

SILENCING THE VOICES OF WOMEN

**A CASE STUDY ON THE EFFECTS OF THE ‘SUPPORTING
PEOPLE’ PROGRAMME ON SURVIVORS OF DOMESTIC
ABUSE IN A SUPPORT AND HOUSING ASSOCIATION**

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Abstract

Key Words: Domestic Abuse; Domestic Violence; Women's Voices; Supporting People Programme; Housing Support; Organisational 'deafness'; Volcano Model.

For centuries women have experienced domestic violence from men they know, as a consequence of which many turn to public services for support. Traditionally, these services have failed to provide adequate support, yet it is through these interactions with the services that abused women's lives are shaped and defined. Service providers therefore need to hear their voices in order to develop effective support services that enable survivors to 'move on' with their lives.

A government initiative - the Supporting People Programme (SPP) - has the potential to ensure that housing support providers develop their services in this manner. The main aim of the SPP is to place service users at the 'heart' of the system through user participation. Whilst this is certainly a step in the right direction, my concern is whether this actually happens or whether services adopt a tokenistic approach to user participation that marginalises and silences women survivors. My primary research question, therefore, is:

'What is the impact of the SPP on women survivors of domestic abuse?'

Using a research design that included document analysis, observation and semi-structured interviews, I argue that the SPP has the potential to improve the lives of survivors and even to ameliorate, if not eradicate, domestic abuse. However, far from achieving this, the SPP through lack of commitment to ensuring that services actually meet the funding requirement of user participation continues to marginalise and silence the voices of women survivors.

Hearing women's voices in respect of policy and practice is just as important as hearing them in relation to the original abuse. Failure to do so can lead to inappropriate responses in both cases. (Hague et al., 2003: 39)

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Abbreviations

AA:	Administating Authority
BME:	Black and Minority Ethnic
BSC:	British Crime Survey
CAADA:	Co-ordinated Action Against Domestic Abuse
CPS:	Crown Prosecution Service
DRS:	Daily Record Sheet
DVU:	Domestic Violence Unit
ISP:	Individual Support Plan
IDVA:	Independent Domestic Violence Advisor
JRM:	Joint Review Meeting
MH:	Morcam Housing
MARAC:	Multi-agency Risk Assessment Conference
NHF:	National Housing Federation
ODPM:	Office of the Deputy Prime Minister
PSHE:	Personal, Social and Health Education
QAF:	Quality Assessment Framework
SDVC:	Specialist domestic violence courts
SP:	Supporting People
SPP:	The Supporting People programme
VRM:	Voice-centred Relational Method

Chapter 1

Introduction

Supporting People, Housing Support and Domestic Abuse: Towards a Research Agenda

1.1 The Birth of the Research

Domestic violence has been ascending the political agenda for some time and is recognised as a cross-government priority (Home Office, 2007). It is an emotive subject, women are the most common victims and the causes are many. This research does not aim merely to repeat these facts; the facts are already recognised by many relevant authorities, academics and women's movements. However, the women survivors of domestic violence find themselves caught within structures where their *voices* are not always *heard* – or they are heard but not paid due *attention* – due to barriers or perceived barriers which prevent those in a position to help from being able to *hear* their voices which in turn may *silence* the women survivors of domestic violence. It is within these structures that this research was born. Its purpose is to define and develop a process by which survivors' voices can be heard and not silenced by the authorities.

Here is a new concept that I have developed that is at the heart of this work, it is what I term *organisational 'deafness'* specifically that which prevents organisations from hearing or responding to the voices of the survivors of domestic violence - this is a term I use symbolically, it is not intended to refer to or cause offence to the deaf community. An understanding of organisational 'deafness' is critical to truly grasp the essence of what is being said. Words such as: *voices, hearing, listening, paying*

attention, silencing, take on new meaning within this context. These terms will be explored fully during the course of the thesis.

1.2 The Start of the Journey

For several years I worked with women who had experienced domestic violence. This was inspired initially through my own personal experiences and then through the channels of my first degree and masters degree. What became evident to me during this time was that services *believed* they were delivering appropriate support, only this support very often did not meet the needs of the service users. This was when I first started deliberating as to whether services actually understood the needs of women survivors of domestic violence. In 2003 the New Labour Government introduced a new funding initiative: The Supporting People Programme (SPP) designed to standardise housing support services through a system of accountability and measurability. The main aim was to ensure that high quality support services reflected the needs of the local people; this was to be achieved through user participation thus placing the service users at the 'heart' of the system (ODPM 2001, 2003a). This initiative seemed a step in the right direction. However, given my earlier deliberations I questioned how this could be achieved and whether services could hear the voices of the services users, listen to the voices and indeed pay attention to those voices, and to what end. Would user participation be a way to fulfil the requirements of the government and/or those of the service user? For women survivors of domestic violence the former could be potentially damaging placing themselves between the voice of the government purporting to represent their needs and their own voice as they experienced services which failed to deliver appropriate support. Indeed, it is due to this conflict that women's voices may have been silenced. This is where my journey began.

1.3 My Background

I have over twenty years' experience in the field of domestic violence, both personally and professionally. I have worked within a Metropolitan Police Force on a domestic violence unit (DVU), within Social Services on a child protection team, and during the course of this research I worked in the voluntary sector as a housing support worker. All of my work has involved domestic violence both directly and indirectly. It is through these experiences that I became aware of what could be called a tokenistic approach of a range of services towards domestic violence. Whilst many staff were committed to delivering an effective service, variables beyond their control such as under-funding, short-term contracts, lack of training, weak and ambiguous organisational policies and other issues often undermined their efforts (Smith, 2001; Hague *et al.*, 2003). The result was the delivery of services which were not only ineffective but potentially dangerous.

In 2002 I worked within a housing support service as a support worker. After completing my first two degrees I was awarded a CASE studentship from the Economic and Social Research Council. I had the personal, professional and academic background to understand both the survivors' perspective and that of a support organisation, placing me as an 'insider' researcher. I was also in a position to experience both pre and post implementation of the SPP, thus I was ideally placed to undertake the research. The CASE award determined the basis for the research because it was driven by the type of organisation involved; hence the focus became the experience of housing support for the women survivors of domestic violence. The SPP was therefore a pivotal point in the research because the organisation in question

needed to meet the set standards of the SPP to obtain and keep their funding. The SPP requires organisations to be accountable, measurable, and strategically relevant and to place the service user at the 'heart' of the service through user participation (ODPM, 2003b). However, it does not offer any specific guidelines on how to accomplish effective user participation. Local authorities and support organisations are expected to develop their services accordingly using their knowledge, expertise and discretion. Thus my concern was whether the service would be able to hear the voices of the survivors of domestic violence (the service users) or whether they would be *silenced*, through organisational policies and practices in their efforts to meet funding criteria. Of particular interest were the *day-to-day* actions and interactions of workers vis-à-vis service users, because it was through this process that service users were heard or silenced.

Hearing, listening and paying attention to the voices of service users potentially enables services to understand the *lived* experiences of women survivors which contributes the most appropriate evidence on which to develop appropriate and effective services (Mullender, 1996). Without this, services will be ineffective and contribute to the reasons why women do not leave abusive relationships and become part of the processes which enable domestic abuse to exist. This is where the research fits; building on the work of Hague, Mullender and Aris (2003) *'Is Anyone Listening?'* in which they researched service user participation, what works, what does not and why. I aimed to explore from the survivors' perspective whether their voices were heard, listened and paid attention to, and to discover where the possible sources of my key concept of organisational 'deafness' occurred (which will be discussed in Chapter 3).

As I began to design the research it soon became clear there were many aspects to take into consideration if I were to understand the possible sources of organisational 'deafness':

- First, the formal role of the State in developing policies and strategies: did the State place the survivors of domestic violence 'in' or 'out' of the system? What impact did this have on services? What message did this convey about domestic violence on a social level?
- Second, the formal role of support services and how they operated within and in conjunction with the State: was organisational 'deafness' due to State strategies, in this case the funding criteria of the SPP, or was it due to the organisation's own interpretation of the criteria?
- Of further interest was how the organisation managed change in response to the SPP; were the staff suitably trained? Was the possible organisational 'deafness' less to do with the requirements of the SPP and organisational policies and more about day-to-day practices and interactions of the individual actors? Did the organisation and the workers involved understand the issues faced by women survivors of domestic violence?

From these questions three possible levels of organisational 'deafness' emerged, all of which may have operated at the same time or individually:

- The state, specifically Supporting People (SP) through the demands of the funding criteria;
- The response of the workers in the organisation to meet the funding requirements, that is, the changes that were implemented and how those changes were managed;

- The ability/willingness of the individual workers within the organisation to hear the voices of the survivors of domestic violence, listen, recognise and pay attention to them. In conjunction with this I needed to explore how survivors of domestic violence expressed themselves regarding their support needs, which voice they used at any particular moment and hence which voices were silenced. The voices I explored were the *formal*, *informal*, *private* and *personal*. At the research design stage this posed a considerable methodological challenge if I were to produce a model in which these different levels could be examined.

My first task for the design process was to highlight my definition of domestic violence. Due to the many definitions available it was important to locate the survivors of domestic violence firmly in the centre of this research (see section 1.5). The next challenge was how to locate, understand and facilitate the voices of the survivors. It soon became clear that just hearing the voices of the survivors of domestic violence was going to be a complex challenge because of the many possible structures in which women may locate and define themselves. In the research design I have provided an understanding of domestic violence from several perspectives: The state, legal, medical, welfare and cultural, in both an historical and contemporary context (see Chapters 1 and 3). The analysis of these areas maps onto the four parts of the Commissioning Body. Probation is represented by the legal, housing and social services is represented by the welfare, health, is represented by the medical and the overarching requirement for services to 'fit' local need is represented by culture. Therefore, my research design has been developed to make the best possible 'fit' with the concept of the SPP (see fig 1). What will become apparent are the barriers in each of the sectors outlined above which can prevent effective service

development and delivery to those in greatest need, often silencing their voices through day-to-day practices and interactions.

Due to the complex nature of this research I have not adopted the conventional approach of a separate literature review, preferring academic thought and research to become apparent throughout the thesis as it is woven through to uphold the different and complex layers of understanding. Furthermore, the number of different perspectives has made it difficult to rely on one particular theory to underpin the research. Therefore, I have chosen an overall feminist methodology with the epistemological and ontological stance that knowledge is produced *between* the researched and the researcher *in relation to one another*, and, indeed, for this thesis, knowledge is produced between *the author and the reader*. A feminist methodology facilitated in depth interpretative and inductive methods for data collection. This was undertaken with a case study and included: document analysis, observation and multiple-layered semi-structured interviews. For the data analysis I used thematic coding and voice-centred relational method. This design enabled me to develop an insight into people's lives, locating not only myself but the participants in relation to one another. The whole research process was underpinned with reflexive practice to locate me as the researcher throughout, which - combined with my choice of methodology, data collection methods, and analysis - gave reliability and validity to the findings.

