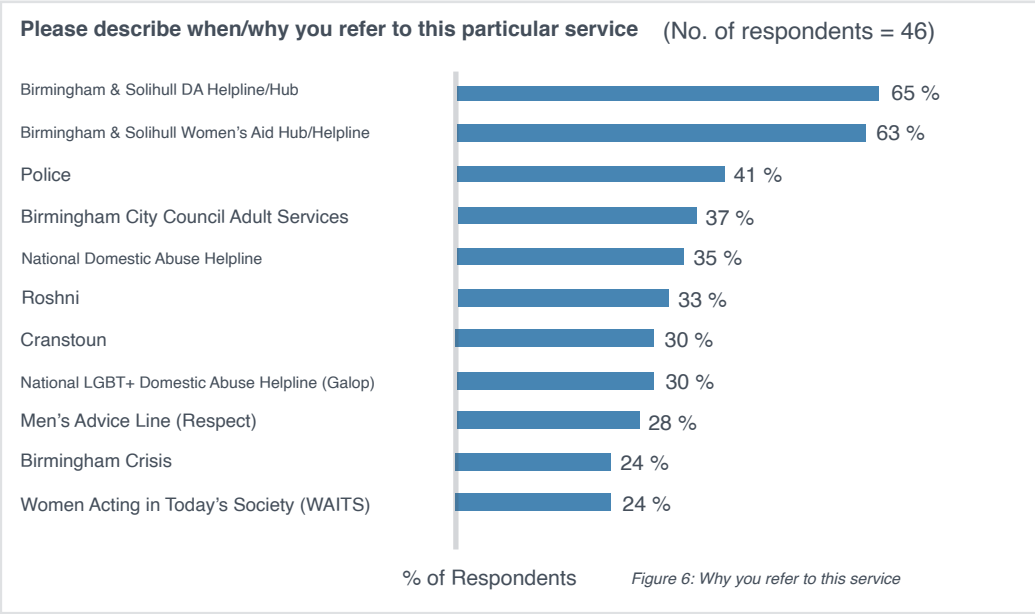
Figure 5: Helplines

In terms of refuge referrals, Birmingham and Solihull Women's Aid was the most frequently cited with 70% of respondents referring to that service. 12 different referral routes were given. 18% of respondents said their organisation does not make referrals.

A further four options were given within 'other'. These were:

- Birmingham City Council.
- Birmingham Children's Trust.
- Student Union.
- Custodian Housing.

For each service, please describe when/why you refer to this particular service?



46 respondents provided 540 comments on up to 35 services (not including Other). This included 3 respondents who provided comments for all 35 services.

The top services cited include: **B&S DA Helpline/Hub**, **BSWA Hub/Helpline**, the **Police**, and Birmingham City Council's Adult Social Care services. Many of these services are or include designated helplines, which is important to many. See Appendix 1 for a full list of services.

- **B&S DA Helpline/Hub:** *“really helpful staff, accessible, positive feedback from people using the service”*

Please note that a few respondents **answered about services that they do not use** (46 comments), perhaps thinking that the question required them to comment on all services. In addition, this is not a comprehensive list of what providers use services for, as it depends on the level of detail in the response, with some respondents only discussing general support or signposting to services. **Types of Need** was the most cited reason for referral, with 126 comments (across 35+ services) specifically mentioning this.

The most frequently cited need was **refuge/housing support** (64 comments), and the top services for that in the comments were: Birmingham Crisis, Gilgal, B&S DA Helpline/Hub, and BWSA.

Other frequently mentioned needs include access to advice/guidance (31 comments) and for general DA support (28 comments). There were a range of services mentioned, but BWSA was the highest one for these.

- **Birmingham Crisis:** *“Contact them when looking for refuge space for victim”*
- **B&S DA Helpline/Hub:** *“Helpline - emotional need/advise and queries. HUB for housing advice”*
- **BSWA:** *“BSW AID are the go to specialist service for DV support, women centred, non victim blaming, feminist and focus on safety of child too”*

Another high need was **safeguarding/safety** (14 comments), which were mainly the Police and BCC Adult Social Care services. The Police were also the highest for having to use the service due to statutory service or commissioning reasons, i.e. they were the only one that could be used, for example, to report a crime or start the legal process.

