



## THE CHANGING FACE OF DOMESTIC ABUSE SERVICE PROVISION

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### **Abstract**

This article aims to explore the changing reality of domestic abuse service provision to victims of domestic abuse in the South West of England. By interviewing the professionals who work with the victims, it explores how cuts to funding is altering provisions for victims and multi-agency working and the realities of the move to tendering via the commissioning process. Results illustrate that austerity measures and government reforms have negatively affected domestic abuse service provision over recent years. Not only are there fewer services available but also changes in social policy are forcing the specialist domestic abuse charities to be replaced by large, generic organisations.

### **Introduction**

This research aims to explore the changing face of domestic abuse service provision within the UK. The provision of services and available grants and benefits for domestic abuse victims has changed significantly over the past five years, due to various changes in social policy. However, whether such changes have been beneficial to survivors is a matter of debate. The services and professionals that support victims are being forced to adapt to severe cuts to funding and the introduction of commissioning processes; This in turn has impacted on the opportunities for multi-agency collaboration. This research combines a literature review with interviews with domestic abuse professionals, in order to understand the changing face of domestic abuse service provision in the UK, and the consequent impacts on the women who need to access such services.

### ***What is domestic abuse?***

In September 2012, the UK government updated their definition of domestic abuse to (Home Office, 2013):

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass,

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but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional.

This research will utilize the Home Office (2013) definition of domestic abuse as it views such relationships holistically; relationships do not necessarily have to include physical or sexual violence in order to be abusive. Historically, definitions have concentrated on the physical aspect of domestic abuse (Counts et al, 1999), in part due to the fact that psychological, emotional and financial abuse have previously been reported less and studied less frequently. That said, over time researchers have stressed the significant impact of intolerable coercion, dominance and control on victims' experiences of an abusive relationship (Hanmer & Itzin, 2000). As a result of this, this research will refer to domestic abuse rather than the more simplistic term of domestic violence.

### ***Who Experiences Domestic Abuse?***

Furthermore, the Home Office (2013) definition implies that domestic abuse does not discriminate and can affect anyone regardless of gender, age, sexuality, socio-economic status and culture. In using such a neutral definition however, I do not wish to minimise the disproportionate percentage of females who at some point in their lives experience an abusive relationship. Research suggests that domestic abuse is a gendered phenomenon; the overwhelming majority of incidents are perpetrated against women by their male partners (Dobash & Dobash, 1992; Harne & Radford, 2008). Furthermore, women are much more likely to experience repeat victimisation and be killed by an abusive partner than male victims (Buzawa & Buzawa, 2003; Women's Aid, 2014a). As a result of this, this research will predominately focus on the experiences of female survivors of domestic abuse in intimate partner relationships in the UK.

## **1 Literature Review**

### ***The Extent of the Domestic Abuse Problem***

Domestic abuse is still a prevalent problem in today's society; it's thought to cause more death and disability than war, cancer, malaria and road traffic accidents in women aged fifteen to forty four globally (World Bank, 1993). Research illustrates that one in five women aged 16-59 have experienced non-sexual domestic abuse since they were sixteen; furthermore, if financial and emotional abuse are included then these figures rise to 26 per cent of women experiencing an abusive relationship since the age of 16 (Walby & Allen, 2004). In the UK, 77 women were killed by their current or ex partner in 2012-2013 (Office for National Statistics, 2013) and on average, every thirty seconds someone contacts the police for assistance with a domestic abuse incident (HMIC, 2014).

Despite these alarming statistics, many writers consider domestic abuse to have one of the highest hidden figures of any crime (Dobash & Dobash, 1979; Hamner & Itzin, 2000, Hester et al, 1996). Figures gathered from such agencies only encompass a small proportion of victims. The very dynamics of abusive relationships may result in a lack of reporting. For example, many of those who experience domestic abuse may not see abusive behaviours as criminal offences. Consequently, they may be reluctant to acknowledge that a crime has taken place and report it to a criminal justice agency. Although the majority of research reveals high levels of domestic abuse throughout the UK, the true number of abusive relationships is almost impossible to discern (Harne & Radford, 2008; Pryke & Thomas, 1998).

Due to the vast number of people who experience domestic abuse throughout their lifetime, specialised services and support for survivors are essential in order to stem further social problems. It seems obvious that domestic abuse service provision is still desperately needed in today's society.

### ***The History of Services for Domestic Abuse Victims***

Modern feminism emerged in the late 1960s and soon began to lay 'the ground for the recognition of the widespread problem of domestic violence and the motivation to challenge it' (Hoyle, 2007). The rise of the Women's Liberation Movement was coupled with numerous protests and marches; these aimed to protest both against men's violence and the failure of the criminal justice system and wider society to address this problem (Harne & Radford, 2008).

