



Surviving Domestic Abuse

Improving systems that support victims

October 2021

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1 Introduction

According to [Women's Aid](#), domestic abuse is defined as “an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer.”¹ Domestic abuse is never the fault of the person who is experiencing it. Domestic abuse is a crime.

Examples of domestic abuse include but are not limited to:

- Coercive control
- Psychological and/or emotional abuse
- Physical or sexual abuse
- Financial or economic abuse
- Harassment and stalking including online or digital abuse

Victims of domestic abuse can be of any age, gender, ethnicity, or socioeconomic status. However, the majority of survivors² are female (95%) and the majority of perpetrators are male (94%). Additionally, getting effective help is often dependent on access to finances, family support, and safe alternate housing, so disparities exist amongst survivors³.

In 2020, Women's Aid surveyed people who were experiencing domestic abuse and over two-thirds said it had gotten worse since lockdown⁴. Lockdowns have contributed to tension within the household and worries about security, health, and money. Some people were isolated with violent partners, separating them from the people and resources that can best help them.

These trends were seen locally in Camden as well. According to the 2021 Camden Council Domestic Abuse Policy Report,

“Camden’s dedicated domestic abuse service, Camden Safety Net, has received an increase in referrals from mental health services and self-referrals from victim/survivors throughout the last year. However, the issue around the decrease in number of domestic abuse referrals from the Police is a cause for concern with a significant drop from 1727 referrals in 2019 to 754 in 2020. Overall, the total number of referrals into Camden Safety Net have decreased from 2595 in 2019 to 1770 in 2020.”⁵

¹ [Women's Aid - What is Domestic Abuse?](#) 2021

² ‘Victim’ and ‘survivor’ are used in this report although not everyone identifies with these terms

³ [Camden Council Domestic Abuse Policy](#), 2021

⁴ [Camden Council Domestic Abuse Policy](#), 2021

⁵ [Camden Council Domestic Abuse Policy](#), 2021

Additionally, within referrals to Camden Children’s Services,

- The number of cases where domestic abuse was selected as a presenting issue increased (1,129 in 2019 compared to 1,430 in 2020)
- Domestic abuse concerns about the child’s parent(s)/carer(s) increased from 30% to 35% during 2020⁶

Unfortunately, domestic abuse is common yet is often under-reported or ‘hidden’ for reasons such as victim isolation, fear of retaliation, stigma, and not recognising the abuse (especially when physical violence is not present)⁷. All forms of domestic abuse have substantial long-term impacts on victims, families, and society.

The [Domestic Abuse Act 2021](#) received royal assent on 29 April 2021. The new provision affects both how professionals support survivors of domestic abuse and their children and how they respond to alleged perpetrators. If put in practice by service providers, this will improve advice and support given to survivors of domestic abuse. The new Domestic Abuse Act also emphasises the importance that non-violent abuse be treated with the same level of seriousness as physical abuse.

In light of all of this, Healthwatch Camden held interviews with nine female survivors of domestic abuse and an additional six people completed an anonymous online survey. This report documents the experiences of these 15 survivors.

Nine out of 15 people had left their perpetrators in the years before 2020 and 6 people experienced abuse over the Covid-19 lockdowns.

Many national and local organisations are doing brilliant work and victims are healing and recovering from the impacts of domestic abuse. However, it is important to listen and learn from stories so that victims can access help more easily, be better supported, and more people can heal.

Project Aims:

- Create a safe space for victims to voice their stories of domestic abuse
- Understand how Covid-19 impacted domestic abuse in Camden
- Showcase positive and negative experiences of accessing help
- Identify gaps in support and allow those with lived experience to recommend *improvements for systems that support victims of domestic abuse*

⁶ [Camden Council Domestic Abuse Policy](#), 2021

⁷ [Women’s Aid - How Common is Domestic Abuse?](#) 2021



2 Lived Experience of Domestic Abuse

Domestic abuse is a gradual process of breaking someone down

Most of the survivors we spoke to said that initially they didn't realise they were experiencing abuse. Some said it took years of gradually being worn down before reaching out for help or leaving. Some expressed that they were in denial of the severity of their situations or felt that this couldn't happen to them.