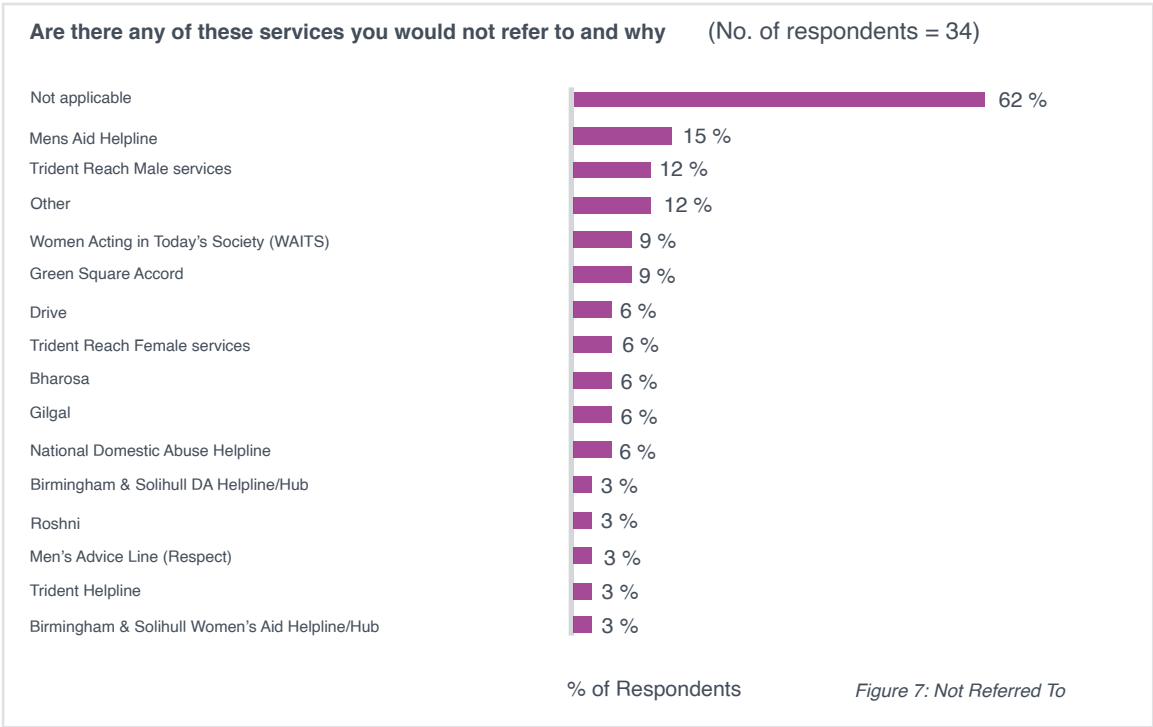
- **Police:** *“Only when a crime needs reporting - with consent”*

Help for specific demographic groups in need of relevant specialist support was also a major reason for referral, with 50 comments. This particularly included **LGBTQ+, BAME, and men**.

The top services for each group were: Galop and Birmingham LGBT Support Services (LGBTQ+), Roshni and Bharosa (BAME), and Respect (for men).

- **Galop:** *“Good info around LGBT specialist support”*
- **Bharosa:** *“Language needs/ or for clients in South Bham, tend to signpost”*
- **Respect:** *“Very supportive of male clients”*

Are there any of these services you would not refer to and why (e.g. lack of language provision, don't cater to my client group etc)?



34 respondents commented on 14 services. Although there were 55 comments in total, 14 of these only stated 'NA' (not applicable) or 'x'.

62% said the question was not applicable, which included two comments that they would refer to any of the services when relevant.

"We would signpost to all of the above as appropriate/if known"

The main reason for not using a service was either that the respondent was not aware of the particular service or didn't know where to go for the right support service.

"Would be helpful to have an up to date list of who does what, when, how, criteria, so that women aren't led on a wild goose chase"

This was followed by the service not being relevant to the group – e.g. Men's Aid not being used because the respondent does not have any male clients.

This accounted for 4 out of 5 comments for Men's Aid.

Poor communication due to long waiting times to answer calls, or not calling back, was another reason that respondents didn't use a service. There were a few who found services lacking, with poor or no support given to their client. One should be cautious of identifying trends or drawing conclusions from this, however, due to the small number of comments made (i.e. between 1 and 4 per service).

"Difficult to access, poor feedback from people using the service, no commitment from them for joint working"

"CGL - very difficult to engage with, long complicated referral system, not accessible for people who need the service, poor understanding of client group"

When someone discloses domestic abuse, and they have housing need, where do you refer them to? How do you reach that decision?

51 people left comments on this section.

Who do you refer to?

Birmingham and Solihull Women's Aid was the most frequently cited with 51% of respondents referring clients with a housing need to that service. 39% referred to Birmingham City Council and 10% referred to Cranstoun. 16% of respondents said they use internal resources first (i.e. either are the housing service, or they have a specialist housing officer). 3 respondents said they used housing associations, including Midland Heart, and 2 said 'refuges in general'. A further 13 organisations each received a single response.

Why do you refer to them?

The most frequently cited reason for referral was that the named organisation was the relevant service to go (41%) – i.e. the client required housing support so was referred to a housing organisation. 22% said the chosen service had a good reputation or was considered expert in its field. For these two reasons, BSWA and Birmingham City Council were the most frequently cited organisations, particularly BCC for relevant service, and BSWA for good reputation.

"BCC have statutory homelessness duty"

BSWA: *"Long established history, specialist and women and child centred services. Quick to respond to the housing need and explain options"*

Other responses included: respondent's organisation is the one covering housing need, the organisation has the right resources, we have to go through that service as they are linked/commission/a partner.