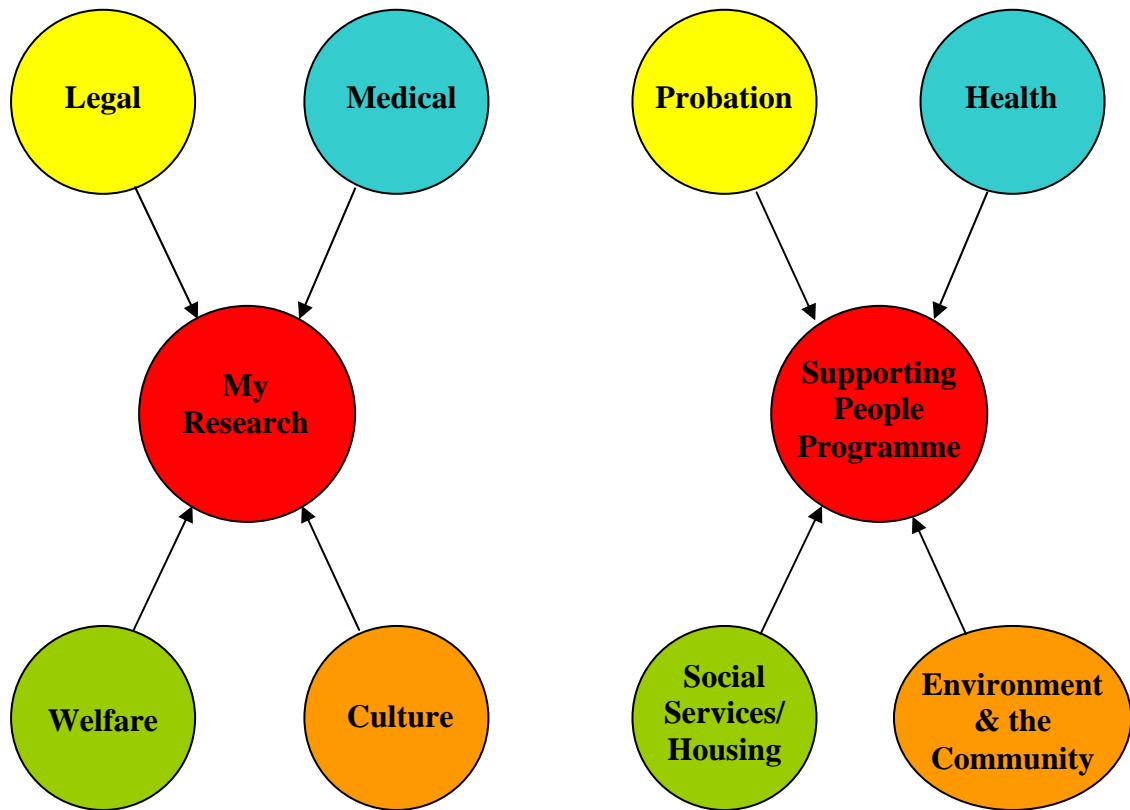


Figure 1: the mapping of my research design onto the Supporting People Programme

1.4 The Aims of this Research

- To identify possible sources of organisational 'deafness' through the analysis of policies, procedures, individual day-to-day practices and interactions;
- To bring to the fore the voices of the survivors of domestic violence by engaging in an open and appropriate manner, offering an environment in which they could be heard, listened and paid attention to;
- To hear the different voices in operation specifically the formal, informal, private and personal and to identify which voices were the most dominant;

- To locate myself as the researcher throughout the research. How I heard, listened and paid attention to the voices of the survivors is key.

Clearly there was potential for conflict should I as an employee produce findings which were critical of the way the organisation responded to the voices of the service users. However, this was outweighed by the possibilities of advancing knowledge to improve services for the survivors of domestic violence, and to develop appropriate research methodologies.

1.5 Defining Domestic Violence

Both scholars and practitioners have challenged long held definitions, assumptions and myths surrounding domestic violence. For example, Dobash and Dobash (1980, 1986, 1998), explore the advantages and disadvantages of broad and narrow definitions in terms of theorizing and conducting research. Whilst Dobash and Dobash do not try to produce an absolute definition of domestic violence they argue that a definition is required for scientific enquiry in order that the term is not misunderstood or devalued. However, they question the source of definitions in terms of whether they are derived from the perspectives of the victims, the perpetrators, the law, the policy makers or the researchers. Dobash and Dobash argue that a close representation of the victims' experience is essential for the gathering of facts and figures to show the magnitude of the problem (Dobash and Dobash, 1998). This is further expanded upon by Kelly and Radford (1998) who also argue that definitions are critical because they affect individual perceptions and the overall view of the issue as well as inform research questions and legal and social responses. Defining domestic violence is therefore a difficult and contentious issue. Any definition may include, exclude or emphasise different aspects of the problem

(Humphreys *et al.*, 2000). This thesis aims to bring women's voices into the public arena because they appear to be lost in the cultural confusion of domestic violence.

At the time this research took place the government defined domestic violence as:

Any violence between current or former partners in an intimate relationship, wherever and whenever the violence occurs. The violence may include physical, sexual, emotional and financial abuse. (ODPM, 2003:7)

It could be argued that the government definition was lacking in detail. It did not indicate the main perpetrators of domestic violence, patterns of behaviour, power or coercion (Humphreys *et al.*, 2000). The result of this could be said to sanitise the act and effects of domestic abuse upon survivors.

1.6 My Definition of Domestic Violence

Clarity about what is meant by the term 'domestic violence' is vital. Without a definition, research in the field could be confusing and may result in harm to the vulnerable people involved. I have chosen the following definition in an attempt to place domestic violence into a framework of reference. The definition is not chosen to explain domestic violence as a phenomenon but recognises the many contributing factors that can be involved in events:

*Domestic violence typically involves a repetitive pattern of physical, sexual and emotional abuse and intimidation which escalates in frequency and severity over time. It can be understood as the misuse of power and the exercise of control by one partner over the other in an intimate relationship, usually by a man over a woman, occasionally by a woman over a man (though without the same pattern of societal collusion), and also occurring amongst same-sex couples. It has profound consequences in the lives of individuals, families and communities. (Mullender *et al.*, 1998:25)*

This definition recognises: power and control, a range of behaviours, an escalation of abuse and violence over time, social collusion in gendered patterns of violence with

women more likely to be abused, diversity, that is to say, women as perpetrators, violence within same sex couples and the wide ranging impact of domestic violence (Humphreys *et al.*, 2000). However, the very term 'domestic violence' suggests a 'private' affair whilst disguising the fact that the victims are most commonly the women of the domestic context (Kurz, 1993; Hearn, 1998; Dobash and Dobash, 1998). Therefore, throughout the rest of this research I will use the term domestic 'abuse' rather than domestic 'violence'. This is an attempt to encapsulate the different and insidious forms of abuse rather than just place the focus on the more obvious context of 'physical violence'. I will also refer to women who have experienced domestic abuse as 'survivors' rather than 'victims' in order to challenge 'victim-blame' and to make visible women's resistance strategies (Kelly and Radford, 1998).

1.7 Domestic Abuse: The Phenomenon

Domestic abuse can come in many forms ranging through physical, sexual, psychological and emotional, all of which can take place simultaneously in a relationship:

- Physical abuse may include 'pushing, hitting, whipping, biting, holding down, throwing, slapping, and spanking' (Brinegar, 1992:13) or using a weapon to threaten or injure (DeKeseredy and MacLeod, 1997.) It is the most insidious form of abuse and can escalate from 'minor expressions of anger into severe assaults' (Kakar, 1998:46);
- Sexual abuse involves a person forcing another to perform sexual acts against his or her will and/or to endure pain during sex (DeKeseredy and MacLeod, 1997). Due to societal attitudes towards what is and is not consensual sex between couples, sexual abuse is very difficult to prove

(Kakar, 1998). Marital rape is therefore especially difficult to prove; indeed Stark *et al.*, (1990) argue the sanction of marriage offers a safe haven for rapists;

- Psychological and emotional abuse is difficult to define, but includes: deprivation, humiliation and conversations that tear down self-esteem (Brinegar, 1992). In most relationships there is a certain amount of cursing, blaming, manipulation and threatening; what is difficult to define is when the behaviour becomes abusive. The very nature of psychological and emotional abuse makes it invisible to the onlooker, therefore defining the abuse may rest on the perception of the individual who is the focus of the words and the limit of their acceptance. What is apparent is that eventually the impact of the abusive behaviour manifests itself in the survivor's self-esteem, self-worth, ability to take initiative and ability to feel independent. This may lead to patterns of self destruction such as self-mutilation, poor mental health, reliance on drugs and alcohol and ultimately suicide (Kakar, 1998).

1.8 The Cycle of Domestic Abuse

Domestic abuse often follows a familiar pattern between the couple. One of the explanations is a cycle of abuse that consists of: tension building, victimization, and very often reconciliation (Kakar, 1998). Tension builds over time during which period the survivor believes she can control the behaviour of the abuser. This is often done by changing her behaviour to avoid any further increase in tension; however, the tension continues to build and eventually there are severe episodes of abuse, the aim of which is often to teach the survivor a lesson (Kakar, 1998). This is the victimization phase which may also include some or all of the other types of abuse

discussed in section 1.6. Once the abusive episode is over the abuser often seeks reconciliation. During this phase he may express feelings of love and remorse, claiming that he will change and the abuse will never happen again. The survivor wants to believe that things will change and hence will attempt to forgive her abuser (Kakar 1998). This cycle can repeat itself many times before the survivor attempts to leave the relationship.

1.9 Theories of 'Why Women Stay'

Researchers have used a number of theories to try to understand why women stay in abusive relationships. One theory is that women have learned it might be their own fault through their feelings of fear, guilt, and shame and therefore stay fixed in the relationship (McNair, Lorr, and Doppelman, 1981). They may have learned this before they entered the abusive situation as a result of other relationships in their past, for example with parents, siblings, friends et cetera. Women very rarely leave the abusive relationship after the first incident; rather they live in hope that the abuse will not happen again. Hence the cycle continues and the fear increases (Kakar, 1998). Another factor that may prevent women from leaving the relationship is one of low self-esteem. Scholars are divided on this matter; for example, Cascardi, Langhinrichsen, and Vivian (1992) argue the survivor had low self-esteem *prior* to the relationship, whereas Oates and Peacock (1985) argue that low self-esteem is a direct *result* of the abusive relationship. This is a discussion which I suspect will long continue given the complex nature of abusive relationships. 'Learned helplessness' is another concept that scholars use to try to understand why women stay in abusive relationships. This term was coined by Walker (1979) to describe the futility and fear women feel after they have tried to leave an abusive relationship. When women fail

to leave they are left with feelings of despondency as they view their situation with hopelessness, feeling there is nothing that can be done to stop the abuse (Kakar, 1998; Walker, 1979). Other scholars describe learned helplessness as a form of brainwashing in which the survivor is psychologically broken (Gondolf and Fisher, 1996). This breakdown occurs when a woman is systematically controlled and manipulated. One academic describes her personal experience of this:

I link the feeling to a spiralling downward, the abused person eventually believes that what they hear must reflect reality because 'who would be stupid enough to spend their lives listening to it' (personal journal, February 18, 1998). (Carter, 2002: 1192)

The result can be that a woman loses the motivation to leave the situation or seek outside support (Finn, 1985) which allows the cycle to continue and the damage to escalate. As Kakar (1998) and Golding (1999) argue, women may not have psychological disorders before they enter into abusive relationships, but they definitely sustain psychological damage as a direct result of them.