"It started off with the small things, the negative comments. For example, he'd say I would be over-emotional, I'd overreact over something that was quite clearly his fault. Gradually got worse, gaslighting, saying that I didn't say things that I did. He accused me of tricking him with my children."⁸

"I was strong then, but he slowly broke me down... He constantly would tell me to leave, it was humiliating."

A false narrative exists that victims of abusive relationships can 'just leave' when things are much more difficult than that. Perpetrators are often skilled in manipulation tactics and deny any wrongdoing. They commonly make the victim feel guilt, blame, or even cause them to question their own sanity, often called 'gaslighting'.

"He was gaslighting. Towards the end he was physical, but it was the emotional abuse. When I left, I left with nothing, I had to hide our passports. I really did not realise that all the mental trauma was domestic violence. I never called the police as I didn't think I could do that. I felt like I could not do anything. I kept thinking I should just sit here until I die."

"[There were] verbal threats, threats to kill me, threats to my young son, threats to burn the house down, telling all our neighbours I was lying about the abuse and that I was mentally ill."

"All I know is that I felt a lot of guilt that I was not a good person or a better mother, I could have tried harder. I should have been a better person."

For those who were married, owned joint assets, or had children with their perpetrators, separating was an onerous process, not expedited despite the abuse.

"Only once I realised what was happening, I made a plan to end the marriage. That took 18 months before we separated."

⁸ To maintain utmost anonymity and safety of participants, quotes have been redacted wherever necessary.

“I called the police, they would just take him away, but he would always be back. Once he admitted that he assaulted me. Why did I stay with him so long?”

When sexual abuse occurred within a committed relationships or marriage, victims expressed it was hard to prove.

“It was my husband. I went to a refuge, and it was such a relief. It was sexual abuse; it was very difficult to prove.”

Many of the participants fled their abusers years ago. However, for some, the COVID-19 pandemic made their situations worse. Women we spoke to said,

“He tried to kill me during the lockdown. I didn't feel safe, he was drinking heavily.”

“It became difficult to avoid him. Things were always worse during weekends. He was prone to taking substances.”

Healing from the impacts of domestic abuse

There is much evidence of how the lives of survivors are much improved by being away from their perpetrator and away from the location of the abuse. The women we spoke to said that healing from the impacts of domestic abuse is an ongoing process, but none have lost hope.

One woman said,

“Life is wonderful and there is a light at the end of the tunnel.”

However, even those who left their perpetrators many years ago said they still experience lingering physical and psychological impacts of the abuse.

“[I have] panic attacks, nausea, vomiting, migraines, diarrhoea through stress, hyperventilate, tight chest, nightmares. I have a very visceral reaction to the abuse.”

“I second guess myself making decisions. I can't even cross the road without second-guessing myself. I'm conditioned to fear the consequence of my decisions.”

“There is nothing that I will ever forget, it affects me more now that I think about it.”

“I feel damaged physically and mentally and broken. I feel so down and unable to cope”.

Long-term mental health effects of abuse against women can include:

- Post-traumatic stress disorder (PTSD)
- Depression
- Anxiety



Other effects included shutting people out, not being able to trust others, having low esteem, and coping with trauma by using drugs and alcohol, or overeating.

“It impacted my self-confidence, I suffered from the post-stress disorder. I became afraid of men in a relationship. I also was diagnosed with high blood pressure in my mid 20’s.”

“I was taking drugs and drinking a lot to numb the fear.”

Survivors of domestic abuse expressed that healing was possible with the help of long-term and comprehensive support.

The impact of emotional abuse

Not all abusive relationships involve physical violence, many suffer from emotional abuse, which is no less destructive. Unfortunately, emotional abuse is often minimised or overlooked. Many interviewees felt that society valued physical abuse as more dangerous than emotional abuse, even though they felt the opposite was true. The scars of emotional abuse run deep.

“No one can physically see the way he destroyed me. I don’t have a dislocated jaw or broken ribs, but at least I could heal from that.”

“I was a bubbly person, but this has destroyed me.”

“Other than abuse, harassment, control, crushing spiritually, mental torture, it’s like walking through a minefield. I don’t know where the next attack is going to come from”.

One participant said that in a way she was grateful for the COVID-19 lockdown because it pushed her perpetrator to the edge where he physically assaulted her for the first time, after years of emotional abuse.