Until this movement, survivors of domestic abuse had no one to turn to, especially in terms of specialist provision (Hague & Malos, 1993). In the absence of any state services for survivors of abusive relationships, women's centres and individual women began providing practical support and assistance to women experiencing domestic abuse; this included minding others' children, taking women to and from hospitals and staying overnight in each others' homes in order to provide protection (Harne & Radford, 2008). Furthermore, women's groups in various towns began squatting in empty properties in order to provide safe houses for women and children. From such actions, the Women's Aid refuge movement was born. The first formal refuge set up in the UK was founded by Chiswick Women's Aid and their spokesperson Erin Pizzey in 1971 (Hague & Malos, 1993). By 1972, six refuges had been established and three years later this total had risen to thirty-eight refuges (Harne & Radford, 2008).

In the last ten years, the domestic abuse problem has become increasingly evident in society; no longer is it only the concern of feminists and Women's Aid. It is now discussed throughout society by the media, politicians, academics and legislators (Hanmer & Itzin, 2000). As a result of this, it's hardly surprising that there are now a variety of both governmental and non governmental services available to survivors of domestic abuse.

### ***Austerity and Cuts to Domestic Abuse Service Provision***

In more recent years, the economic recession and resulting austerity measures employed by the Coalition government have had a detrimental effect on survivors and the agencies supporting them. In this current policy context, organizations working with survivors or abuse have to 'dilute, if not entirely abandon, the human rights and gender equality focus and instead replace them with approaches that have a cost saving focus' (Ishkanian, 2014;pg 341).

For example, Coy et al (2009) found that almost a third (31.1%) of local authorities in the UK have no specialist support services for survivors of domestic violence and less than two thirds (64.4%) have a women's refuge. Consequently Women's Aid (2014a) estimates that on an average day 103 children and 155 women are turned away from refuges, as they cannot be accommodated. Despite this obvious shortfall in provision, refuges continue to close around the country; between 2010 and 2014 the number of specialist refuge services decreased from 187 to 155 (Women's Aid, n/d). Consequently, according to the Council of Europe's recommendations there is a shortfall of 1,727 refuge spaces in the UK (Women's Aid, 2014a). This directly contravenes the government's responsibility under article 22 of the Istanbul Convention, which states that all victims of violence, and their children, must have access to specialist women's support services (APPG, 2015). Such evidence illustrates that austerity measures have impacted on the number of refuges and consequently puts tens of thousands of women and children at risk of serious harm (James & Pstiniotis, 2013). Due to this, it is vital that 'measures are put in place to halt further reductions in the numbers of refuge places for women and children (Women's Aid, 2014a).

The Women's Aid (2013) report 'A Growing Crisis of Unmet Need' has begun to further explore the impacts of cuts to funding on their services. They argue that the crisis for refuges can be seen in two specific areas: the commissioning and funding of specialist services and changes in specialist provision. Alongside the number of refuges falling, the quality of the service appears to be falling. Their quantitative research illustrated that the little funding that is available to services has been refocused on the provision of short-term support for survivors at high risk. Often short-term services can only provide a space in a refuge for a

maximum of eight weeks. Furthermore funding pressures have resulted in a one-size-fits-all model of service provision. As a result of this, services supporting BME women have been disproportionately cut. Women's Aid (2013) found that 47% of services reported significant losses ranging from £20,000 up to £300,000. This demonstrates that the UK is providing insufficient resources to survivors of domestic violence and that 'levels of investment rarely meet the need' (Genderworks, 2010).

Women's services are heavily reliant on the statutory funding they receive from the government; alternative sources of funding are often not available as domestic abuse charities are not popular with individual donors in today's society (Clark et al, 2012). Consequently, research by the National Council of Voluntary Organisations notes that out of all individual donations in 2010 to 2011, less than 1 percent were to women's organisations (Clark et al, 2012). Thus, any reductions on statutory funding can have a severe impact on the provision of domestic abuse services. From such evidence, it appears that our network of specialist refuges and domestic abuse support services are facing a crisis; patchwork provision is being exacerbated by cuts and austerity measures.

### ***Impacts of the Competitive Tender Commissioning Process***

In recent years the notion of the 'Big Society' has become a major narrative in UK political discourse (Evans, 2011; Levitas, 2012). David Cameron wishes to take power and responsibility away from the centralised government and give it to individuals and communities (Kisby, 2010). He argues that localism of government is needed in order to help mend broken Britain; the third sector, charities, social enterprise, voluntary organisations and local campaign groups, are seen as a cheaper alternative to an over-spending public sector (Evans, 2011; Clayton et al, 2015).