In focusing on the behaviour of women who remain in abusive relationships specifically, these theories could be construed as women blaming. What are not taken into account are the *processes* which may prevent the survivor from leaving the relationship, particularly what is in place that removes her choices. These may include: policies and day-to-day practices of workers in the services she may have to use to leave the abusive situation, specifically the State, via the legal, the medical, welfare, and also interactions through the religious, culture, societal attitude, friends, family, economics, et cetera. The focus of this research was the impact of voices created through these interactions and their effect on the survivors; did they create confusion and despondency, thereby silencing her personal voice? This will be discussed in depth in Chapters 3 and 4.

1.10 The Scale of the Phenomenon

1.10.1 The state and formal organisations

Domestic abuse is a complex phenomenon and one that is no less serious than violence between strangers in public places. However, the law itself appears to support a stance that places domestic abuse at a lower scale of severity than that of common assault. For example, an assault in the street would usually be taken up under the criminal justice system, whereas domestic abuse does not automatically come under this aspect of the law. Thus, many survivors have to resort to civil prosecution. Indeed, domestic abuse is frequently more serious in nature than assault because it is usually directed at a woman, children and other vulnerable members of society. It is a repetitive and particularly insidious form of cruelty in that it is often attended by feelings of insecurity and helplessness and may include abuse of asexual, psychological and physical nature (Stanko, 2000; Humphreys *et al.*, 2000). People of all ages, races and ethnicities, physical and mental abilities, sexual orientations and classes can experience abuse from individuals known to them. There are no boundaries (Summers and Hoffman, 2002; Fawcett *et al.*, 1996). Individuals from all groups can be perpetrators of abuse against others they know, including husbands, ex-husbands, wives, ex-wives, partners, ex-partners, relatives, employers or friends (Bradford Social Services, 1997). In a study undertaken by Stanko (2000), formal agencies received the equivalent of one report of domestic abuse for every minute of

the day, during a large-scale national reporting exercise focusing on domestic abuse on 28th September of the year in question. Indeed, domestic abuse has the highest repeat rate of any crime in the UK (Kershaw *et al.*, 2000), accounting for more than twenty five percent of all reported violent crime during the period under review (BCS, 2000). Results from the BCS (1996) also showed the main perpetrators of violence and abuse to be men acting against known women (Summers and Hoffman, 2002). Approximately one in four women, compared to one in six men, reported a physical assault from their former or current partner in their lifetime with women at greater risk of repeat victimisation and serious injury (Mirrlees-Black, 1999; Home Office, 2007).

Crime statistics for England and Wales in 1997 showed that current or former male partners kill around fifty percent of all female murder victims (Flood-Page and Taylor, 2003). On average, two women a week are killed by a current or former male partner (Home Office, 2007). This is compared to eight percent of murdered men who were killed by their female partners (Flood-Page and Taylor, 2003). A study by Straus and Gelles (1986) found that many women who eventually resorted to violence had themselves suffered repeat attacks in the past and believe they were using violence as a defence rather than a form of offence. From this we¹ can conclude that women are twice as likely as men to have been injured by a partner, three times more likely to have suffered frightening threats, and are more likely to have been assaulted three or more times (BCS 1996). However, statistics only show the *reported* incidents of domestic abuse. They also relate only to those incidents which can be classified as a crime due to the presence of severe recognisable abuse

¹ I use the term 'we' throughout this thesis because it is through the interaction of the author—me, and the reader—you, that knowledge is produced.

and/or violence. The statistics do not give any indication of the abuse which remains unreported, and in some circumstances unrecognised. For example, using a confidential self-completion questionnaire, the BCS (1996) showed that only one in ten incidents were drawn to the attention of the police (Mirrlees-Black, 1999).

This may indicate that there are barriers in place that prevent women from speaking out and seeking the help of support services. Such barriers may include mental health issues, the response of formal agencies, and cultural misunderstandings of domestic abuse.

One of the aims of this study is to enable services to recognise these potential barriers by hearing and listening to the voices of the survivors of domestic abuse and hence to develop their understanding of the issues facing the survivors.

During the last thirty years, domestic abuse has been the subject of reforms in the judicial system. Currently the legislation used to combat domestic abuse is The Family Law Act 1996 Part IV, The Harassment Act 1997 and The Domestic Violence, Crime and Victims Act 2004. However, even though domestic violence is detailed within the legislation none of it is specifically aimed at domestic abuse. A guilty verdict is difficult to secure and regularly results in sentences which could be considered lenient. Often women are offered the alternative route of civil injunctions which, it could be argued, serves to 'privatise' the nature of the offence rather than 'criminalise' it. Within the medical profession there also appears to be a number of opportunities to silence survivors of domestic abuse. For example, when women report to emergency room services with clear symptoms of abuse both nurses and doctors are frequently unwilling to address the issues either verbally or in their record keeping (Warshaw, 1993). The welfare system also has many potential

barriers, for example survivors of domestic abuse may have to access housing services as a matter of urgency. Often they are offered unsuitable accommodation which is unsafe, in a poor condition of repair, and in an unknown area. This creates isolation and may ultimately result in an abused woman returning to the abusive relationship.

1.10.2 The cultural perspective

Cultural understandings of domestic abuse vary widely across the world. Each country uses a different approach to explaining male abuse and produce a different set of risk factors, some of which map onto one another (Summers and Hoffman, 2002). These include: gender inequality, poverty, social exclusion, criminal background, experiencing domestic abuse, child abuse and drug and alcohol abuse, political unrest, unemployment (Fawcett *et al.*, 1996; Corrin, 1996; Summers and Hoffman, 2002). This is by no means a decisive list, but shows some of the many different explanations used to understand domestic abuse and its complexity. However, none of the explanations account for why some men are abusive and others under the same conditions are not. Hence, the production of a cultural/global explanation of domestic abuse will not be attempted within this thesis and further research in the area is recommended.

1.10.3 The survivors' perspective

So far I have introduced domestic abuse in terms of the view of the authorities and cultures but I cannot fail to include the perspective of the survivors. As we briefly discussed in Section 1.6, domestic abuse is associated with a wide variety of adverse psychological outcomes including depression, suicide, anxiety, posttraumatic stress disorder, low self-esteem and substance abuse (see, for example, Holtzworth-

Monroe, *et al.*, 1997; Browne, 1993; Roberts *et al.*, 1998). All of these can make women feel hopeless and helpless in the situation which compounds the difficulty of leaving the home and obtaining the basic resources needed to remain independent from their abusive partners (Vincent and Jouriles, 2000).

Women also suffer the loss of their role as wife or partner. This can be exacerbated by the social stigma of being a battered woman, creating feelings of failure, loss and grief. These feelings may be difficult for women to rationalise and could result in self-blaming. Without effective support this may result in her return to the current, or to a new, abusive relationship (Vincent and Jouriles, 2000). Also, women are often left with the sole care of the children which places them under further economic and emotional strain. For some women the fear of losing their children through social services intervention will prevent them from speaking out and asking for support. Furthermore, leaving an abusive partner may involve leaving the community in which they live, creating even more anxiety, depression and demoralisation (Vincent and Jouriles, 2000). Any, or all, of these factors may result in a woman requiring the support of formal agencies.

Not all the research suggests a desolate outcome for women who experience domestic abuse, for in reality the majority of survivors do take action to leave the relationship or stop the cycle of abuse (Campbell *et al.*, 1994). Indeed, the women service users who participated in my research had all managed to physically leave an abusive relationship (if not always emotionally) and were all trying to re-build their lives. However, this introduction aims to give a small indication of what they may have had to overcome to be in their present position.

1.11 Other Vulnerable People who may Experience Domestic Abuse

It is important to acknowledge at this point that men also experience domestic abuse and the report on the 1996 BCS self-completion questionnaire showed an equal number of men and women reporting incidents of domestic abuse. However, the information showed that women and men define and experience domestic abuse in very different ways. For example, men are less likely than women to report being hurt, frightened or upset by what has happened and they are also less likely to be subjected to a repeated pattern of abuse (BCS, 1996; Home Office, 2007). It may be that men do not report incidents of abuse due to shame and embarrassment. Some Barnardo's projects are beginning to see an increase in the number of men reporting domestic abuse from their female partners (Barnardo's, 1997). Dutton argues from his (2006) study of domestic abuse in Canada and the United States that women use abuse in intimate relationships to the same extent as men, for the same reasons, and to the same effect. Clearly this needs to be worked with and addressed, as well as abuse which may occur in lesbian and gay relationships (Barnardo's, 1997). However, currently the overwhelming percentages of reported incidents of domestic abuse show the main perpetrators to be men against known women.

1.12 The Organisation of the Thesis

The aim of this research was to evaluate the impact of the SPP on women survivors of domestic abuse. To do this I needed to develop a methodology that would enable me to locate the voices of the women vis-à-vis those of the service provider and the workers. In Chapter 2, I explain how this was achieved using a feminist methodology that enabled me to understand women survivors' experiences in and on their own terms.

My epistemic and ontological stance was that knowledge is produced between the researched and the researcher in relation to one another. Therefore, my own voice as a woman, support worker, and researcher was located using reflexive practice throughout the whole research process. This research was based on a case study of an organisation that was typical of its kind. Using document analysis, observation and semi-structured interviews I was able to hear and listen to the individual voices of the participants. This was in relation to the changes that were taking place in the organisation as it responded to the funding requirements of the SPP. Thus the sources of organisational 'deafness' could be found.

Through the use of thematic data analysis, combined with voice-centred relational method, I was able to locate the formal, informal, private and personal voices of the participants, as a result of which the impact of the SPP was measured through the experiences of the women survivors.