“Finally, I had the physical evidence, and I knew I wasn’t crazy. It was validating.”

Another woman said,

“I wasn’t thinking or feeling at the time, I was just trying to survive. Thoughts of suicide or maybe I will get hit by a bus today. He would constantly harass me; I was so disconnected from everything. He would always crush me. Like I said I wish he would have just punched me in the eye, it would have been easier.”

Children and domestic abuse

Domestic abuse also includes familial abuse which is between individuals such as parent and child, siblings or intergenerational. Much abuse in the family remains undisclosed. People may not want their abuser to get in trouble, feel that the



abuse is their fault, feel shame and humiliation, and feel responsible for what will happen to their family if they tell.⁹

Participants who experienced familial abuse at home said,

“My response was not anger, I felt I should be patient. The abuse started to become more frequent. I thought there is something wrong with me”.

“I was brainwashed into thinking that it is normal.”

“I had suicidal thoughts from a young age. I started to practise anything dangerous, drowning, falling down the stairs, I was trying to go against myself to save future self. I was depressed”.

Children who experience abuse are at risk of experiencing negative health outcomes throughout their lives if not provided appropriate support.¹⁰

“My children realised as they got older. He would start slapping the children if they started crying.”

“Something happened in front of my daughter, I was genuinely scared for my daughter’s safety. Snapping at me. He took her away, I heard him scream at her. Bitch! He flipped. Told her that ‘your mother’s a bitch.”

Perpetrators often used the children as tools of abuse, telling victims they are unfit mothers and threatening to take the kids away.

“He would threaten me with taking my baby away.”

“He would hold me up against walls by my neck holding the baby in the other hand, telling me I would be in the ground before I would take her away from him. He would put his hands around my neck whilst I was lying down, punch me on my body, pushed me along so I would leave my shoes behind, rip clothes trying to get my mobile, punch holes in doors, smash crockery.”

“I no longer work. My child suffered as I was unwell. His father used the schools to further abuse me by forcing my child to stay at schools who were failing him and have had a huge impact on my child’s mental health.”

Other perpetrators also used financial abuse to instill fear into the women about the stability of their families:

“I was at home with my son all day. I had no money. He always reminded me that I had no money. He would not help with formula or diapers.”

“There was not much I could do, I was very isolated, I had no money, I had no friends here. I never drank. I don’t do drugs. Anything I would do would be used against me to take my son away.”

⁹ [Centre of expertise on child sexual abuse, 2018](#)

¹⁰ [Centre of expertise on child sexual abuse, 2018](#)



Although the perpetrators tried to manipulate them to think otherwise, survivors said that dreaming of a better life for their children caused them to ask for help.

“The minute my son was born, something in me changed, I wasn’t going to do this anymore.”

Barriers, language, and culture

Insufficient information and evidence still exist on domestic abuse on the experiences of immigrant and refugee women and of people from Black, Asian, or Minority Ethnic communities. In our interviews, we have heard that cultural factors are used by perpetrators against the victim; using the fear of family, social and community disapproval, and the stigma of being divorced.

Victims told us:

“Even now, I would not want to shame my family, cause gossiping in the community. Knowing that my family has worked hard in this country.”

“I don’t think [my family] would be very receptive. I think it would be worse for me, I would have to pay the consequences. Shouted at, threatened, gossiped, lies to others.”

“When it is mostly emotional, it is hard to make people believe you. Stigma and how my family would be impacted and suffer. I wanted my children to have a father.”

Shame appears to be a major barrier to accessing services. Cultural and language barriers also prevented some people from seeking help sooner. Additionally, some victims felt that their families were also conditioned to minimise their abuse:

“His family minimised it, no one believed me. It was all very incident-related. I spoke to his parents, they told me ‘he is hot-headed’. I did not tell my parents, I was embarrassed.”

“They deflected his anger and bad behaviour; his behaviour would be unheard of in most normal families. They were just conditioning me to put up with his bad behaviour.”

According to research from Southall Black Sisters, those who come to join their partners in the UK and face an abusive relationship live in fear of deportation.¹¹

“Before I got my Independent Leave to Remain, I would go back home as I had nowhere to go. He would always give subtle threats. I did not have a choice. I did not know what rights I had”.