Gaps in Provision

In your experience are there gaps in domestic abuse service provision?

83% of respondents believe there to be gaps in DA provision. 49 people provided comments.

The biggest gap was **lack of provision for housing** (37%), whether refuges, temporary accommodation, housing for specialist needs, or long-term housing. There was a concern over **poor quality of the housing** (10%), with safety a major concern, and a feeling for some that Birmingham City Council doesn't check (or care) whether the housing is suitable. Some respondents felt that this resulted in clients returning to living with the perpetrator.

"Gap in refuge provision meaning women often have no real choice about a safe space to attend and are forced then to continue living with the abuser"

"...terrible temporary accommodation that the council seems perfectly happy sending women and children to – these hotels earn a fortune off the council and the council don't seem to hold them to any kind of standard"

Lack of resources and support for **specific demographics** was also an issue (35%), particularly for men, and for children, young people, and families. There were also a few comments on resource issues for BAME, LGBTQ+, older people, those with disabilities, mental health issues, etc.

"Lack of specialist BAME provision, lack of refuge space, floating support to assist with move on when women move into permanent homes, support for medium and standard risk to prevent escalation, prevention and early intervention through education, specialist children's services"

"Not enough provision for male victims of abuse. We have commissioned Cranston but the city is seeing an increase in male presentation"
"For young people – mental health support/counselling for under 16s is inadequate"

Some mentioned barriers in place to get help for **those with no recourse to public funds**, such as EU citizens and refugees.

There were also a few other issues, such as **lack of resources overall**, gaps with mental health provision/emotional support, lack of awareness and joined up collaboration between services, and negative attitudes towards or lack of understanding of domestic abuse victims.

"I think the services are disjointed and do not communicate well with each other, I was not even aware that some of these services exist until I did this survey"

Workplace – Policy and Procedures

Does your organisation have a domestic abuse policy and procedure? If yes, are the policy and procedure effective in your experience?

87% stated that their organisation did have a domestic abuse policy and procedure.

Of those that had a domestic abuse policy and procedure, 69% believed it to be effective. 23% had never used it and 8% believed it to be ineffective.

There were only 20 comments on effectiveness, with no visible trends.

In terms of those who said it was effective, comments included: it was regularly updated and reviewed; found it detailed and relevant; used it as part of their daily work.

"Procedure is followed by DA Officers who have excellent record of assisting victims of abuse. All staff have an awareness of the service and it can be accessed by staff as well as tenants"

"It is regularly reviewed and improved, with the support of agencies we collaborate closely with, such as BSWA and BCC DV leads"

Does your workplace HR team collect data on staff domestic abuse, including perpetrators in the workplace?

Staff DA Data Collection

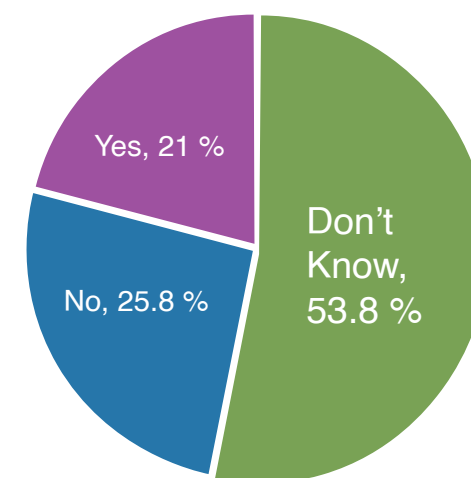


Figure 8: Staff Data Collection

53% of respondents do not know if workplace HR collects data on staff domestic abuse, and 26% said their workplace HR does not.

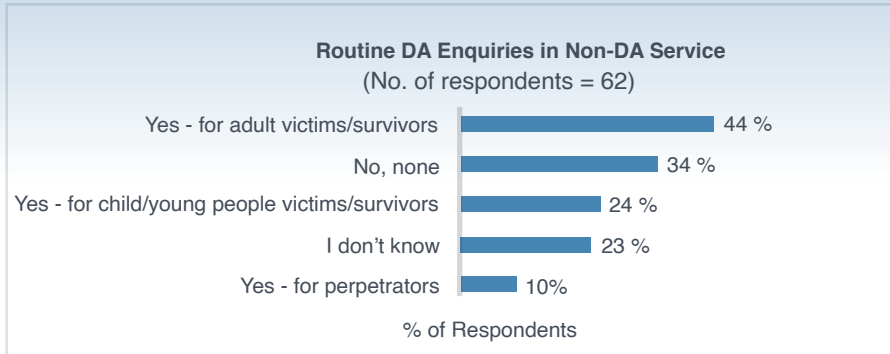
There were only 13 comments for this question. A few comments indicated that confidentiality was important to them, and that the focus was support rather than data collection.

"I have provided support for staff - but do not record the full details of the staff member due to other staff being able to access the case management system"

Workplace - Disclosures

If working for a non-DA service, do you carry out routine enquiry for domestic abuse (e.g. if you are a midwife, do you ask mothers if they are experiencing domestic abuse)?