In Chapter 3, I discuss domestic abuse from the state, legal, welfare, medical, and cultural perspectives that map on to the four parts of the commissioning body of the SPP because it is through the policy processes and day-to-day interactions of all the individual actors that women's lives are defined and shaped. Domestic abuse is also discussed in an historical perspective; this is essential because it highlights how it has been accepted, condoned, normalized and ignored by both institutions and individuals. Through this context we begin to explore the possible sources of organisational 'deafness'. The up-to-date perspective highlights the improvements and the problems that currently exist in the support services, focusing on the SPP which aims to put the user at the heart of the service through user participation.

Service user participation has been rising up the government agenda for the last three decades; unfortunately, there are very few models to show that it actually takes place. Therefore, I offer a discussion on the potential barriers that prevent it and hence locate the sources of organisational 'deafness' that silence the voices of women survivors.

Chapter 4 brings together the various strands of the research thus far. The SPP is a government initiative which is designed to enable all vulnerable people to access support services regardless of tenure. However, whilst this is a positive development, service providers may be part of the abuse cycle as women survivors are silenced through their policies, processes and day-to-day interactions. It is therefore essential that services understand women's experiences in and on their own terms. For abused women there may be several voices in operation which could prevent this from happening. These are: the formal, informal, private and personal, the source of which is explored in this Chapter.

I have developed the 'volcano model' which is designed to enhance our understanding of domestic abuse through imagery rather than just the written format. The aim of the model is to give the reader a 'feel' for the survivor's experiences; indeed, the central point of the model - which is loss and grief - has come from the women's voices in this research. Loss and grief, homelessness, poverty, isolation and social stigma evoke powerful emotions for women survivors which can keep them fixed in abusive relationships. However, this is rarely taken into account by support providers and their workers who are often confused when women stay in, or return to, the relationship. Yet it is through the policies, processes and day-to-day

interactions with support services that women's lives are defined and shaped; therefore it is crucial that services develop their knowledge of domestic abuse.

In Chapter 5, the voices of the workers are brought to the fore to understand their experiences of: the changes implemented by the managers of Morcam Housing to fulfil the funding requirements of the SPP, how change was managed and the impact on their day-to-day practices and interactions with both colleagues and service users. In this Chapter the sources of organisational 'deafness' become apparent, for example, a lack of training.

In Chapter 6, the voices of women survivors are heard, listened and paid attention to; of particular interest is their personal voice, when it was used and when it was silenced. The women survivors' experiences of the support they received was explored with a specific focus on the questions:

- Were they at the heart of the support plan, the experts about their own lives?
- Did they have a voice in the processes?
- Were they were silenced through the support processes and day-to-day interactions with the workers?

In the concluding Chapter, based on my findings from the document analysis, observation and the data collected from the interviews, I was able to answer the main research question which was:

What was the impact of the SPP on women who had experienced domestic abuse?

On the basis of the research, suggestions are made for further areas of research that will enable women survivor's voices to be heard and their experiences understood. The aim is for women to become the experts defining and shaping their own lives in

order to ameliorate, if not eradicate, domestic abuse. This has potentially far-reaching consequences and is in need of further research.

Chapter 2

Methodology

Bringing the Voices of the Survivors of Domestic Abuse to the Fore

2.1 Introduction

In Chapter 1, I set out an overview of this research including its origins, my background and definitions and explanations of the type and scale of domestic abuse. The aim of this research was to evaluate the impact of the SPP on women survivors' of domestic abuse by locating some possible sources of 'organisational 'deafness". Rather than assessing the impact of the SPP from an organisational perspective I focused directly on the voices and experiences of the actors involved, specifically workers in the housing support organisation and the service users (all of whom were survivors of domestic abuse).

In order to gain a full understanding of the processes and changes that took place and their impact upon all involved, I needed data on the organisational policies and practices. To obtain this I used a case study of an organisation that was typical of its kind in the housing support sector. At the time I was working within the organisation as a support worker; however, I needed to understand the organisation at all levels. This was achieved through detailed scrutiny of such documentation as policy statements, paperwork systems, and the day-to-day activities and interactions that were recorded in the service users' files.

My next consideration was how the individual workers in the organisation implemented the changes required by SPP; how this impacted on them and how this affected the service they delivered. I felt this was a crucial element of my research

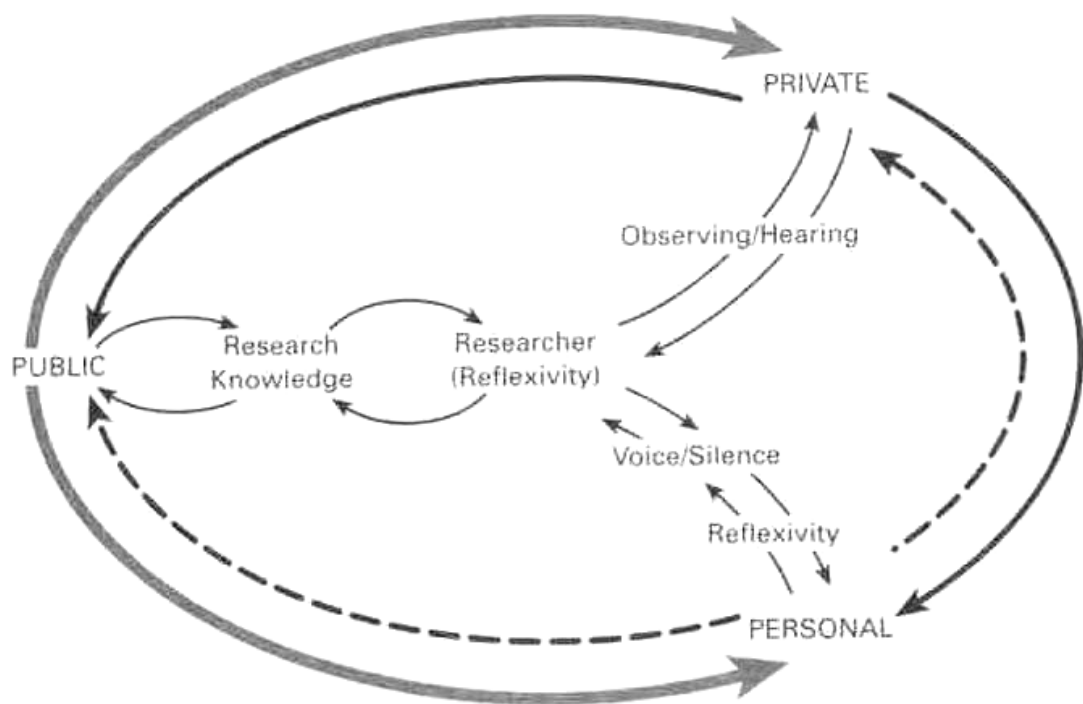
because each worker was operating within ever changing policy processes which may have caused them to be silent at any point. Consequently, this may have prevented workers from developing appropriate day-to-day practices in which the voices of service users could be heard; hence, women survivors of domestic abuse may have been unable to disclose and could have been silenced. I needed, therefore, to locate the potentially oppressive policies and day-to-day practices, to locate the source(s) of organisational 'deafness' if survivors of domestic abuse were to be heard, listened and paid attention to. This was achieved using data that captured the voices of the managers, support workers and survivors, all of whom had to interact with each other and operate within the organisation's procedures. The main aim was to bring to the fore the voices of the women survivors of domestic abuse, to hear their experiences on their own terms; therefore a feminist methodology was the obvious choice. In this Chapter I also begin to introduce the notion of the different type of voices which may be in operation these are the: *formal*, *informal*, *private* and *personal*. These voices will be discussed in detail in Chapter 4.

2.2 Chosen Methodology

The issue of listening to women and understanding their lives 'in and on their own terms' has been a long standing and pivotal concern for feminist researchers (Finch, 1993; Gilligan, 1982; Graham, 1983; Oakley, 1981). Placing the focus on the 'public' and 'private' areas of women's lives, feminist writers have challenged the authority of andocentric, 'scientific' knowledge and particular ways of knowing (Stanley, 1990a; Stanley, 1990b; Stanley and Wise, 1983). Feminist scholars argue that the production of theory is a social activity which is culturally, socially, and historically embedded, thus resulting in situated knowledges (Haraway, 1988) in which 'women generate

knowledge about women and gender for women' (Jackson and Jones, 1998). However, women are not a homogenous group; we are differently located within global and local social settings with distinctions of nationality, ethnicity, education, language, family, class, employment, ability/disability and sexuality (Haraway, 1998). These differences are significant in that they are often hierarchical, producing inequalities amongst women; therefore attention needs to be paid not only to the commonalities between women but also to the differences. Feminist theory places the researcher as a significant part of the process in that she brings to the research her own values and experiences which will inform her actions and interactions with the researched. Figure 2 is designed to assist in the understanding of the theory because it shows the different social settings and the interactions between the researched and the researcher. The arrows in the diagram refer to the routes through which dominance or influence may occur:

Figure 2. Social settings and the researcher
(Edwards and Ribbens 1998:15).



The 'public' can be characterised as more goal-orientated and individualistic in its value system and ways of being and knowing; the site of which will include formal organisations, policies and legal systems (Edwards and Ribbens, 1998). This is the source of the *formal voice*. The 'private' can be characterised as more process-orientated and connected in its value system and way of knowing, the site of which would include families, social networks, lay knowledge and friendships (Edwards and Ribbens, 1998). This is the source of the *informal* and the *private voice*. The 'personal' is characterised by emotions, a sense of 'self' or 'identity' in which the social is ontologically experienced by the individual. This is the source of the *personal voice*; this is the voice which may challenge or contradict the public or privately defined knowledge. This production of knowledge includes not only the experiences of the researched but those of the researcher. It is through these interactions that knowledge is produced and women's voices are brought to the fore. Therefore, what was of concern was whether I, the researcher, heard and represented the experiences of the women on their own terms. This was attended to through reflexivity.

The concept of reflexivity is widely debated in relation to theory construction and epistemology (Braidotti *et al.*, 1994; Harding, 1987, 1992). Feminist discussions of reflexivity mainly address two aspects of the research process. First, the critical role the researcher plays in creating, interpreting and theorizing research data (Du Bois, 1983; Harding, 1992; Maynard, 1994; Stanley and Wise, 1983, 1993). Secondly, the nature of the research relationship and the extent to which similarities or differences in characteristics such as gender, race, sexuality or able-bodiedness influence this relationship (Olesen, 1994). Therefore, my role was to understand my own personal,

political, and intellectual autobiographies and to make explicit their location in relation to the participants.

My main aim was to create a space in which women survivors' voices could be heard and paid attention to; therefore the 'research' process itself became a point of focus because it contained factors which determined whether women felt able to voice their own experiences. These factors were: the research design, gate keeping, re-accessing the support service if required, trust in me as the researcher, confidentiality and anonymity, all of which will be discussed during the course of this Chapter. Most importantly, the voices of the researched had to be distinct which informed my choice of research methods.