As a result of this, how domestic abuse service provision is funded has changed dramatically over the past five years (APPG, 2015; Women's Aid, 2014b). Whereas before funding for victim services was supplied through grant aid, this has now shifted to the commissioning of services, where the funder ultimately determines the scope and nature of the service. However, it appears that this has resulted in those small charities that previously provided domestic abuse support services, bidding for complex contracts, which they do not have the infrastructure to support (Morgan, 2012). From between April and July 2014, 10 specialist domestic abuse refuges across England lost services they were providing through a competitive tender commissioning process; all but one of these services lost the commissioning process to a non-specialist provider (Women's Aid, 2014a). This suggests that there is a real risk that the voluntary sector will be swallowed up by bigger commercial

providers, as they often have centralised bid-writing teams who are not preoccupied with the day-to-day operational issues of the service. Services are now stretched to provide frontline support, outreach and children's services whilst also being expected to tender for their work (Hirst & Rinne, 2012).

Furthermore, there is a belief among policy makers that larger generic providers are able to provide better value for money than specialist agencies (Towers & Walby, 2012). Although cost reductions are attractive to officials who are forced to comply with austerity measures, there are concerns that the use of generic service providers will result in a loss of years of experience and specialist knowledge in the domestic abuse arena (Ishkanian, 2014). Charities such as Refuge and Women's Aid, are now often replaced by businesses who have never before worked in the domestic abuse arena.

Additionally, Women's Aid (2014a) data report has highlighted further concerns regarding the commissioning of victim services. They found that between April and July in 2014, three local authorities issued tenders with local connection rules; over 70 per cent of refuge spaces in these areas have to be reserved for women and children who live locally. This is concerning as refuges provide a national service, keeping women and children safe and free from death or serious injury regardless of their home address. 70% of referrals for refuge places in England are from different local authority areas from where the service is situated (Quilgars & Pleace, 2010). Furthermore, historically, refuges have imposed a minimum distance from which a woman would have to travel away from her perpetrator, in order to protect both her safety and that of other residents at the refuge (APPG, 2015). Consequently, such policies show a blatant disregard for the needs of women outside of their local authority boundary; it seems alarming that local connection rules are in existence in a modern society.

Hirst and Rinne (2012) have begun to further explore the impact of these localised service arrangements on service providers. Their evidence suggests that as a result of the new commissioning processes, services are forced to monitor their performance information, in order to demonstrate success and value for money when they bid for contracts. However this comes at a cost. Staff now spend 'far more of their time on collating and checking monitoring and performance information for their funders' (Hirst & Rinne, 2012: pg 40), rather than giving more time to the women they support. In addition to this, research by Hirst and Rinne (2012) suggests that service providers are now relying on volunteers to provide the service in order to save money. They argue that this reliance can be problematic as it can increase the insecurity of the service.

It seems that the notion of the Big Society is deeply flawed and having subsequent impacts on domestic abuse service provision. Evidence suggests that it creates differences in the available benefits, services and the administration of justice between areas (Levitas, 2012; Clayton et al, 2015). This is apparent as the evidence suggests that the area in which a woman lives can directly influence her experience of domestic abuse and access to services (Rights of Women, 2010). Additionally it is replacing specialist providers with large, business associations whilst impacting on the services that staff can deliver.

### ***Multi-agency Collaboration***

Tackling domestic abuse successfully is not work which can simply be undertaken by one worker or one agency; multi-agency partnership is required with collaboration often needed from 'housing, police, education, women and children's voluntary sector organisations, black and minority specialist agencies, health services and probation officers' (Stanley & Humphreys, 2006; pg 37). Despite this, historically, there was little communication between agencies that were in contact with domestic abuse victims (Dobash & Dobash, 1992; Shepard & Pence, 1999); there were no formal avenues for information sharing between agencies or multi-agency collaboration (Hague et al, 1996). Consequently in recent years, the United Kingdom has concentrated on developing a coordinated community response to tackle domestic abuse more effectively (Shepard & Pence, 1999).

Multi-agency Risk Assessment Conferences (MARACs) were introduced, under the Multi-agency Public Protection Arrangement (MAPPA), in order to help manage violent offenders in the community (Robinson, 2006). The conferences aim to provide a forum for effective information sharing; during the meetings statutory and voluntary agency representatives share information about high-risk victims of domestic abuse and create a coordinated safety action plan for victims (Home Office, 2011). Evidence suggests that MARACs have been effective in increasing communication and in turn keeping high-risk victims safe (Robinson & Tregida; Robbins et al, 2014; Home Office, 2011).

However, unfortunately multi-agency work is often hampered by a severe lack of resources in recent years; although most agencies are enthusiastic about the potential of coordinated community responses to domestic abuse, this is of little use if the resources and services are not already successfully established and in place for victims (Hague, 2001). This is supported by Hague and Bridge (2008) who explored multi-agency responses to domestic abuse in Cheshire. They found that even before austerity measures were implemented in the UK, limited resources often hampered positive collaboration between agencies.