¹¹ [Southall Black Sisters: The Domestic Abuse Bill and Migrant Women](#)

3 Experiences of Accessing Services

Positive experiences of getting help

There is a wealth of both local and national services that support victims including Camden Safety Net, The National Domestic Violence Helpline, Solace Women's Aid, school safeguarding teams, and more (see Appendix 6.1 for an expanded list of where to get help).

“Services that are there to support are very good. Camden Safety Net and the National Abuse Helpline.”

“My divorce mediator was first to notice that I was experiencing DV. She was the one who referred me to a local domestic violence service.”

“My kid’s school sign-posted me to Camden Safety Net.”

“Camden Safety Net are incredible humans, knowledgeable and calm.”

“I can’t quite explain how happy [me and my child] are. I had a lawyer who finally understood DV... I’ve had counselling which helped. A 6-week group course called ‘moving on’. There is power putting us together as long as you have a moderator moving the group along and having someone telling them there was light at the end of the tunnel. Solace Women’s Aid funded childcare while you were there.”

Others reported positive stories of friends and family listening and supporting them during their time of need. No matter which service ultimately helped the victim take the first steps of leaving, all were glad they were in much better situations now, free from their perpetrators.

“My mom was really supportive and diplomatic in hindsight.”

“Someone finally understood. It was very helpful.”

“I went to the park and called 111 and talked for an hour and a half. They told me it was very serious and I needed to go to the police. Finally someone believes me and is taking me seriously, felt relief.”

Delays in accessing help

For many of the survivors we spoke to, it took physical violence before they were able to truly grasp the extent of the abuse they were experiencing. Others said it wasn't until they told someone else that the extent and severity of their situations were validated.



“I did not realise that this was domestic abuse until it was pointed out to me. It was all about control and coercion.”

“I thought because I loved him, he can’t be abusive. Speaking to my victim support officer made me realise what was happening.”

Others said they feared they wouldn’t be believed or didn’t want to experience the stigma and shame of being in an abusive relationship.

“My friends abandoned me because they warned me about the perpetrator. They said it was my fault I should have known better.”

“I don’t think people really understand, the shame and humiliation stopped me.”

“I was scared of the reaction of family and friends, no one believed me.”

“They all told me that it was all my fault. Everything was my fault.”

According to SafeLives, on average, it takes a victim 3 years and 50 incidences of abuse before getting help¹². Despite these delays, it is never too late to ask for help.

One survivor offered tips for someone in an abusive relationship:

“I took notes on my phone when things were bad so that I could look back and gain strength.”

“[The local charity] told me I was still in high risk of danger even though [my perpetrator] had moved out and gave me advice on how to safely leave. They moved me out during the night and left everything on the first floor the same so that if he looked through the window it looked the same.”

Primary Care Services

Health services, including primary care, are often a woman’s first, or only point of contact to ask for help¹³. According to World Health Organization (WHO) and National Institute for Health and Care Excellence (NICE) guidelines, health professionals can aid women affected by domestic abuse by providing a safe space for them to speak, checking in about life at home, offering support or referral, and providing the appropriate services and follow-up care¹⁴.

The survivors we interviewed had mixed experiences accessing primary care:

“I did go to GP, I was going for depression, but nobody asked why I was depressed. This GP was blaming me that I was not taking care of him.”

¹² [Safe Lives - how long do people live with domestic abuse, and when do they get help to stop it?](#)

¹³ [PLOS ONE - Health practitioners' readiness to address domestic violence and abuse](#)

¹⁴ [NICE -Domestic violence and abuse: multi-agency working, 2014](#)



“When I had my youngest child, the hospital kept me for an extra 4 weeks because they could see. They tried to help me via an agency, but it went nowhere”.

Due to the COVID-19 lockdowns and the accelerated switch to ‘digital care’, there are fewer instances where patients get to be alone in a safe space to tell a GP about domestic abuse. Lockdown cut people off from their usual support systems and made it harder to access help.

“I think [lockdown] made it difficult, ineffective or not available, making it harder to access help because of the pandemic. Long waiting lists. No in-person help.”