2.3 Quantitative and Qualitative Approaches

The quantitative research paradigm is positivistic, natural based and scientific in nature (Smith, 1998; Robson, 1993). It is objective, seeking to separate facts from values, focusing on what 'is' (Smith, 1998) having no concern for subjective issues which cannot be scientifically measured. The central assumption is that there is a static reality which can be measured, offering valid conclusions from valid premises, that is, generalization or universal law; thus it is deductive (Smith, 1998; Robson, 1993). Quantitative research usually begins with a theory which summarises and organises knowledge to test the relationship between two events or concepts (Robson, 1993). Testing the theory will involve an experiment or another form of structured enquiry for which the researcher uses tools such as surveys or questionnaires to collect numerical data (Robson, 1993). The theory may be confirmed through examination of the outcome; if not, it will be revised and modified, at which point the process will begin again. The researcher is considered to

be impartial and detached in the process, presenting an objective/unbiased portrayal of the 'objects' being researched. It is the chosen method(s) which is/are considered to be the 'tool' of data collection not the researcher *per se*; these methods may include surveys, questionnaires, statistical analysis, statistical theory, structured observation, and content analysis (Bryman, 1988). Multiple methods may be used to measure different qualities as appropriate (Fidel, 1993). Quantitative research results are based on large sample sizes that are representative of the population, which, together with the impartiality of the researcher, enables a study to be replicated or repeated, giving it high reliability and validity (Smith, 1998). The write-up of the research will be in the form of abstract language.

In comparison qualitative research is 'naturalistic, ethnographic and participatory' in nature and its success depends upon 'watching people in their own territory and interacting with them in their own language, in their own terms' (Kirk and Miller, 1986: 9). Hence it is subjective. The researcher is interested in 'meaning' specifically how people make sense of the world, how they interpret events and the context in which the events take place (Miles and Huberman, 1994). Thus, the focus of the research lies primarily in understanding the people and processes within the field, rather than outcomes or products (Merriam, 1988; Creswell, 1994). The researcher is the primary instrument for data collection and analysis, often becoming subjectively immersed in the subject matter, so that the researcher's actions, activities and assumptions and values come under close scrutiny as part of the research process (Robson, 1993). The qualitative approach to research is inductive, that is to say, it uses theories and concepts which arise from enquiry after some initial data collection (Robson, 1993). Using interpretative approaches, an initial amount of data analysis informs what data should be subsequently collected (Robson, 1993). Therefore,

theory, while not uninformed by previous work, develops from the findings of the study. However, different theories may be simultaneously valid according to the researchers' and the respondents' interpretations (Mellon, 1990). Qualitative research is suited to small scale field work due to the detailed and intensive nature of the work which is more time consuming and less able to be generalised than quantitative research. The write-up will be descriptive, detailing the process, and hence meaning and understanding is achieved through words or pictures. The methods used include: ethnographies, participant observation, direct observation, in-depth interviews and case studies. Often multiple methods are used to access as many different aspects of the phenomenon as possible to measure the same qualities, one method verifying the other (Silverman, 2000; Fidel, 1993).

In any discussion of quantitative and qualitative research there is another perspective to consider, that of the ontological and epistemological stances of the different methodological approaches. Positivist research is objectivist embodying an ontological stance of reality as a concrete process or structure (Morgan and Smircich, 1980). The ontological assumption is that all research on a given topic, if well conceived, should contribute to one truth. Therefore, what has gone before is taken as probable to some degree and is used to inform the theoretical basis of the study and its hypothesis. In practice, objective research separates the researcher (the Cartesian knowing subject) from the respondent (the object of the research) in an effort to understand objective reality and to develop knowledge. The epistemic stance is that knowledge is used for the construction of a positivist science (Morgan and Smircich, 1980).

At the opposite end of the spectrum lies naturalism which is subjectivist, embodying an ontological stance of reality as a project of human imagination; that is to say, reality is socially constructed between the researcher and the researched. Therefore, the separation between the knowing subject and the object is eradicated with the object becoming an active participant in the knowing process (Chatman, 1984; Fidel, 1993; Sutton, 1993; Westbrook, 1994). Hence theory, while not uninformed by previous work, develops from the findings of the study, ending with a hypothesis. Furthermore, because of the subjective nature of the research, different theories may be simultaneously valid according to the researchers' and the respondents' interpretations (Mellon, 1990). Therefore, the context of the subject and the understanding of the actors' perspectives are crucial to the development of knowledge. The epistemic stance of qualitative, naturalistic research is that of knowledge for the purpose of revelation (Morgan and Smircich, 1980).

A further point for consideration is how the epistemic assumptions of quantitative and qualitative approaches affect attitudes towards bias, especially as introduced by the researcher. Objective researchers will admit to the bias of which they are aware but will focus on trying to eliminate it through the separation of the researcher and the respondent. Conversely, subjective researchers will focus on eliminating bias through developing a relationship with respondents to seek to know the situation through their eyes (Mellon, 1990).

What I have offered is a brief description of the different ideals of the two approaches. Some academics believe quantitative and qualitative approaches are incompatible due to their different assumptions of the natural world (see for example Lincoln and Guba, 1985; Schwandt, 1989). Others believe that a skilled researcher

can successfully combine the approaches (see for example Patton, 1990; Reichardt and Cook, 1979; Silverman, 2000). The disagreement between the two perspectives arises because one party argues for the philosophical nature of each approach and the other argues for the compatibility of research methods. Indeed, it may be that positivists use interviews and naturalists use surveys; however, these will be supplementary, not dominant methods. Nonetheless, quantitative and qualitative research is at the 'ideal' ends of the continuum on which research takes place. It is for the researcher to decide where s/he stands and make explicit their choices. This is because when deciding whether to use quantitative or qualitative methods the researcher is involved in theoretical and methodological decisions based on how s/he conceptualises the world and theorises how research subjects think about things (Silverman, 2000):

It is possible, and highly desirable in the interests of methodological pluralism, to explore assumptions that underlie all research in the context of their usefulness in understanding particular research problems. Active discussions of what we know, in light of how we produce that knowledge can only extend our understanding. (Bradley, 1993: 448)

Through this process the researcher will be free to choose an appropriate methodology without having to resort to an allegiance to either side of the quantitative versus qualitative debate.

2.4 My Ontological and Epistemological Stance

The Western philosophical tradition presents the ontological image of a separate, self-sufficient, independent, rational 'self' or 'individual'. However, I have chosen 'relational ontology' which presents the notion of '*selves-in-relation*' (Rudick, 1989: 211), the '*relational being*' (Jordan 1993: 141), in which human beings are entrenched in a complex web of intimate and larger social relations (Gilligan, 1982).

This presents a different understanding of human beings, their nature and interactions in which they are perceived as interdependent rather than independent (Tronto, 1995) and it is through this interdependency that reality is socially constructed (see fig 2). Relational ontology has been exposed and theorised in several other disciplines, for example political theory, feminist philosophy and feminist legal theory (see Baier, 1993; Benhabib, 1987, 1992; Gilligan, 1988; Held, 1984, 1985; Minow and Shanley, 1996; Ruddick, 1989; Tronto, 1993, 1995). Relational ontology was used as a core theory for my data analysis to enable me to locate the different voices used by the participants and me, specifically the formal, informal, private and personal in relation to one another.

In this research I believe that knowledge was created through understanding the *reality* of the experiences of the participants and that my own experiences enabled me to develop an understanding of those accounts. Thus my choice of data collection methods derived from the epistemological stance that knowledge is produced between the research and the researcher (see fig 2). However, whilst I had a commitment to listen to women in and on their own terms, I also recognised that my own experiences shaped the research and ultimately the research product. Therefore, the research process was a fine balancing act between: the multiple and varying voices of the individual participants, my own voices, and the voices and perspectives represented within existing theories in the research area that I as the researcher brought to the study. It is worth noting at this point that I did not adopt the term 'voice' to indicate that there is one 'true' or 'authentic' voice to which I have access; rather that there were issues around my ability to hear what was being said about private, domestic and personal lives and then to speak and represent it again. This

has been attended to through the research design incorporating reflexive practice at *all* stages of the process.

2.5 My Choice of Methods

In this section I discuss my options for data collection methods, which were: interviews, document analysis, observation, diaries, questionnaires, and focus groups. These will be analysed in general social science terms and their use in this research.

To understand domestic abuse many feminist scholars recognise the value of both qualitative and quantitative methods as ways to provide different ways of knowing (Abraham, 2007; Belenky, *et al.*, 1986; Brotherson, 1994; Gilgun, 1994; Hartman, 1992; Strauss and Corbin, 1990). In my research I have used qualitative methods, specifically document analysis, observation and semi-structured interviews which were chosen because they enabled me to gain an understanding of everyday reality through the detail of day-to-day lived experiences. For my main method I chose semi-structured interviews, thus enabling me to capture the 'voices' of the survivors of domestic abuse, their support workers and the managers of the organisation. This method provided a framework to develop rich insights into people's lives. Their biographies, experiences, opinions, values, aspirations, attitudes and feelings were all explored with the assistance of me as a reflexive researcher (Robson, 1993; May, 2001). Within the process, it was essential in my opinion that I as the interviewer was also able to discern the participants' body language which may have offered different meanings to the verbal response. The research did contain some quantitative data in the form of statistics to show the scale of the phenomenon of domestic abuse on a global, national and local level.

2.5.1 Interviews

There are several types of interview techniques: structured, semi-structured, unstructured, or group interviews (May, 2001). Structured interviews are effectively like a verbal questionnaire using set questions and responses recorded in a standardised schedule. Semi-structured interviews use a set of pre-determined questions that can be adapted over the course of the interview (Robson, 1993). This approach facilitates exploration of the interviewees' life experiences in depth enabling them to answer questions within their own frames of reference, promoting freedom to talk on the topic (May, 2001). The perspectives of individual interviewees may reveal something about their concern, something unspoken, the feeling of the exchange. Hence, 'language is more than an act of speaking it is also an act of representation' (May, 2001:130). This may give rise to questions about experiences which are discussed rather than assumed. Thus challenging 'official truths' by interpreting the meaning and value of particular activities, thereby flexibility and discovery of meaning gives depth to the qualitative data. Finally, unstructured interviewing which allows the participants to set their own agenda, in their own terms (May, 2001).

Inevitably there are potential problems with interviews as a data collection method. It requires skill from the interviewer to operate in a flexible manner whilst collating usable data (Robson, 1993). There may be a tendency to deviate from the main theme or to collect too much haphazard data which is difficult to analyse; these problems were attended to through regular supervision.