Consequently, the evidence suggests that there are limits as to what can be accomplished by MARACs (Robinson, 2006).

In addition to the need for resources, is the need for adequate staffing. Robinson's (2006) exploration of MARACs found that attending this conference often puts extra pressures on staff, who are already stretched by their own agency's workload. Her participants estimated that attending a MARAC generates two to three days of additional work every month. This is particularly concerning as many agencies have been subjected to severe cuts to funding in recent years. For example, the police service plays an integral part in a MARAC's success. 93% of all MARAC chairs are representatives from the police service (Home Office, 2011). However, despite this need for police participation, severe budget cuts are hampering the ability for police to attend such in conferences. Between 2011 and 2015 the police service's funding has been cut by 20%; as on average 81% of the police's budget is spent on officers, this has naturally resulted in officer reductions (HMIC, 2012). Due to this, there is debate as to whether officers can always fulfil their MARAC commitments.

The literature suggests that although multi-agency collaboration is a priority for addressing domestic abuse on paper, austerity measures are hindering such progress. In order for such initiatives to be successful, adequate resources and staffing must be made available. Only then can MARACs operate effectively and safeguard high-risk victims of domestic abuse.

### ***The Rationale for Research***

This literature review demonstrates the extent of the domestic abuse problem in the UK and the impact that this can have on survivors. The ending of violence against women is argued to be an important goal of public policy. Despite this, the literature initially suggests that austerity measures employed and changes to policy and practice are negatively affecting survivors.

'Little or no research has been conducted as yet on the impact of the recession at community/household level' (Genderworks, 2010) and more attention must be given to the gendered impact of recent changes to social policy. This research aims to identify how domestic abuse service provision has changed over recent years, through cuts in budgets and expenditure to various agencies and the commissioning of specialist services. Such reforms were created in order to save money and lower the deficit, yet it appears that the current government has given little thought to the long term economic repercussions of such measures. The economic cost of domestic abuse to public services is already colossal, without compensating for cuts to the specific domestic abuse services.



## **2 Methodology**

I have chosen to utilize a qualitative research method in order to explore the changing face of services for domestic abuse survivors. Through semi structured interviews, and engaging with a demographic who have expertise in understanding issues of domestic abuse services, I will explore professional's opinions on the recent changes to provisions for victims.

### ***Qualitative Semi Structured Interviews***

After evaluating a number of different research methods, I decided that semi structured interviews would be the most effective way to examine professionals' thoughts and feelings regarding recent changes to domestic abuse service provision. At the heart of interviewing is an interest in other people's stories and experiences because they are of importance. This method provided an opportunity to discover the 'lived experience of other people and the meaning they make of that experience' (Seidman, 2013; pg 9) whilst exploring wording and understandings in considerable depth (Arksey & Knight, 1999).

Open-ended questions were utilised in the interview for a number of reasons. The interviewees have a comprehensive understanding of domestic abuse victims and the recent changes to provisions available to them. Such knowledge includes assumptions that are explicit and which they can express spontaneously and extensively in response to an open question (Flick, 2009). Furthermore, using a flexible interview guide allowed points of interest to be expanded on and meanings to be clarified by both the researcher and participant (Silverman, 2010; Seale et al, 2007). This flexible approach still gave participants the opportunity to discuss issues that the researcher had not anticipated (Bruan & Clarke, 2013). Consequently, the interview process reflected a managed conversation (Radnor, 1994); it was focused on content that I had previously selected but allowed participants to talk of their own experiences and feelings.

### ***Participants and Sample***

As is typical with qualitative research (Seidman, 2013), the sample for this research was relatively small; convenience sampling was utilized to select seven domestic abuse professionals, who were willing and able to take part in my research; the sample included Independent Domestic Violence Advisors (IDVAs), project workers and children's support workers from a domestic abuse service in the South West of England.

As I have volunteered with the chosen domestic abuse service for the past year, I had access to both domestic abuse professionals and survivors. I considered interviewing domestic abuse survivors themselves, as their opinions would have added more depth and

understanding to my data. However due to the time constraints of this research, and the ethical dilemmas of interviewing a vulnerable group, I focused on the professionals opinion.