Figure 9: Routine DA Enquiries



44% conduct routine enquiries for adult victims and survivors, and 24% for children & young people. 34% said their organisations make no routine DA enquiries and 23% said they didn't know. Only 10% conduct enquiries for perpetrators. The type of routine enquiries a respondent's organisation can make will **depend on the service** they offer and to whom, for example, Adult Social Care, the NHS, Housing, the Police, Schools, Student Unions etc will all have different clients, processes, and resources.

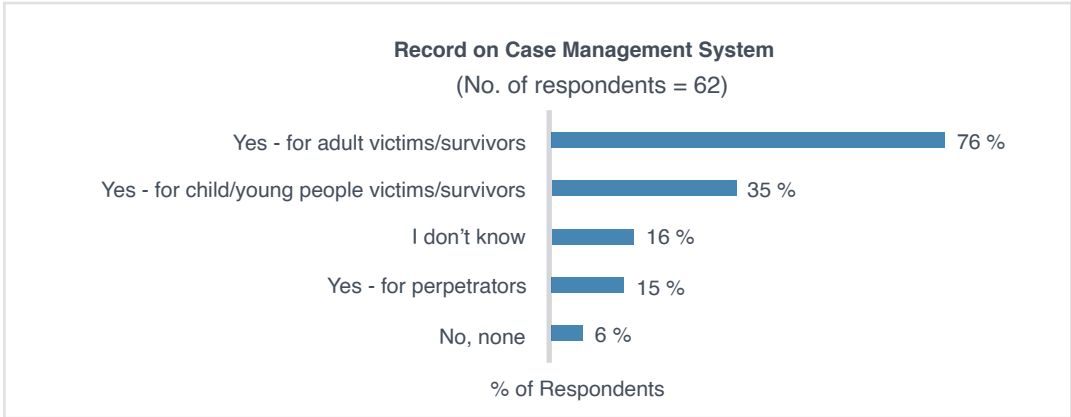
There were 25 comments, but 11 were from respondents saying they did work for DA specialist services. The remaining comments offered a variety of answers about what routine DA enquiries they carry out. Several had it as part of a standard assessment/routine policy. A few others would check through open-ended conversation if they suspected signs.

"Routine enquiry is advised to practitioners and is written into Standard Operating Procedures in some staff groups i.e. Health Visitors"

"Due to my work I am always professionally curious, I ask many open ended questions and provide a safe space for people to talk"

Do you record disclosures of domestic abuse on a case management system from which data can be extracted?

Figure 10: CMS Disclosures



Most respondents (76%) use a case management system, although mainly for adults, however; a much lower proportion (35%) use a CMS for children. 6% said their organisation does not record disclosures on a CMS.

21 respondents provided further comments, but the small number of comments makes it difficult to identify trends. Some respondents said that records were generally added to a system or internal database.

"Each case is stored on our case management system where documents can be uploaded, actions/outcome recorded, etc"

6 respondents said they collected together all sorts of DA-related documents, forms, and records from their clients, from personal details, to referral dates, support sessions, etc.

"Records of support sessions, copies of documents relevant to a case provided by the client, consent forms"

4 respondents said details were recorded in a safeguarding register/database.

2 said that data was recorded but it was difficult/impossible to extract from healthcare systems.

"The disclosure will be recorded on our clinical IT system, however this data cannot be mass extracted"

Training

Does your service provide or enable access to training on domestic abuse for staff?