Housing

For many, leaving an abusive relationship meant leaving their home and feeling like they don’t know where to go. The fear of not having safe alternate housing prevented some from leaving their perpetrator sooner.

While some were able to escape to homes of family and friends, not everyone had family and friends nearby, especially since their perpetrators spent years isolating them from loved ones. Many women left their perpetrators with nothing and were unable to pay for private accommodation yet found themselves struggling to access council housing.

“We have to flee our homes and then beg for help with housing. I’m not asking for a mansion; I just want to feel safe.”

“What options do I have? The council won’t help with housing. Maybe I am better off with going back to my husband.”

“Camden won’t accept me on the housing list as my husband owns a property and I am entitled to half of it, even though I left him, and divorce will take a long time”.

One woman detailed her experience with local housing:

“I ended up in a refuge and I felt safe. I collapsed because I couldn’t believe I felt safe. It was temporary accommodation. But they put me in a ground floor accommodation with all men. It was terrible and I wanted to kill myself. I just couldn’t cope with it. They didn’t do a risk assessment. It was dirty. Eventually, I had to go private. I applied for housing, and I got rejected. If I was homeless, I would have qualified. I felt let down by Camden, I really did. I pay my rent using universal credit.”

Another said:

“The way [the housing officer] looked at me like I was at the bottom of her feet. I was at the mercy of people who had zero interest in helping me”.



One person who was ineligible for council housing was told to move outside London where private rent is cheaper, even though her networks were in Camden and her children were enrolled in school there.

“Our whole network is in [Camden], our parent network if I need someone to pick up my kids, if I want to interview for a job, I have a mate down the street who can watch my kids.”

“Housing was horrific, it was awful. From the moment I got there, the officer made me feel as if I was asking for her kidney, she said that I would move out of the area of London. She said that I would never find a property”.

“Very negative attitudes. Kept saying that I should apply outside the borough. I had to bypass her and approach the head of homelessness via a key worker. I finally got a private property and then applied for housing”.

When asked how services that support victims of domestic abuse could be improved, every interviewee emphasised the importance of safe and affordable housing.

“Camden had rejected me. I was sofa surfing. Finally found a place in Camden but wanted 12 months deposit. In 5 months, I had to pay 12 months of rent. Got no help. My mental health has suffered further. I am on medication. Rent will be increased in Sept, and I am concerned again. No one was helpful about housing; they did not seem to care.”

Police

Domestic abuse commonly goes unreported to authorities for multiple reasons including fear of not being believed, shame and fear. According to Women’s Aid, in 2018 only 18% of women who had experienced domestic abuse in the last 12 months reported the abuse to the police¹⁵. In our interviews, 8 out of 15 women had reported their abuse to police at some point in time.

Of the interviewees who did report abuse to the police, many found a general lack of awareness and empathy about the different types of domestic abuse.

“I feel that the police or court should at least have experience in dealing with Domestic Violence, the way you are treated is like that you are in a box that you are a drain on society. Police are not all trained in Domestic Violence. The attitude of officers needs to change”.

“They forget we are experiencing traumatic experience, lack of memory, confusion, and anxiety, it is difficult to figure out what to do.”

¹⁵ [Women’s Aid](#), ‘How Common is Domestic Abuse?’ 2021



“I wish I had preparation before going into the police.”

One woman said that she tried to report the abuse to police but felt very uncomfortable because she wasn't offered a female officer. This led her to leave out key sexual assault details which she believes contributed to her case not being taken seriously.

Additionally, many felt that only evidence of physical abuse was taken seriously, and emotional and other forms of abuse were overlooked. Some even reported wanting the abuse to turn physical so that it would be easier to prove and validate. Others felt that their perpetrators were believed before them.

“My perpetrator speaks 7 languages and would claim that ‘he didn’t mean it and that’s not what it means in my language.’ They said there wasn’t enough to prosecute. 4 months later someone took my complaint seriously.”

One woman said she received over 60 emails in one week from her perpetrator and tried to use them as evidence of harassment but wasn't taken seriously by the police until she returned after he had strangled her.

Another woman said that she felt reporting to the police has improved in the last few years, especially with the introduction of online reporting systems.