I could have chosen several approaches for my data collection such as narrative or biographical methods (see, for example, Flick, 2007a, 2007b; Kvale, 2007); however, for my research I chose to use semi-structured interviews. This was the

most appropriate interview technique because it enabled me to hear the voices of the women survivors of domestic abuse on their own terms (May, 2001). The interviews had some uniformity to them because I needed to elicit knowledge from the participants regarding the same processes, which when discussed in a broadly chronological manner (albeit with some backward and forward referencing) aided in-depth examination (Arthur and Nazroo, 2003). For survivors of domestic abuse the chaos and trauma can create disjointed recall as they move backwards and forwards in their explanation of events whilst trying to make sense of their experiences. Therefore some structure was necessary to aid their recall and to assist me in my understanding to enable me to 'hear' their voices, which is why I considered the narrative and biographical approaches unsuitable. However, the interviews were fluid to allow not only answers to become known but the reasons for those answers, to facilitate the emergence of depth and detail thus revealing the meanings behind the actions. For the survivors of domestic abuse the aim was to bring their voices to the fore to elicit a greater understanding of the complexities of domestic abuse and the support which was required from their perspective. This also enabled me to explore potential sources of organisational 'deafness', and hence expose the policies and day-to-day practices and interactions which may silence abused women.

A crucial element of the research was to capture the voices of all the actors involved to give an in-depth awareness of the many voices in operation. This was relevant on two levels, first the voices in operation *within* the organisation, secondly those voices operating *outside* of the organisation. To explore the processes and voices I used multiple interviews to give depth, richness and validity to the findings. The various levels of interview gave a fuller picture helping to reveal complexities, contradictions and tensions (Song, 1998). This approach was appropriate because within the

organisation managers had to respond to the requirements and judgements of the formal voice of the SPP, support workers had to pay attention to the voices of the managers and the voices of the service users, whilst service users had to pay attention to the voices of the support workers one-to-one, and the organisation through the policy processes and day-to-day practices involved. Outside of the support service all the participants had their formal, informal, private and personal voices in operation at some point that affected what was heard, listened to and paid attention to. However, the different accounts did not mean I privileged one account over the other as the actual 'true' account. Rather each was valuable in itself as it revealed the individual's perspective and understanding of themselves and their relation with each other (Song, 1998). The knowledge I sought was on several levels: the organisation, the professional, and the personal, all in relation to one another. Therefore the semi-structured interviews were undertaken in sections as follows (see appendix I for the interview structure)

Table 1: Question sections for staff in the organisation, and the research aims

Question sections for the staff in the organisation (numbers relate to those on the questionnaire).	Aims for the research.
1. Position in the organisation.	To understand their role, responsibilities, and influence on policies and practices. To locate their voices.
2. Professional history.	To understand their experiences in their own terms, to locate the different voices in operation and their source.
3. The 3 most important changes according to each individual staff member.	To understand: the relevance and importance of change according to the individual, in their own terms; the voices used to explain their environment and their location within it; the impact of change on their day-to-day practices.
4-8. Did they feel adequately supported in their work, if not why not?	To understand how each individual experienced the organisational policy processes, how these experiences influenced the support they offered on a day-to-day basis and hence the relationship with their service users. To locate the different voices used as professionals and individuals.
9-22. The support process.	To understand the individual staff member's perception of the support they offered on a day-to-day basis, what influenced the support and

	hence the relationship with their service users. To locate which voices informed their choices.
23-24. SPP.	How each person understood SP in relation to their work and how this influenced their professional practices.
25-42. Training received for domestic abuse, each persons understanding of the issue, the impact on their work load.	To understand their experience and knowledge of domestic abuse and how this informs professional practice on a day-to-day basis. To locate the voices which may have influenced actions, attitudes, and hence relationships with their service users.
43. Success of the support.	To understand whether success was measured within the parameters of the organisation, themselves as professionals or the service users. To locate the voices used to measure success.
44-45. Staff support.	To understand if the staff felt supported within the organisation; hence the impact upon the support delivered and the relationship with their service users. To locate the voices which influenced their actions on a day-to-day basis.
46-48. Ceasing.	To understand who decided when the support ended, the staff or the service users. To locate the voices which influenced this decision.

The semi-structured interviews were conducted in the same format for the service users, using a slightly different emphasis to accommodate their different role (see appendix II for the interview structure):

Table 2: Question sections for service users and the research aims

Question sections for the service users (numbers relate to those on the questionnaire).	Aims for the research.
1. Setting the scene, personal history.	Enabled the service user to be heard in their own terms, to give insight into their personal experiences, the voices used to describe those experiences and their possible location.
2-3. What choices were the service users given regarding their present situation.	To understand their experiences of formal systems, e.g. housing, health et cetera how they responded as individuals, which voices were used, were they heard, listened and paid attention to?
4. Experiences of other services	To understand how experiences of services informed their judgement and hence the voices used, were they heard, listened and paid attention to?
5-6. What the service user wanted from the support.	To understand if the service user knew what type of support was available, were they told what was available, did they express their requirements to their support worker, and were they heard, listened and paid attention to? To understand which voices informed their judgements which were used to express themselves and which were silenced.

7-13. The support, its structure and the support worker.	To understand: the impact of the support process: did it help or silence the service user? What was the relationship like between the service user and the support worker? How did the service user relate to the support worker? Which voices were in operation? How did this experience inform the service user's perceptions of herself? Which voices did she use to express herself and her experiences?
14-15. Support from family and friends.	To understand the influences which informed the informal, private and personal voices.
16. Ceasing the support.	Did they have a choice? Were they heard, listened, and paid attention to? What was their perceptions of themselves after the support, which voices were the most dominant?
17. The success of the service.	What was the service users overall opinion of the service? Were they asked for their opinion? Were they heard, listened to and paid attention to? Would they return to the organisation if required in the future? What influenced that decision?

To ensure continuity, consistency and validity I used the same interview structure throughout all the interviews which were conducted in a block manner that is to say the staff in the organisation (in no particular order) followed by the service users. This approach was relevant for a study of this nature because as I have mentioned earlier domestic abuse often results in chaotic lifestyles for survivors and their support staff resulting in either party forgetting the minutiae of their day. Furthermore, not only were the women survivors of domestic abuse subject to chaotic lifestyles, the trauma experienced may have influenced recollections that were erratic and in no particular order requiring time to reach a full explanation. Undoubtedly this was a time consuming process but the depth of responses proved it worthwhile.

My next consideration was the order in which the interviews were conducted because the support workers were acting as gate keepers and therefore I needed them to be informed and comfortable with the process. Consequently I chose to interview them before the service users this was for two reasons: first to gain their trust and help

them feel safe giving them the confidence to ask their service users to take part, secondly to enable them to understand the interview process and therefore accurately explain it to their service users. This was a crucial element because the successful interview depended on the participants understanding their role within the process (May, 2001). Therefore I presented my research proposal to the staff in the organisation and asked for open discussion. I explained the process in which they would be involved on a personal and professional level. All the staff members were willing to be interviewed; all turned up on time and were very forthcoming in the process.

It can be argued that for many of the staff members it was a chance to be heard, to develop their professional practice and some of the elements of their working environment with which they were uncomfortable.

Conversely, they were not as forthcoming when asked to approach their service users for interview; the reason was never clarified. The purpose, intended outcomes and process of the research was initially explained to the service users by their support worker to give them the chance to consider whether they wished to take part and I only contacted them once they had given consent. I then gave them a cooling off period of two days to give them the chance to change their minds, reiterating they could withdraw at any point of the process.

I had four more elements to consider for the interviews to be open and fruitful these were:

1. Safety given the nature of domestic abuse, anonymity, rapport and motivation.

All participants were given a choice of where to be interviewed based on where they and I felt the safest and most secure. All the service users chose the privacy

of their own homes and all of the support workers wished to be interviewed away from the office. Interestingly none of the managers thought it was necessary to conduct their interviews out of the office.

Domestic abuse is complex and sensitive by nature (see Chapters 1, 3 and 4); therefore it was important for the service user to feel safe, understood and not judged. Thus, I felt that reciprocation was essential in which I became not only an *asker* of questions but expressed my feelings and gave information about myself. I believe this was crucial, given that our shared experience of domestic abuse *potentially* provided us with a shared understanding and language (Ritchie and Lewis, 2003).

However, I did not enter into explicit detail, nor did the service users enquire. It can be argued that by keeping silent about my own experiences I would have been part of the systems and processes which keep survivors of domestic abuse silenced. I was also cautious because of the power dynamics of the interviewer/interviewee as discussed in 2.11. I did not want my own experiences to take precedence over theirs, to risk my voice silencing theirs. I wanted the interviews to be open without leading the respondents into answering they thought I was anticipating (see for example ACACE, 1982; Charnley *et al.*, 1985; Coates, 1989, 1994; Edwards, 1993; McGiveney, 1993; Oglesby, 1989, 1991; Pascall and Cox, 1993; Schutze *et al.*, 1987; Woodley *et al.*, 1987). I am not trying to suggest that the engagement with participants was trouble free, but there were some commonalities which *may* have helped the process along (Finch, 1993).

2. All the interviews were conducted on a one-to-one basis to facilitate anonymity and try to overcome inhibitions. Anonymity was more difficult to secure for the staff members because of the structure of the organisation, because there were fewer members of staff at the upper echelons. However, I explained that I would contact anybody I wished to quote verbatim to obtain their permission. The aim was to create an environment where people were willing to answer questions as things were, rather than how they should be, without fear of repercussions. I wanted to create a space where the participants could be heard in/on their own terms, to try to reveal emotions and attitudes as well as everyday activities and interactions in the public and private arena (Miller 1998; Bell, 1998). I tried to avoid pressure by managing suggestibility from me (Brown and Thompson, 1997).
3. Rapport, which was achieved on various levels - the match of characteristics between the researched and the researcher - may have had a direct impact on the type of information collected. This included age, gender, accent, class, experience, and so on (Finch, 1993; May, 2001; Aris *et al.*, 2002). Within my role as a researcher I was a woman interviewing another woman which, it could be argued, was conducive to the easy flow of information. By virtue of just being a woman I may have been perceived as a sympathetic listener, especially when the location was in the service user's home (Finch, 1993). However, this was not a given because, as previously stated, women are not a homogeneous group, we come with many differences and experiences. Furthermore, an easy flow of conversation may also have been achieved because women are more used than men to answering personal questions, especially in their own homes. This may come through, for example, experiencing services relating to

motherhood, such as midwives, doctors and health visitors (Finch, 1993). Of course, some of the participants in this research project were service users who were involved in conversation on a weekly basis with their support workers and were therefore familiar with this type of engagement. Being transparent about my own personal experiences which had inspired me to engage in the research, and the eventual outcome I wanted to achieve, was undertaken to make the participants aware of the research in which they were invited to take part and to develop rapport.

4. The participants needed to feel motivated to take part in the research. As a researcher I aimed to make participants feel that their responses and contributions were valued. This involved keeping them up to date with any progress and discussing the final results (assuming they were still available and interested). To motivate the staff in the organisation I will produce a final report (from the completed thesis) aimed at the pragmatic concerns of the organisation thus highlighting the benefits of the research for all concerned.