Figure 11: Staff Training

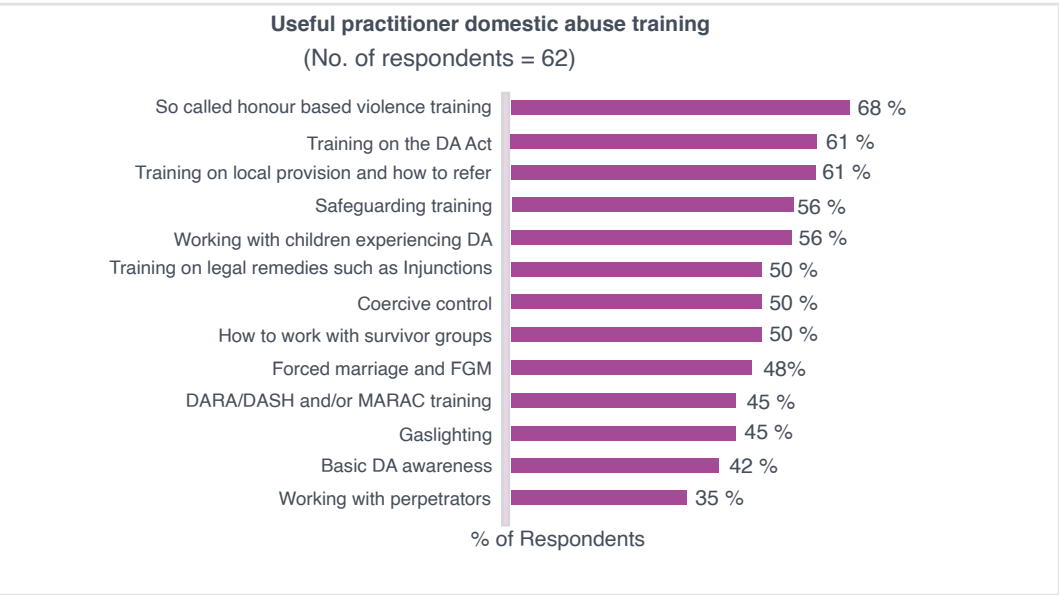


60% said training was provided for all internal staff; 26% said that training is provided to some staff depending on role; 27% said they provide training to external organisations. A small minority (16%) said either that they **didn't know** or **no**, which is a good sign regarding the prevalence of training.

24 people commented on this. Most talked about DA training generally, followed by **safeguarding**, **children-centred** training, FGM, and DA signs/detection, and many more different topics.

What type of domestic abuse training for practitioners would you find most useful?

Figure 12: Useful Training



“So called honour-based violence training” received the most responses with 68%, while “working with perpetrators” received the fewest (35%). These relatively high percentages show a demand for domestic abuse training on a wide range of topics. Only 3% stated that no further training was required.

A further 5 responses were given within ‘other’. These were:

- Practitioners access training from BSCP and West Midlands Police.
- Continuous Professional Development.
- Existing criminal litigation.
- Modern forms of abuse: online revenge, how to be safe online, security settings on tech, safety with online dating websites, etc.
- Self-care, safeguarding and public housing applications.

Partnership Working

In your experience, what works well in partnership working?

48 respondents provided 143 positive examples of partnership.

The most frequently cited theme centred on **improved communication** (35% of examples), particularly regarding general information-sharing, sharing best practice, expertise and learning from each other, and regular/frequent contact. It shows the importance of sharing and communicating more effectively. A number of comments mentioned how **partnerships helped improve support and quality of services** for the victim/survivor (15%).

“Agencies/professionals working together and communicating effectively so that the victim/survivor doesn’t have to ‘round up’ agencies or share information themselves”

“Early intervention enabled by agencies speaking to each other at an early stage”

21% of comments mentioned **specific organisations** as being good examples of partnership working, including

BSWAID, the police, different parts of Birmingham City Council, such as safeguarding and social services. There were also individual mentions of a number of other organisations, such as the Domestic Abuse Helpline, CASS, Fircroft College, WAVE trust, Spring to Life, and others.

“Birmingham LGBT and their LGBT IDVAS works well, as they work closely with us at RSVP including our LGBT ISVA services”

“Partnership working has helped as in DWP to project plan our DA strategy for all our colleagues and sites”

On a similar theme, **Multi-Agency Risk Assessment Conferences** (MARAC) were also suggested by some respondents (7%), along with the idea of organisations working together on shared clients.

Other examples of what works well in partnership working included: **accessibility** of services, **easy referral** processes including having a named contact, **timeliness**, the importance of **knowledgeable and well-trained staff** with clear roles, and having the support to resolve specialist individual issues.

“Work to each other’s strengths, e.g. some parents may engage better with certain support agencies”

Please provide examples of any areas of challenge, or gaps, in these partnerships or provision of services in general.

41 respondents provided 107 comments on challenges or gaps in these partnerships or provision of services.

Many of the comments regarding challenges and gaps also focused on communication, specifically: **poor communication** (26% of comments) and **lack of knowledge/specialist expertise** (11%). Poor communication included a lack of **information sharing** and too much **silos working** with no oversight of how all the different services can work together, leading to gaps and/or duplication in service delivery. A few comments identified problems with **referrals** or **signposting** not being properly done – e.g. without relevant information passed on, or without the consent of the client.

“Years ago we would share number of victims, numbers on calls etc and we knew how many people were being turned away from refuge, we don’t see that anymore”

“Safeguarding no longer has oversight of all DA incidents which means that there are gaps in knowledge and chronologies”

In terms of lack of knowledge/expertise, in some cases it was about not knowing what other services offer, which ties into silo working. There were also issues to do with not understanding domestic abuse, which could lead to victim blaming, missing the signs, getting the level of risk wrong, etc.

“Lack of understanding of why women ‘can’t just leave’. Many services especially statutory ones do not understand how coercive control, grooming and manipulation works”

Another frequently mentioned challenge concerns **staff time and a lack of resources/financial constraints** within organisations combined with **increased workloads** (22% of comments). In one comment, the gap identified arose because a service no longer existed. Services can’t adequately support each other without the funding to do so.

“MARAC - not enough resource”

Respondents also brought up housing/temporary accommodation as an area with gaps, either in general or for specific demographics. This is likely to be related to lack of funding and suitable housing/refuges.