“Suddenly since Covid [the police] were taking me more seriously. Maybe they got more training. Security men updated my flat all of a sudden. Online reporting seems better now, now it’s in my own words. Suddenly people seemed empathetic. I got a stronger order against [my perpetrator].”

“I have nothing negative to say about the police they were very helpful but it was very difficult to prove.”

When reporting to the police, some survivors learned about ‘[Clare’s Law](#)’, which gives any member of the public the right to ask the police if their partner may pose a risk to them or has a history of violent or abusive crimes. They expressed a lack of awareness around Clare’s Law and its importance in preventing abuse. If they had known about this law sooner, they may not have entered a relationship with their perpetrator. Others feared for the wellbeing of future victims.

Courts

Survivors told us that they felt the court system was not set up to support victims and that perpetrators could easily manipulate the courts and not be charged.

“He alleged that I was in breach of the family court order. No one would get back to me, I did not know what was happening. I was feeling so sick that the court would allow this obvious harassment to continue even though there is no breach. To me, this is just a continuing of helplessness and hopelessness”.



“[What] I would like to highlight is that the complaint of common assault is only for 6 months. This goes by very quickly. The last complaint was six months ago, and they can't do anything, an easy loophole to manipulate.”

“Even when I was telling my social worker she did not pick up issues, she is as naïve as me. I feel she has been manipulated. Qualified professionals should be able to see the patterns. I am having to justify to her again, I am mentally exhausted.”

“He is entertained by the courts. I feel I get no help. He took me unnecessarily to court. This is a pattern of abuse. It's really unacceptable”.

Many felt that as the victim they did not come first and were burdened with proving their abuse instead of feeling believed.

“The burden of proof is so against the victim, it's about ‘innocent until proven guilty.’ If he had busted my jaw and I needed surgery that would be fine, but no one can physically see the way he destroyed me.”

“I am under a microscope all the time. I could not sleep after the last court hearing, they don't understand, I had to call the Samaritans at 5 am in the morning.”

Whilst there are Specialist Domestic Violence Courts (SDVCs), the experience of our interviewees clearly highlights the need to continue to do further work to improve the experience of those who attend court and for better outcomes.

This is of increased importance now that virtual hearings have become commonplace due to Covid-19, which may risk a person's ability to privately share all vital information or evidence.

Legal Aid and Benefits

For victims of domestic abuse, getting legal aid is essential. Until recently the Legal Aid rules had a very strict interpretation, which meant that many domestic abuse survivors were being caught by the Legal Aid Agency's (LAA) strict interpretation of the rules.

For those in need of financial assistance, many struggled to gain access:

“I do not qualify for any financial help, this money will run out very quickly, I need proper legal aid”.

“My ex was financially controlling, but the good news is that he made me save my salary. The sad side is that I am paying for everything and bleeding money. There must be recognition in law for financial help. I still must respond to his legal claims. Fact is I need as much help as the next person.”

Recent changes to the legal aid rules will benefit survivors of domestic abuse, with many more able to have legal representation in family proceedings. This important





clarification of what the legal aid rules mean is a positive step towards better access to justice.¹⁶

Worrying about money is one reason a person can feel trapped with an abusive partner. What benefits a person can claim depends on personal circumstances. The benefits system is difficult to navigate, and this is further compounded if English is not a person's mother tongue or if they don't have independent leave to remain (ILR) in the UK.

“They are saying that I can't claim any benefits until I leave him. Even though I am not living with him. Even though he does not contribute towards the children.”

¹⁶ <https://www.bailii.org/ew/cases/EWHC/Admin/2020/3140.html>



4 Conclusion

Healthwatch Camden is immensely grateful to the 15 women who trusted us with their stories. We also thank Camden Safety Net and Panoramic Counselling & Wellbeing for their support and for connecting us with these survivors.

These findings clearly demonstrate that to meet the needs of victims of domestic abuse, services need to take a more holistic approach to design and implementing domestic abuse support programs. This includes access to mental health support, safe and accessible housing, primary care and other health care services, help with filing police reports, access to legal aid and benefits, and more.

Our findings support the changes included in the Domestic Abuse Act 2021. Specifically, the statutory basis for Clare's Law and the duty put on local authorities to give support to victims and their children in refuges, safe accommodation, and offering new tenancies when leaving existing housing for reasons connected with domestic abuse.