### ***Recording and Analysis***

The interviews were recorded on a password-protected mobile phone rather than note taking throughout the entire interview. However, significant statements and unexpected areas of interest were noted down during the interview, as they created more questions for the interviewee. The recorder was utilised in order to facilitate communication and ensure that the transcribed data was highly accurate to the participant's spoken word (Seidman, 2013; May, 2002). Following the interviews, I transcribed the data and sent it to the participants to check. This process allowed the professionals to review what they had said, make corrections and add points before the analysis began; this ensured respondent validation and kept the respondents in touch with my research (Radnor, 1994). I organised the interview data through an inductive process; key themes were immediately evident from the interview transcripts. The transcripts were coded in to these categories (Patton, 1987). Every endeavour was made not to personally interpret participants' words but to sort them as raw data under the emerging themes (Radnor, 1994). Quotes from the text were combined with interpretive statements in order to summarise the findings.

### ***Ethical Considerations***

In all real world research there is the potential for harm to be done to participants (Robson, 2011). Due to this risk of harm, I consulted and complied with both the British Society of Criminology (2006) and Plymouth University Research Ethics Committee (2013) policies; such codes of ethics are formulated in order to 'regulate the relations of researchers to the people and fields they intend to study' (Flick, 2009; pg 36). They state that researchers should avoid causing harm to participants by respecting their needs and interests. The most relevant ethical considerations to this research are informed consent, the right to withdraw, confidentiality and the holding of information.

I decided the most effective way to carry out this research was to be as open as possible with the prospective interviewees. As a result of this, before the interview process began, I provided the participants with an information sheet detailing the aim of the study, what they were required to do and what would happen with the data they provided. Furthermore as is good practice, this sheet provided a contact number should they wish to contact a researcher at a later date (Silverman, 2010). The participants signed this consent form at the beginning of the interview process and were informed that they could withdraw this consent at any time in the process. Transcripts of their interview were made available to

each participant in order for them to review what had been discussed. This not only ensured the accuracy of transcription but also allowed them to continually reassess whether they consented to this research.

Another ethical consideration that had to be considered in this research project was confidentiality of participants and the holding of their information. As is standard practice in most criminological research (Flick, 2009), this research has maintained participants confidentiality throughout the process, through the use of pseudonyms. Additionally, the specific service that they work at has not been identified in order to limit the possibility of their identity being exposed.

### ***Limitations***

As interviews are essentially a managed verbal conversation, their effectiveness is heavily reliant on the communication skills of the researcher (Ritchie & Lewis, 2003). As I am not an experienced researcher, I took a number of steps to try and improve the quality of my first set of interviews. I took time to thoroughly explore the issues discussed in the questionnaire in order to better connect with the interviewee and avoid misunderstandings on the day. This resulted in enthusiasm and a genuine fascination with what respondents had to say. This combined with active listening skills helped create an atmosphere in which the interviewee could talk freely and be clearly understood (Arksey & Knight, 1999; Radnor, 1994). This in turn creates rich data in the interviews.

That said, although a strong rapport is beneficial in building trust between a researcher and interviewee, it can also result in biased findings. Researchers are able to influence the study both negatively and positively in a number of ways (Holloway, 1997). There is a possibility that as I knew some of the participants before the interview process, and/or they may have felt pressured to alter their responses based on what they consider to be the correct answer. Although I took various steps to minimise bias in the wording of questions, my presence at the interviews may have influenced respondents' answers and pressured them to conform to socially acceptable norms.

Another limitation of this research method is the external validity of the findings. Although qualitative data is not concerned about validity and the extent to which the findings can be generalised (Flick, 2009), it is important that I acknowledge the lack of external validity of my findings. In all small-scale research it is important to be mindful about 'the sorts of claims that the research is intended to enable' (Knight, 2002; pg 114). The data generated from the small number of participants I interviewed, will only be truly valid within this specific domestic

abuse organisation. Experiences of professionals who work for different organisations and in different parts of the country will likely differ from those I have gathered. In order to get a valid picture of how provision has changed for victims of domestic abuse over recent years, more research would have to be done in various other services and cities; this would provide a full picture of the changing face of domestic abuse service provision.

### **3 Findings and Analysis**

The following chapter analyses and presents findings gathered from semi-structured interviews with domestic abuse support workers, on domestic abuse provision in the South West. It will explore the main themes derived from the qualitative data:

- Domestic Abuse Service Provision in the South West
- The impacts of the competitive tender commissioning process
- Multi-agency Collaboration

#### ***Lack of space***

All professionals interviewed acknowledged that there was an extreme need for more refuge spaces as they get 'people ringing up almost everyday and we don't often have any spaces free' (Participant One). This supports the findings of the Council of Europe, which recommended that there is a shortfall of 1,727 refuge spaces in the UK (Women's Aid, 2014) and wider literature surrounding refuge provision in recent years. As articulated by participant six

It's quite sad really. I mean if a woman has built up the courage to leave an abusive partner, there should be adequate resources available to support her and her family. To be honest, it seemed like there were barely enough refuges even before they started struggling with funding and closing down. (Participant Six)

This lack of provision was particularly alarming to Participant Five. She argued that:

women are now beginning to realise more widely that abusive behaviour is not tolerable in a relationship and in order to support them in leaving, there must be an adequate number of spaces for them all (Participant Five).