Some mentioned **issues with specific services**, particularly the police (6%) and social services (6%), mainly concerning negative attitudes. The police and social services also came up under examples of good partnership working. These services are a key part of the domestic abuse process and therefore heavily used, so will be more likely to feature in comments than other services.

“Police lack of empathy for victims”

“...social workers are not impartial enough and often blame the women by focusing on what they did/did not do to “keep themselves and their child safe” rather than to focus solely on the abuser who subjected the women and children to harm and ignored their safety”

Other issues included: barriers for a specific demographic, particularly services for men; and the accessibility of the service; lack of trust; and the lack of strong working relationships between organisations.

“I also think we need stronger relationships with all DA services in Birmingham and there should be a main website where all services contribute and regular meetings where ALL DA services attend to network and share info at least once a month”



Additional Comments on Domestic Abuse Services

There were only 16 comments in this section, so caution should be exercised in drawing conclusions based on the themes below.

There were 8 comments which requested more of a **specific resource/service**, including: hospital IDVAs, housing/refuges, low-medium risk support, specialist provision, language translation, and WE:ARE. This links in with people mentioning **improvement needed for specific organisations/teams**, such as the police, the safeguarding team, and council working relationships with other teams/services.

“Considering I work for the council I find the working relationships with other internal and external services very poor and I suspect there is a lot of duplication happening and I also think there are a lot of smaller services doing great work that we probably don’t know about”

There were also a few suggestions for **improvements to service delivery** including: trauma-informed practice training; a reliable list with detailed info on DA services; preventative work teaching children about healthy relationships and gender norms/stereotypes.

“I do hope this assessment ensures survivors have services available to them that are consistent, available, trauma-informed, anti-victim blaming and appropriate”

“DA is intense, hearing the reports from the BVSC meetings is concerning due to knowing agencies that sit round the table when referring victims they are refused. Yet funded through police crime commissioner or BCC”

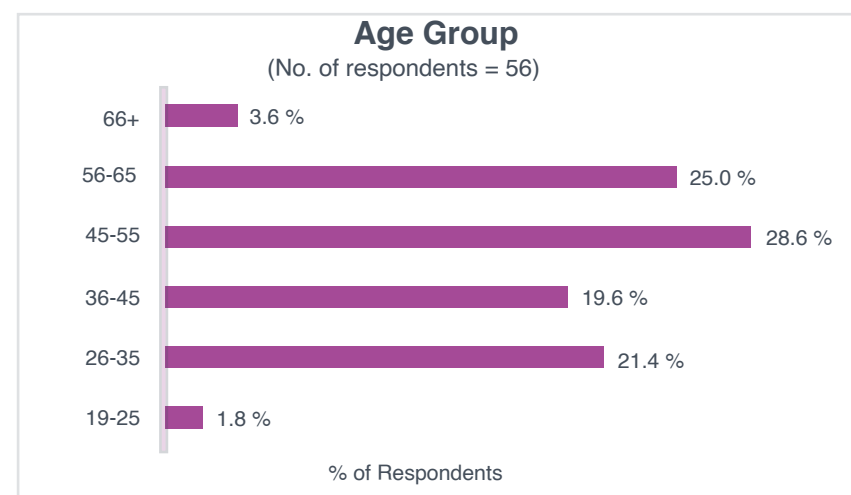
Demographics

Summary

- Age: Over half are aged between 46-65 years old.
- Gender: Most are female, and the same gender as assigned at birth.
- Ethnicity: White ethnicity, followed by Indian ethnicity.
- Religion: No religion, followed by Christian, then Muslim.
- Disability: Most do not have a disability.
- Sexuality: Most are straight/heterosexual.

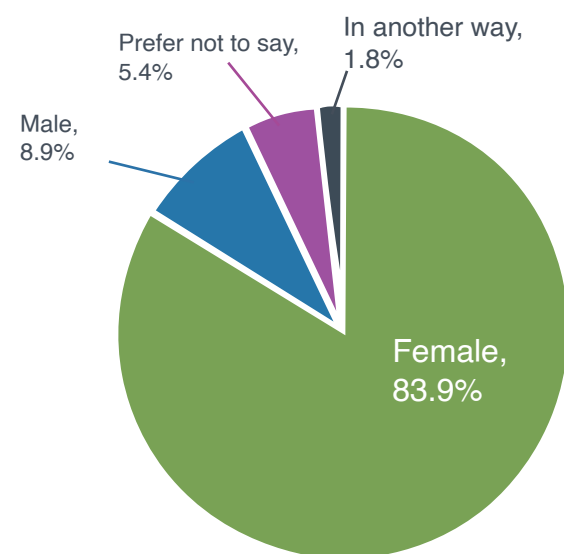
Data

Figure 13: Age



Over half of respondents are aged between 46-65 years old. Very few are in the youngest and oldest age group.