Our findings highlight positive and negative experiences with various services and identify gaps that exist at the point of access and beyond. These findings also showcase the long-term impact of abuse and the need for lifelong support to be made available.

We will be sharing the findings of this report widely across Camden, North Central London, and beyond presenting at Camden's Health and Wellbeing Board. Findings from this report will also be included in the Camden Women's Forum report on Domestic Abuse, to be published on 25th November 2021, the UN International Day for the Elimination of Violence against Women.

There is a wealth of local and national services that support victims with health, housing, safety, and more. See Appendix section 6.1 for a list. It is never too late to reach out for help.



5 Recommendations

We recognise the existing good work taking place both nationally and locally to support victims of domestic abuse by service providers and first responders. However, our research shows that there is still more to be done to help victims. We asked survivors, who are experts in lived experience, how services that support victims of domestic abuse can be improved. Their responses are below.

Healthwatch Camden will request a response to the following recommendations:

North Central London Clinical Commissioning Group

1. NCL CCG should work with Primary Care Networks to fund signposting services for victims of domestic abuse. Healthwatch Camden would welcome the opportunity to work with NCL CCG and PCN to develop this work further.
2. Despite the current emphasis on remote access to primary care, patients should be able to easily get an in-person appointment if they have concerns about privacy at home.
3. Camden GPs should ask questions around domestic abuse and feeling safe at home as part of standard care and continue to make appropriate referrals where needed.
4. If there are concerns about domestic abuse and the patient is accompanied by a family member or partner for interpretation purposes, attempts must be made to offer an independent interpreter so that the patient can speak privately.

Camden Council

Healthwatch Camden is aware that Camden Council ensures its staff have relevant training in areas of safety and safeguarding. These recommendations below come from those victims who needed further support and access to services. Therefore, we ask Camden Council to continue comprehensive training and development around domestic abuse for all relevant staff, especially in light of the 2021 Domestic Abuse Act.

Social Services:

1. Social workers should be trained on the various forms of domestic abuse, (psychological, physical, financial, sexual, coercive control) and the cultural impact of abuse on victims.

Housing:

1. Camden Council should work with Camden Safety Net and survivors of domestic abuse to review their housing points system and ensure that people fleeing domestic abuse are prioritised in council housing.
2. Victims in need of housing must be supported to remain in Camden if they wish so that they can continue to be supported by their existing networks.

Camden Safety Net/Safeguarding Team:

1. Camden Safety Net should develop an informational pamphlet to prepare victims of domestic abuse before they speak to the police. This pamphlet should include culturally/linguistically appropriate information for those who have just migrated to the country.

Although not within our primary remit, additional organisations have been identified as essential support services by victims of abuse. We recognise the good work being done by these organisations to support victims. However, the following suggestions have been identified as areas for improvement. We would welcome the opportunity to meet with these organisations to discuss these findings further.

Local Magistrates Courts and Public Prosecution Service

1. When a domestic abuse or sexual assault case is presented at court, interpreters should be made available when English is not the first language.
2. Comprehensive Domestic Violence and Cultural Awareness training for all legal staff should be provided.
3. Legal aid should be made available to victims to allow for representation. This is because jointly owned assets are not always accessible in abusive relationships.
4. Timely case management and information sharing must be practiced across a range of agencies to reduce delays in the prosecution process and to increase successful outcomes within the court process.





Camden Police

1. When someone reports domestic abuse or sexual assault to police, they should be asked if they would like to speak to an officer of a preferred gender and in their mother tongue where English is not the first language.
2. Police training on domestic abuse should include the severity of emotional and other non-physical forms of abuse.
3. Police should invest in a public campaign to inform people about their rights under Clare's Law and how to come forward with an information request.



6 Appendix

6. 1 How to access help and support if you are experiencing domestic abuse

Call 999 in an emergency or if you are in immediate danger. If you are calling on a mobile phone and it is not safe to speak, you may dial 55 when prompted and your call will be transferred to the police.

The National Domestic Violence Helpline, run by Refuge, offers support and advice as well as refuge for women and children. They are available 24 hours a day on 0808 2000 247 or visit their website <https://www.nationaldahelpline.org.uk/>.