Such evidence illustrates that after years of raising awareness and campaigning by domestic abuse charities, the resources must be made available for women who no longer want to tolerate abusive relationships

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However despite the fact that the team often can't accommodate these women, they try their best to ensure that they continue searching for appropriate accommodation. Participant Two

described how through the online service refuges online, the team can search for refuges online and can quickly see what spaces are available across the country. Although there is a shortfall of refuge spaces in the UK, staff are still committed to keeping as many survivors of domestic abuse safe as 'the team prides themselves on the fact that they don't just say no we have no space but actually continues to help and search elsewhere' (Participant Two).

### ***Lack of choice***

The professionals interviewed also acknowledged that there were times when they had no choice but to deny victims a place in refuge. They noted that this was normally down to health and safety issues: the use of drink or drugs and if they pose a danger to other residents through associations with known perpetrators.

However occasionally professionals had to turn away survivors who had no recourse to public funds. Professionals were particularly uncomfortable about turning these foreign nationals away who had no access to the UK benefit system and no way to support their stay. As illustrated by these verbatim quotes:

It also used to sit uncomfortably with me when I had to turn somebody away, due to the powers above, because they could not pay for their stay. (Participant two).

As professionals we would do our absolute best to find alternative arrangements but it was often then those that didn't have recourse to public funds. Obviously the service has rent to pay and amenities to pay. If they didn't have access to benefits, unless someone was going to sponsor them, and we usually ask for this money up front, it would be very difficult. (Participant two)

As the refuge, and the wider domestic abuse service, cannot run at a loss and must be sustainable they cannot provide the refuge spaces free of charge. This leaves foreign women who often have no access to public funds vulnerable.

### ***The Impact of the Tender Commissioning Process***

Most participants interviewed were dubious as to whether there were benefits to the tender commissioning process, as one aspect of this has been non specialist organizations applying for funding to run specialist domestic abuse provision and replacing dedicated domestic abuse charities. That said, it was noticed that the service is now 'a lot more accountable' (Participant Six) as the service is monitored to check that the facilities and support provided are to an appropriate standard. In addition to this, it was found that the service is now:

...much more policy friendly and they work well with policies and procedures. I can see that as a benefit. When it was women's aid and the guild running domestic abuse provision for the city, they had different policies and procedures, which didn't match up with the other services. When they were amalgamated this became better. (Participant Four)

Despite this improvement in terms of clear policies and procedures and accountability many professionals interviewed agreed that 'if an association is so big and has its finger in so many pies that it cannot be specialized' (Participant Five). For many non-specialist providers who compete for tenders, running domestic abuse services is a 'learning curve' (Participant Four) compared to the decades of experience of Women's Aid and Refuge. One participant's view was that:

With a big agency you get a more watered down service that isn't as good for the victims at the end of the day. And I know it's supposed to be not for profit but this is still running as a business and so at the most cost effective way possible. I know everyone everywhere has to watch finances but I just think there's a lack of understanding of what needs to be done. A lack of appropriate training and recognition. (Participant Five)

As large commercial providers have the infrastructure to support the tendering process, they are replacing the previously used voluntary and charity organizations (Hirst & Rinne, 2012). Research conducted by Ishkanian (2014) supports the views of the professionals interviewed; he found that the use of generic service providers results in a loss of valuable years of experience and specialist knowledge.

Additionally, one professional was particularly concerned by unrealistic tender contracts. She was alarmed that the people responsible for compiling the bids were not experiencing the day-to-day realities of the service:

Also, my thing is that associations like sanctuary put in a tender that actually is not always achievable and if it is, it's at the detriment to staff. It's unrealistic and they just do it to win the tender. Once they've won the tender it's debatable about what gets done. Also there's no consultation with frontline staff about what's going in the tender and what is achievable. (Participant Five)

As a result of this, Participant Five felt that this was impacting on staff morale and in turn service delivery for clients. Consequently, the tendering process is having a detrimental impact on both the available service provision and the quality of the service.

### ***Monitoring of Performance Information***

Furthermore, professionals noticed the impact of the tender commissioning process on their workload. A common theme emerging from the interviews was that less time is now available to spend engaging with and supporting clients; staff now have to spend time monitoring performance information and evidencing their work. This is illustrated by Participant One:

...Um, I find that we have become pencil pushers and constantly have to meet our targets. We're always making sure that we're evidencing what we say we're doing in our tender instead of maybe having one to one support with clients. We have a lot of paperwork and computer systems for everything we do. Maybe we don't give them as much support as we used to. That's one of the reasons we have volunteers in, for them to pick up that role. (Participant One)

This evidence supports the findings of Hirst and Rinne (2012) who found that commissioning processes force services to monitor performance information more rigorously; such data is used to illustrate a company's value for money and success when bidding for contracts, but can often have a negative impact of staff and the service that they provide.