Gender

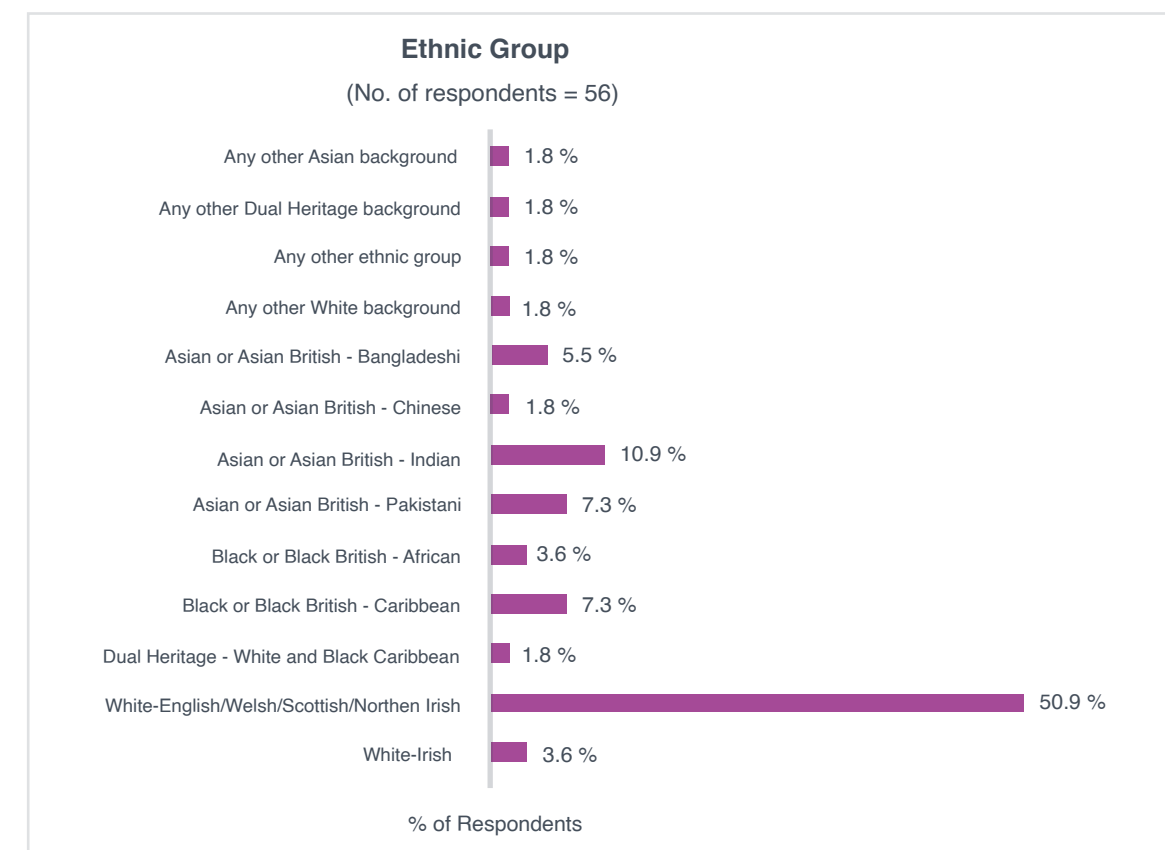


Most respondents are female. Almost all respondents said their gender was the same as they were assigned at birth.

Figure 14: Gender

(No. of respondents = 56)

Figure 15: Ethnicity

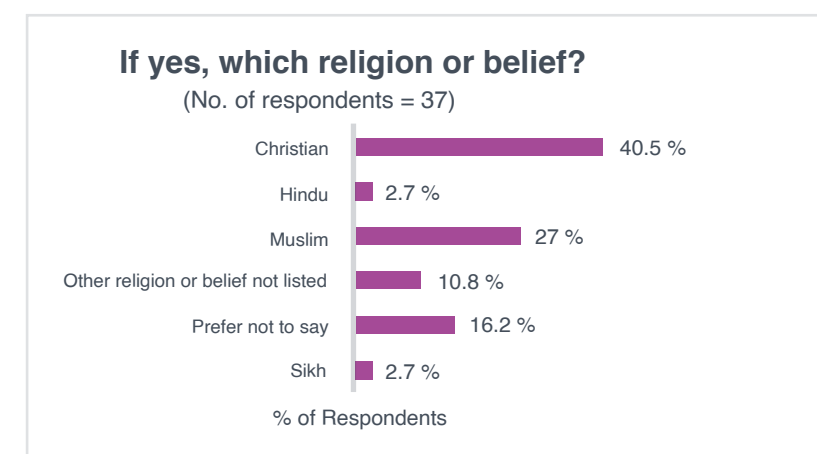


Just over half the respondents are of White ethnicity. Asian/Asian British ethnicity composes over a quarter of respondents, particularly Indian ethnicity.

Table 1: Religion/Belief

Do you have a religious or other belief?	Total Respondents	% Total Respondents
Yes	30	53.6%
No	20	35.7%
Prefer not to say	6	10.7%
Total Respondents	56	100%

Figure 16: Religion



Just over half say they do have a religion or belief. Of those who do, most were Christian (40%) or Muslim (27%). However, the overall number with no religion (20) is higher than any specific religion.