Solace Women's Aid offers advice and support to women and children and safe refuge for women and children escaping abuse and violence. It also includes The North London Rape Crisis service that provides counselling and support to women and girls aged 14 years and over who have experienced any form of sexual abuse. For more information visit <https://www.solacewomensaid.org> or contact them on 0808 802 5565, Monday to Friday, from 10am to 4pm, or Tuesdays from 6pm to 8pm. You may also email advice@solacewomensaid.org.

Camden Safety Net is a confidential service for domestic abuse survivors. Anyone who lives, works or studies in Camden can use the service. You can talk to an advisor, who will help keep you safe and discuss your options. Email camdensafetynet@camden.gov.uk or call 020 7974 2526. [Learn more](#).

Women's Aid are running a set of services and their website lists a comprehensive set of resources for those experiencing abuse during the COVID-19 pandemic, including those who are thinking of leaving. For more information visit <https://www.womensaid.org.uk/covid-19-coronavirus-safety-advice-for-survivors>.

Galop run the National LGBT+ Domestic Abuse Helpline. Their website also signposts to a number of resources to support LGBT+ survivors of domestic abuse. For more information visit <https://galop.org.uk>.

Clare's Law gives any member of the public the right to ask 'right to ask' - this enables someone to ask the police about a partner's previous history of domestic abuse or violent acts. Learn more about Clare's Law [here](#).

For more information on Domestic Abuse, [please visit our website](#).





6.2 Methods

Through interviews and an anonymous online survey, Healthwatch Camden heard from 15 survivors of domestic abuse. Nine survivors participated in 1 to 1 interviews which were conducted via telephone or Zoom and lasted 1-2 hours each. An additional 6 survivors completed an anonymous online survey which used the same questions as the interview guide.

Utmost anonymity was kept throughout the entire process. Other than for making initial contact, names of interviewees were not recorded anywhere. All interviews were conducted in English using a semi-structured guide. Interviews were conducted over the month of July 2021. Interviewees self-selected into the research project and were able to withdraw participation at any time (none chose to). Staff followed trauma-informed interviewing methods to ensure a safe and comfortable environment for participants.

The online survey ran for three weeks after the conclusion of the 1 to 1 interviews. This survey was completely anonymous and gave an additional 6 survivors the opportunity to share their stories with us. The survey link was shared through Healthwatch Camden social media channels, our website, and through community partners.

6.3 Demographics

This report is based on qualitative interviews and surveys with a relatively small sample size (15) of people and includes personal and sensitive data.

To maintain utmost anonymity and safety of participants, we have made the decision not to publish demographic data in the traditional method. Below showcases a combined description of who we interviewed. Requests can be made for more specific details which will be reviewed by the Healthwatch Camden data protection officer and are subject to approval.

- All participants were female.
- Age of participants ranged from under 18 to 64 years old.
- For 9 participants, English was their first language. For 5 participants, English was not their first language and 1 person preferred not to disclose their first language.
- All identified as heterosexual/straight, except for one who didn't specify.
- 5 participants were White, 3 were Asian / Asian British, 3 were Black / Black British, 3 were Mixed / Multiple ethnic groups, and 1 didn't specify their ethnic group.
- Six participants were Christian, 2 were Muslim, 4 had no religion, 2 preferred not to say and 1 selected 'other' religion.
- Four people said they either had a disability or weren't sure, 10 people did not consider themselves to have a disability, and 1 preferred not to say.

6.4 About Healthwatch Camden

Healthwatch Camden is an independent organisation with a remit to make sure that the views of local service users in Camden are heard, responded to, taken seriously, and help to bring about service improvements.

Our duties (which are set out under the Health and Social Care Act 2012) are to support and promote people's involvement in the planning, running and monitoring of services; to gather views and experience and to make reports and recommendations for improvement based on those views; to offer information and advice on access to services and choices people can make in services; and to enable local people to monitor the quality of local services.

Our remit extends across all publicly funded health and social care in the borough. It includes statutory powers to enter and view any publicly funded health and social care service and to call for a formal response from the relevant bodies to any of the recommendations we make.

Healthwatch Camden has a seat on the Health and Wellbeing Board and contributes directly to strategies to reduce health inequalities across the borough.