### ***Tender Conditions***

Every participant interviewed was alarmed by conditions placed on tender contracts, such as local connection rules and limits on length of stay in a refuge. One participant noted that 'Torbay has been taken over by sanctuary just recently and their criteria last year was that they could only take clients from Torbay' (Participant four). The idea of refuge spaces being preserved only for local women concerned all professionals interviewed:

Well that just seems like it hasn't been thought through at all. The whole point of refuges is to flee an abusive perpetrator and find safety. You cannot reserve spaces for people based on where they've come from. It's safer for high risk clients to go out of area for a start. To me, such policies have the potential to endanger women. (Participant three)

Also we have faced difficulties when clients have wanted to flee elsewhere because of these criteria's. Even though the refuge the woman wanted to move to had spaces, they didn't qualify to move to there because they didn't have a local connection. In my opinion, that's disgusting. All refuges should be available to anyone who needs to be safe. (Participant Five)

Similarly, the professionals found imposed limits on the amount of time women are allowed to stay in a refuge concerning. Participant two articulated that it is not possible to 'put anything in boxes when you're dealing with human beings' (Participant two). As with local connection rules, every professional was troubled by time limits and questioned their efficiency:

How can you put a time limit on the amount of time a woman has to restart her life? Especially when she also has her children to sort out. In 8 weeks you cannot get a lot done with regard to housing as the process takes so long. Additionally psychological, financial and practical factors with the victim and children will take a lot longer than 8 weeks to address. Some women leave with just a suitcase. Even if they did get a property sorted in 8 weeks, they would struggle to furnish it and gather the deposit. It can't be effective or safe. (Participant Three)

I think this is dangerous because you're dealing with vulnerable human beings. A woman is more likely to return to her perpetrator if she knows she's got a big clock over her head saying that she has to have her life sorted out in 8 or so weeks. (Participant Six)

Both of these conditions were seen to put survivors of domestic abuse at unnecessary risk. However despite this concern for inflexible time limits, Participant two believed that there should be 'guidelines' in place to monitor the amount of time some women spend in supported accommodation. By having a 'plan but not a set schedule', services and staff recognise that refuges are unnatural and stressful environments.

### ***Use of Volunteers***

It was acknowledged by all professionals that the service had become more dependant on volunteers since the tender commissioning process had been implemented. Additionally it was believed that volunteer's roles had changed as:

Previously, they were, for want of a better word, gofers and we used them, I don't like using the word used, for menial tasks. Now they have a more defined role where they are more involved with clients. (Participant Five).

Despite this increase of numbers and responsibility, there were differences of opinion between staff on the effectiveness of volunteers used in the service. One professional, whose job role involved the management and recruitment of volunteers, argued that 'there are lots of skills that have been brought to the table by volunteers across the board' (Participant two). However, some professionals believed the volunteers were unreliable which impacted on their workload. It was argued that by being unreliable, staff ended up doing both their own job and the volunteer's role:

Some volunteers are just frustrating because their heart's not in it and so they cancel on clients, which the staff then have to try and deal with. Volunteers are definitely not as reliable as paid staff and so shouldn't always be trusted to provide continuous support to vulnerable women who desperately need consistency. (Participant Six).

This is supported by evidence presented by Hirst and Rinne (2012) who suggest that by relying on volunteers to provide domestic abuse provision, the insecurity of the service is increased. Victims of domestic abuse deserve a secure, consistent support plan; due to this, the reliance on volunteers to provide personal, face-to-face contact with victims should be reviewed.



The majority of professionals believed this shift to the use of more volunteers was attributed to the need to save money and provide a more effective service. This was of particular concern to one professional who stated that:

They have more volunteers so they can do more of our job. But the problem is conflict of interest. Our job is a specific skilled job. You have to have specialist training for it. Although the volunteers are fantastic for helping with the women and children, good support and things but actually to do MARACs or court things, um, you actually have to have somebody qualified like an IDVA to do that. Um, yeah. It's just to save money but I'm not sure that's the way things should be done. (Participant four)

The evidence suggests that although volunteers are a cost effective way to provide domestic abuse provision, if not reliable they can put additional pressures on staff and disappoint vulnerable women, increasing the insecurity of the service. Furthermore, care must be taken to ensure they are adequately trained to perform their role.