Partnership Working

Table 2: Disability

Do you consider yourself to have a disability as identified in the Equality Act 2010?	% Total Respondents
Yes	9.1%
No	87.3%
Prefer not to say	3.6%
Total Respondents	100%

Most respondents do not have disability.

Table 3: Sexuality

Sexuality	% Total Respondents
Heterosexual/straight	81.8%
Prefer not to say	5.5%
Gay	5.5%
Lesbian	3.6%
Bisexual	3.6%
Total Respondents	100%

Most respondents are heterosexual/straight.

Appendix 1

Table 4: Respondent Roles

In my role, I...	Total Roles Selected	% of Respondents
Provide a domestic abuse specialist service to V/S (adults)	36	38%
Other (Please Specify)	28	30%
Am an operational lead for domestic abuse/ safeguarding/adult care	22	23%
Work with members of the public who disclose domestic abuse – only to signpost/refer on to specialist DA service	22	23%
Work with members of the public who disclose domestic abuse – case manage in partnership with DA specialist service	21	22%
Provide victims/survivors of domestic abuse with a housing response	17	18%
Provide a domestic abuse specialist service to V/S (children/young people)	16	17%
Am the MARAC lead / attendee for my service	13	14%
Am the strategic lead for domestic abuse	11	12%
Attend the Domestic Abuse Forum / Operational Group	8	9%
Provide refuge - commissioned by LA	8	9%
Provide refuge - not commissioned by LA	7	7%
Provide supported housing - Exempt - not commissioned by LA	7	7%
Attend the Domestic Abuse Strategic Group	6	6%
Provide supported housing - commissioned by LA	4	4%
Work in children's social care	4	4%
Work in adult social care	4	4%
Provide a domestic abuse specialist service to (alleged) perpetrators	3	3%
Work in commissioning services for DA response / adult prevention	3	3%
Total Respondents	94	100%

Table 5: Services

Which services does your organisation actively provide, if any?	Total Responses	% Total Responses
Support with housing application/issues	47	57%
Access to mental health services	35	42%
Coercive control	30	36%
Access to health services	30	36%
Forced marriage	29	35%
Sexual violence	25	30%
'Honour' based abuse	24	29%
Access to services for substance misuse	23	28%
Specialist support for older victims of abuse	22	27%
Immigration / Immigration advice and support	21	25%
Access to translation services	21	25%
Legal remedies	20	24%
Female genital mutilation	19	23%
Other	19	23%
Modern slavery	19	23%

(Continued)	Total Responses	% Total Responses
Historic interpersonal abuse	18	22%
Specialist support for children impacted by parental domestic abuse	17	20%
Stalking	16	19%
Child sexual exploitation	13	16%
Specialist support for LGBTQ+ victims of abuse	13	16%
Specialist support for people who are disabled who are victims of abuse	12	14%
Specialist support for families experiencing under-18 child to parent abuse	8	10%
Specialist support for families experiencing 'adult child' (18+) to parent abuse	8	10%
We do not provide any additional services	4	5%
Support for perpetrators	3	4%
Total Respondents	83	100%

Table 6: Services Referred

For each service, please describe when/why you refer to this particular service (i.e. risk thresholds, types of need, protected characteristics, positive experience).	Total Comments	% Total Respondents
Birmingham & Solihull DA Helpline/Hub	30	65%
Birmingham & Solihull Women's Aid Hub/Helpline	29	63%
Police	19	41%
Birmingham City Council Adult Services	17	37%
National Domestic Abuse Helpline	16	35%
Roshni	15	33%
Cranstoun	14	30%
National LGBT+ Domestic Abuse Helpline (Galop)	14	30%
Men's Advice Line (Respect)	13	28%
Birmingham Crisis	11	24%
Women Acting in Today's Society (WAITS)	11	24%
Bharosa	10	22%
The Salvation Army	10	22%
Birmingham LGBT Support Services	10	22%
WE:ARE Women's Empowerment and Recovery Educators	10	22%
Respect Phonenumber (for perpetrators / those concerned about their behaviour)	9	20%

(Continued)	Total Comments	% Total Respondents
Trident Reach Female services	9	20%
Trident Helpline	9	20%
Men's Aid Helpline	9	20%
Other	9	20%
NHS 111	9	20%
Gilgal	8	17%
Green Square Accord	7	15%
Breaking the Silence	7	15%
Victim Support	7	15%
Freedom from Torture	5	11%
Bethel Health and Healing Network	5	11%
Trident Reach Male services	5	11%
Birmingham Community Healthcare NHS Foundation Trust	4	9%
Sikh Women's Action Network CIC	4	9%
The Jan Foundation	4	9%
Accord Housing Association	4	9%
African French Speaking Community Support	3	7%
Drive	3	7%
Living Beyond Surviving CIC	3	7%
Europeans Welfare Association CIC	2	4%
Total Respondents	46	100%