Interestingly, after the interviews had been completed I began to get feedback from the support workers telling me that their service users had found the experience enlightening and that it had left them full of hope. This was attributed by the service users to my having given them information regarding my personal background, spoken to them with understanding, and that they were taking part in something which was exciting because it might improve services for the survivors of domestic abuse. One support worker commented: 'the interview has achieved more for the service user in one hour than I have achieved after nine months of support'. In short, it can be argued that the service user had finally been heard, listened and paid attention to. Also other support workers began to volunteer their service users for

interview which might suggest that they no longer felt threatened by the research and understood the potential positive outcomes. Unfortunately, I was unable to conduct further interviews due to time constraints.

2.5.2 Document analysis

Document analysis was undertaken to understand the whole system, specifically the SPP (as discussed in detail in Chapter 3), the organisational structures, policies and day-to-day practices, how these had changed during the inception of SPP, and how they were continuing to develop. This analysis was used primarily to fully understand the procedure and structures of the system in which all the workers were operating. This data was used to place the interview schedule into chronological order to aid direction and recall for the participants. The analysis of service user records provided a framework in which the roles, perceptions and attitudes of individual workers, that is, managers, support workers and women survivors, could be understood. Through the analysis of service user records I was able to locate the different voices in operation, particularly which voice was dominant and which was silenced.

2.5.3 Observation

In the process of this research I was a support worker in the organisation as well as a researcher. Therefore, I was able to observe the object from an insiders' perspective, providing in-depth insight, though this was not without drawbacks, which are discussed later in this chapter. Due to the sensitive nature of domestic abuse and the support service which is founded upon one-to-one interaction and intimacy, direct

observation of the service users and support workers was not possible. Indeed, it could be argued that my presence would have altered the interactions between the two parties and hence the emerging data; therefore observation was not used in this capacity.

2.5.4 Diaries

Hearing, listening and paying attention to the voices of the women survivors of domestic abuse was my main aim for the research, so that diaries were seen as having a number of advantages over other data collections methods:

- Diaries can provide a reliable alternative to interviews as a method for capturing personal accounts and day-to-day life experiences (Hampsten, 1989); and exploring the differences between social knowledge and private lived experiences (Bell, 1998);
- The accounts of ordinary life can be placed in the author's framework of reference, challenging 'taken for granted assumptions' and thus making visible experiences which are often hidden (Allport, 1943; Jackson, 1994; Hampsten, 1989);
- Diaries are useful to access phenomena which are not directly accessible, for example that which takes place outside set boundaries of time or environment and situations where the researcher will affect the field (Zimmerman and Weider, 1977). Finally diaries are different to other qualitative methods such as in-depth interviews, in that they track 'a contemporaneous flow of public and private events' (Plummer, 1983:170). As such, diaries are written in a fragmented and discontinuous manner which may provide a record of an ever changing present (Elliot, 1997).

Unfortunately for my research there were drawbacks to the use of diaries on several levels: first and foremost was the aspect of safety. Some of the service users were living, or had regular contact, with the perpetrator of the abuse, so there was concern that he would find the diary, read it and deliver repercussions. Furthermore, all respondents would need a reasonable level of literacy, which might exclude some participants with valuable experiences (Corti, 1993). Diaries also involve the assumption that the service users could hear their personal voice, make sense of it, and were prepared to record it on paper. However, central to my argument is that because survivors of domestic abuse are not heard they cannot always hear their personal voice because of the cacophony caused by the formal, informal and private voices. Furthermore, it can be argued that for women survivors of domestic abuse, the very act of speaking to an understanding listener may enable them to hear their personal voice and hopefully begin to make sense of it.

It may also be the case that the spoken word, as apposed to the written one, may make a participant feel safer because it is between them and the interviewer and cannot not be accessed by the perpetrator. There may also be reporting errors in the diaries, which could be the result of participants becoming less meticulous over time (Elliott, 1997), especially when potentially dealing with a chaotic life style. Furthermore, I felt that completing a diary regularly added to the burden for those service users who were still dealing with the practical problems associated with domestic abuse (see Chapter 1, 3 and 4). It can be argued that recording their feelings in a diary may be cathartic; however, much would depend on the support from their worker which I could not assume would be effective.

Finally, as the research began to be active it became apparent that the staff were completing increasing amounts of paperwork. This was becoming problematic for them which I felt would be exacerbated by the completion of the diaries; indeed it soon became apparent that it would prevent some workers from taking part in the research programme. Therefore, I decided against using diaries as a data collection method.

2.5.5 Questionnaires

Questionnaires can be used as a method of collecting both quantitative and qualitative data, having a uniform structure and consisting of open and closed questions (May, 2001). These questions can be asked in several different ways thus creating reliability and validity within the research. However, in a study by Oakley (1981), she postulates questionnaires simply do not work, because the structured approach offers very little opportunity to express subjective issues in any depth. This would not allow for the voices of the survivors of domestic abuse to be heard, therefore I chose not to use questionnaires as a method for data collection.

2.5.6 Focus groups

Focus groups involve organised discussion with a selected group of individuals to gain information about their views and experiences of a topic (Powel *et al.*, 1996). They are mainly suited for gathering several perspectives about the same topic (Gibbs, 1997). The benefits of focus groups include gaining insights into people's shared understandings of everyday life and the ways in which individuals are influenced by others in a group situation (Gibbs, 1997). However, problems arise when attempting to identify the individual view from the group view. It cannot be

assumed that the individuals in a focus group are expressing their own definitive individual view. It can be argued for the survivors of domestic abuse it may be that their personal voice would have been silenced before they have even heard it; therefore they would begin to take ownership of the context and culture of the group hearing and presenting that voice as their personal voice. For the participants this could result in confusion because they are not heard either by themselves, me as the researcher or the group, which could result in them being silenced.

Furthermore, I would find it difficult to clearly identify and hear an individual voice (Gibbs, 2007); indeed the more dominant members may set the agenda for discourse, which may not be representative of the group. The method of focus group discussion may also discourage some people from trusting others with sensitive or personal information especially in cases of domestic abuse. Because of the nature of domestic abuse focus groups could prove dangerous because they are not fully confidential or anonymous. There may also be issues of racism and other discriminations. For example, black women may not want to talk in front of white women (and vice versa), lesbian women may not wish to 'out' themselves et cetera, (the separate issues facing these and other marginalised groups are discussed in more detail in Chapters 3 and 4). All of these factors may prevent the individual voices of the women survivors of domestic abuse being heard or listened to. For all these reasons, I chose not to use focus groups as a data collection method.

2.6 Data Analysis

Qualitative data analysis is a relatively neglected area in the literature on qualitative research compared to other stages of the research process. However, in recent years it has begun to receive increasing attention (see for example, Coffey and Atkinson,

1996; Denzin and Lincoln, 1994; Gibbs, 2002; 2007; Miles and Huberman, 1994; Silverman, 1993, 2001; Wolcott, 1994). The robustness and validity of my research lay in exact methods through which I converted people's private lives and stories into public categories and texts (Miles and Huberman, 1994; Bryman and Burgess, 1994). My dilemma was how to keep the participants' voices and perspectives alive, whilst at the same time recognising how I, as a researcher, shaped the research product through my experiences, and interactions with the researched, and the academic community. This was attended to by using a combination of manual coding and voice-centred relational method (VRM) (see for example Rogers, 1994) to give access to the participants' voices and through reflexive practice locate me as the researcher.

All of the interviews were tape recorded and fully transcribed; the purpose of recording the interviews rather than using field notes was to capture the detail and depth of the interview (Sacks, 1992). It can be argued that the tape recorder became irrelevant during the course of the interview resulting in a frank and open exchange, which may not have been the case if I had taken notes. This was of particular concern given the sensitive and sometimes chaotic recollections of survivors of domestic abuse. Furthermore, the tapes provided a medium through which the detail could be replayed if I wanted to hear the nuances in more detail than was available within the transcripts, which was relevant if I were to make sense of often traumatic conversation (Sacks, 1992). The length of the interview was determined by the participants and how much they wanted to tell, which resulted in many lengthy interviews (on average 45 minutes) and hence a large amount of transcribing. I am not an audio typist and so I had to pay to have the transcripts professionally produced which proved to be very expensive but was essential.

The transcripts were initially analysed using a coding system which produced 130 categories of both quantitative and qualitative data. Using a thematic approach, these categories were then grouped into twelve main themes (see table 3) which arose out of the original research questions and the emerging data.

Table 3: Categories for transcript analysis and the information they were designed to yield

Categories for transcript analysis	The information the category was designed to yield
1) Domestic abuse: current, past, level of abuse, still with perpetrator, not with perpetrator, lived in a hostel, in own home.	To locate the survivor of domestic abuse on the continuum of abuse to ascertain whether the level of abuse and the length of time it had been experienced impacts on their judgements. To hear their lived experiences on their own terms.
2) Employment history: qualifications, training, previous employment, role in the organisation.	To determine the experience and responsibilities of the staff and begin to locate possible sources of organisational 'deafness'
3) Changes which have taken place in the organisation.	To give an insight into which changes have affected the workers in the organisation, the impact on their day-to-day actions and interactions.
4) The paperwork system.	How this affected practices, were the voices of the service users evident in the documentation, if so which one, or were they silenced?
5) Contradictions in their opinions.	To show which voice was informing their judgement that is to say how they wanted to feel, how they felt, how they wished they felt, made sense, labelled and paid attention to how they felt.
6) Voices used to inform judgements and expectations of the service: formal, informal, private and personal.	Whether a service user was silenced because of organisational processes and day-to-day practices particularly the relationship between the support workers and the service users; did the support enable women to hear their personal voice? Did the workers respond to the needs of the organisation, themselves, or the service user? Possible sources of organisational 'deafness'.
7) Expectation of service: clear, unclear, realistic, or unrealistic.	Were all the service users informed about the level of support available? Is it standardised or down to the individual worker? Is the service user heard if she tries to direct the support?
8) Focus of the staff in the organisation.	To determine the different voices in operation within the organisation, where the main focus and hence possible sources of organisational 'deafness'.
9) Action of the support service/staff reinforces voices: formal, informal, private	To locate the organisational structure, requirements and processes which determined the Actions of the workers and hence the impact upon the service user. How the service user related to herself in the support process specifically how she felt if she was not able to meet the requirements of

	the support contract, possible sources of organisational 'deafness'
10) Service user's perceptions of support worker's life experiences: never had problems therefore knows nothing, had problems but does not understand, had similar problems therefore understands, well trained.	To ascertain where the service user placed herself in relation to her support worker. To discover how this affects which voice she used.
11) Service user perceptions impact upon the level of engagement with the support worker/service: negative (tell very little), positive (tell most things) apathy (not bothered)	To locate the barriers that prevented the service user engaging and using/hearing her personal voice. Possible source of organisational 'deafness'
12) Service user would like focus on domestic abuse in the support package which is directly related to them as an individual.	To ascertain whether direct support would enable a survivor to be heard, whether this is perceived as appropriate and helpful by the service user/workers.