### ***Multi-agency Working and Other Agencies***

Most participants understood that 'everyone's had and is having their budgets squeezed lately' (Participant Three) which is impacting on survivors of domestic abuse in a number of ways. The interviews suggest that a number of agencies that provide services to survivors are struggling with staffing and budget constraints:

Well I know that counselling and mental health services are so tight at the moment. Simply counselling was given a pot of money to provide free services to victims of domestic abuse and at first it was great but now the waiting list is normally about 6 months. That's a long time to be waiting to address severe psychological distress and I mean we try to provide that supportive side of things but I am in no way a trained counsellor. (Participant Six)

Well I guess where the police disappoint, and counselling and mental health services are rarely available, we step in and provide as much support as we can. Um I'd say there's more of a pressure on us to do more now. I feel that Domestic abuse support services are expected to do more nowadays anyways. That's sad really because domestic abuse is such a widespread severe problem. The only way its ever going to be addressed properly is through an adequately funded multi-agency approach. (Participant Three)

Cuts to other services are not only restricting the services available to victims and increasing the workload of specialist services but is also impacting on multi-agency working. Particularly concerning to Participant Four, is how budgets are affecting MARAC meetings:

Back in 2006 MARACs were monthly so then they made them fortnightly because obviously it's safer and more effective. They also had something, which was called a pre MARAC back then. We would go to the police station and we would look at the police referrals with them and help decide which were the ones to go to MARAC. Well they've done away with that as well and now its only once a month. Of course an incident can happen two months ago and only just come to the attention of MARAC and all the actions have been done, well hopefully they have been. So we

may have already helped her move on and built a risk management plan. (Participant Four)

It's not an effective way to share information and keep victims safe if its happening once every four weeks. If people have heavy workloads they are reluctant to attend. MARAC is just so important and was established for a reason and resources should be available for it to function effectively. (Participant Six)

This is supported by evidence gathered by Robinson (2006); her participants estimated that attending a MARAC generates two to three extra days of work every month. As a result of this, attending MARACs put a strain of each agency that is required to attend the conference and can impact on multi-agency working. Consequently, as noted by Participant Six, adequate resources must be made available.

## **Conclusion**

In conclusion, it seems apparent that the services available for domestic abuse survivors are constantly evolving due to changes in legislation and social policy. That said, the evidence gathered in this research suggests that austerity measures over recent years are negatively affecting domestic abuse service provision in the South West of England. This can be mainly seen in three particular areas: domestic abuse service provision, the competitive tender commissioning process and multi-agency working.

Key findings from this study suggest that professionals acknowledge there is a lack of appropriate provision for domestic abuse victims in today's society. Even before austerity measures were implemented in the UK, survivors' services were stretched by the demand placed on their services. There is now an extreme need for more refuge spaces in the UK, due to recent closures and cuts to budgets. This has resulted in vulnerable women continuously being turned away from accommodation services, which they require in order to keep themselves, and their children, safe.

Additionally, the evidence suggests that competitive tender commissioning processes have had a detrimental effect on domestic abuse services. The implementation of this process has forced staff to monitor performance information rigorously, which has resulted in less time to invest in the survivors they're supporting. Furthermore, key findings from this research suggest that non-specialist organisations, which have replaced expert domestic abuse charities in many areas, are compiling unrealistic tender bids and have a general lack of understanding of domestic abuse. As a result of this, conditions are being placed on tenders that leave vulnerable women in danger of further harm. Local connection rules and limits of length of stay in a refuge must be abolished in order to provide adequate, fair

services for survivors. Domestic abuse services that impose such conditions on survivors create a postcode lottery of provision.

The evidence gathered in this research and the wider literature suggests that over recent years policy and practice has changed in order to assist multi-agency collaboration and communication. However despite such changes, recent austerity measures have negatively impacted on multi-agency work in domestic abuse cases. It is apparent that many agencies that support survivors of domestic abuse are 'having their budgets squeezed lately' (Participant Three). In order for domestic abuse to be tackled effectively, sufficient investment must be made in multi-agency partnership.

For years charities and statutory organisations have campaigned tirelessly to improve awareness and understandings of domestic abuse. Nowadays women are living in an educated society that will not tolerate abuse in intimate partner relationships; as a result of this, appropriate resources must be made available to support women who choose to leave abusive perpetrators across society. The evidence gathered in this research suggests such resources are few and far between however.

As many of the policy and legislative changes explored in this research have been recently implemented, there is the potential for further research in the future. It is likely that, in order to realise the full impact of recent changes to domestic abuse service provision, research should continue to investigate the impact on survivors over the next 5 years. This will highlight subsequent effects that were not instantly obvious to the professionals who took part in this research. As discussed previously, it would also be beneficial to involve survivors; this would enable the researcher to gain a better depth of understanding, as the survivors would have personally experienced the impacts of the current changes.

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