The transcripts were coded manually which was time consuming but allowed me to become immersed in the data, thereby resulting in a more detailed analysis as I became familiar with how the individual participants expressed themselves. This also enabled me to locate the different sources of the voices within the conversation by analysing not only what had been said but the utterances which had been made around it (Sacks, 1992). The first attempt at analysis revealed not only the detail of the support but also suggested that there was a second sub plot woven throughout the narratives. This concerned the personal lives of the respondents, especially the survivors of domestic abuse. Indeed, it became evident in the narratives that their private and personal lives were of more concern to them than the processes of the support and that this informed their perspectives and judgements regarding their support. Because I had used semi-structured interviews, the questions were open ended, therefore this sub plot arose randomly throughout the interviews. It was for this reason that I decided a second data analysis method was required which would enable me to locate the different voices in operation to provide me with a deeper understanding of the respondents' lived realities. I therefore developed my version of voice-centred relation method (VRM).

VRM holds at its core the principle of relational ontology, bringing the listener into the responsive relationship with the person speaking through reflexive practice. Much is written about reflexivity in theory construction and epistemology (Braidotti *et al.*, 1994; Harding, 1992), yet little attention has been given to the issues of reflexivity and power, voice and authority, specifically at the data analysis stage. However, these were key elements which had to be acknowledged in my research design if I were to stay true to the voices of the survivors of domestic abuse. VRM *'takes into account both our stances as researchers and the stance of the people speaking within the text'* (Gilligan, *et al.*, 1990: 96). It is deemed necessary that the researcher has her own voice and perspective in the process which needs to be located and heard. I developed my version of VRM to shed light on the meanings, processes, relationships and contradictions which were central to understand the reality of support services for the survivors of domestic abuse, thus enabling me to discover possible sources of organisational 'deafness'. VRM required four further readings of the transcripts using the following categories:

- **Phase 1:** the overall plot, and my responses to the story. This phase was in two parts. The first the reading enabled me to understand the story being told by the respondent. This was used to understand their personal histories, and the daily reality, the main events, central characters, sub plots and contradictions—to hear their formal, informal, private and personal voices. The second reading was to locate myself as a researcher, how I was reacting emotionally and intellectually to the respondent.
- **Phase 2:** reading for the 'I', 'we' and 'you'. This phase enabled me to gain insight into how the respondent felt and spoke about herself. The shift

between the 'I' 'we' and 'you' showed where a respondent may have been struggling emotionally or intellectually to say something. This phase allowed me as the researcher to create a space in which I could understand how the respondent saw and spoke of herself before I spoke of her (Brown and Gilligan, 1992). To hear her personal voice.

This phase of reading for personal pronouns is a key feature which distinguishes a voice-centred relation method from grounded theory which is less interested in the person *per se* and more interested in action/interaction (Strauss and Corbin, 1990).

- **Phase 3:** relationships. In this phase I listened for how the respondents spoke about their interpersonal relationships. This included partners, ex-partners, family, friends, support worker, colleagues and gave an insight into the voices in operation. This was specifically the formal, informal and private and how they were used and how they influenced the respondent. This was on three levels. First, the staff in the organisation: how they interacted with each other, specifically the front-line workers and managers, and how this impacted upon their attitude towards the service users. Second, the service users: how their relationships informed their visions of themselves, for example through family interactions which had influenced their actions and perceptions. Thirdly, how the relationship between the support worker and service users operated and affected the perceptions of women survivors.
- **Phase 4:** cultural and social structures. Placing the respondents within their broader social, political, cultural and structural contexts enabled me to

locate the boundaries that may silence them. To hear the formal, informal, private and personal voices.

To summarise, the combination of the two data analysis approaches is unusual; however, they have enabled me to locate and understand two elements in the narratives: the organisational/support perspective and the personal perspective, which are unequivocally intertwined. Reflexivity in my data analysis was critical to enable me to reflect the voices of the respondents without which they may have been subsumed by my own views of their reality.

Through my choice of tape recording and transcribing the data I was able to study the data again and again which revealed the many voices of the participants, how they used them, and which they paid attention to. I dismissed the use of a software package such as CAQDAS or N-VIVO because it would miss the in-depth consideration of the meaning of particular telling instances and subtleties of the data (Silverman, 2000). Also, despite the length of the interviews, only 19 took place, so that the use of software to manage large amounts of data was not necessary.

2.7 Reliability and Validity

Reliability and validity are canons to consider within quantitative and qualitative methodologies. In positivist, scientific approaches reliability and validity are provided through the use of a hypothesis, large-scale enquiries, falsification of data, replication and generalization (Silverman, 2001). However, qualitative research methods are based upon small scale, in depth, exploratory enquiry, which develops a theory as the research unfolds making reliability and validity difficult to achieve within the parameters of traditional science (Silverman, 2001). Denzin (1970) suggests the use of triangulation, that is, several methods of data collection which

will provide reliability, because each method can test the information against the other to check for inconsistencies.

Within my research I have used three methods of data collection, each tied into the other: statistical analysis, document analysis and multi layered interviews. This enabled data from each to be examined for patterns, inconsistencies, contradictions and tensions. However, Fielding and Fielding argue:

Multiple theories and multiple methods are... worth pursuing, but not for the reasons Denzin cites...The accuracy of a method comes from its systematic application. (Fielding and Fielding, 1986:35)

This point of systematic application was taken into consideration and used throughout my own approach as described earlier in this chapter. This systematic approach was also followed in the coding of the transcripts. They were done in batches, that is to say managers, support workers, and service users, to try to maintain a consistent application and interpretation of the coding themes. Furthermore, I was aware that employing someone to transcribe the interviews could lead to mistakes, therefore I consistently checked for errors within the scripts.

Validity has also been achieved because I believe the people I talked to were telling the truth, which was borne out by the consistencies in their stories. As Potter and Malkay (1985) argue 'truth' emerges as a picture through the discussion of similar topics with different people, revealing common experiences and responses. In my research I talked to people from two different categories - those offering support and those receiving it, both of whom had many commonalities in their experiences of the support. For example, within the organisation all the support workers spoke of the same changes affecting them in the same way regardless of their length of time in service, their professional experience and the training they had received. The stories

told by the women survivors were also very similar, regardless of the level of domestic abuse they had experienced, their experience of refuges, their cultural backgrounds, employment status and so on.

All the interviews were tape recorded and transcribed to give access to the subjects' own categories. Within the thesis, portions of interview script along with the questions were written to give access to the raw data. This will enable the reader to make their own decisions about the experiences of the participants (Silverman, 2001) and enable inconsistencies within accounts to be explored.

The use of reflexivity throughout the process also contributed to the validity of the findings in what Denzin and Lincoln have called 'validity as reflexive accounting' (Denzin and Lincoln, 1998b: 278). Using this process I have been explicit about my background, the power relations within the field, my interactions with the participants, how I have interpreted their experiences and my location within those accounts.

2.8 The Participants

The participants for this research fell into two groups: first, everyone in the organisation, its structures and processes, and the day-to-day activities and interactions of the workers; second, some of the service users, all of whom were survivors of domestic abuse. The organisation - which will be referred to as Morcam Housing (MH) - to maintain anonymity, is a large non-profit making organisation which is nationwide. MH had been in existence for twenty five years, it provides housing support both as a housing provider and floating support. My research took place in MH's northern scheme in which the full team consisted of 12 floating support workers, 2 service managers, 1 area business manager, and the Regional

Director who was answerable to the Chief Executive; all of whom took part in this research. MH was typical of many organisations of its kind in the voluntary sector. The aim of the service was to enable tenants to remain in their own homes without support and was perceived as 'particularly suitable' for women who were survivors of domestic abuse, helping them to remain independent and avoid homelessness (ODPM, 2002a; ODPM, 2003c). This was to be achieved by providing 'floating support' for single parent families in their own homes. The support was not tied to the property but to an individual so that when the support was no longer required it would 'float off' to another service user (ODPM, 2003d).

The characteristics of floating support services are:

- The support is for a limited period;
- The level of support is reduced as the independence of service users increases;
- It is low intensity support.

Low intensity support is defined as:

Services whose main purpose is to provide general, non-specialist support with daily living skills, practical tasks or emotional support which promotes or maintains a person's ability to live independently in their own home. (Quilgars, 2000: 16)

The remit for the low intensity support was to be generic, and multi-diagnostic, which included:

- *Help with finding appropriate housing and moving;*
- *Practical assistance in setting up and maintaining a home;*
- *Training and support in daily living skills;*
- *Help with accessing health and community care services;*
- *Help with accessing benefits;*

- *Liaison on behalf of a homeless household;*
- *Promoting and enabling self-advocacy by homeless household;*
- *Support in developing social skills and social networks;*
- *Emotional support and advice.*
(ODPM, 2003e: 16)

MH was on a one year interim contract in which it was stated that the service user requirements had to be split, with half citing domestic abuse as a 'primary' support need, the other as a 'secondary' one. Furthermore, the service was required to work in partnership with the local refuge services supporting their service users when they obtained their tenancy (this included Women's Aid) (ODPM, 2004a). Therefore, despite being a generic, non-specialist, low intensity service, MH was expected to provide emotional support to the survivors of domestic abuse to enable them to live independent lives. This proved problematic because without specialist knowledge and skills workers found it hard to hear, listen and pay attention to the voices of the service users. This issue will be addressed in Chapters 5, 6 and 7.

MH was chosen because I was employed as a support worker and it was typical of support services of its kind. At the onset of the research the workers within MH acted as gatekeepers between the service users and me. This was appropriate because the organisation was able to locate potential participants who had experienced domestic abuse; these participants were then asked by their support worker if they wished to take part in the research. The aim was to ensure that there was space and time for them to decline should they wish. This was crucial for ethical reasons (which will be discussed later in this chapter) because of the potential vulnerability of the participants. However, it is unclear how well gate keeping actually worked; what became apparent was that some support workers were very protective of their service

users. This could have been for several reasons: the support workers felt uncomfortable with the research design, they did not recognise domestic abuse issues in relation to their service user base, or the service user did not want to take part. I was not able to ascertain the reasons why.

The service users I wished to interview needed to meet several criteria, namely they:

- Were willing to take part, and were fully aware what they were taking part in;
- Had received support for a minimum of three months in order for them to have enough experience to form an opinion;
- Were currently involved in, or had experienced, domestic abuse.

The category of domestic abuse was then broken down into sub-categories to try to encapsulate as many different backgrounds and experiences as possible:

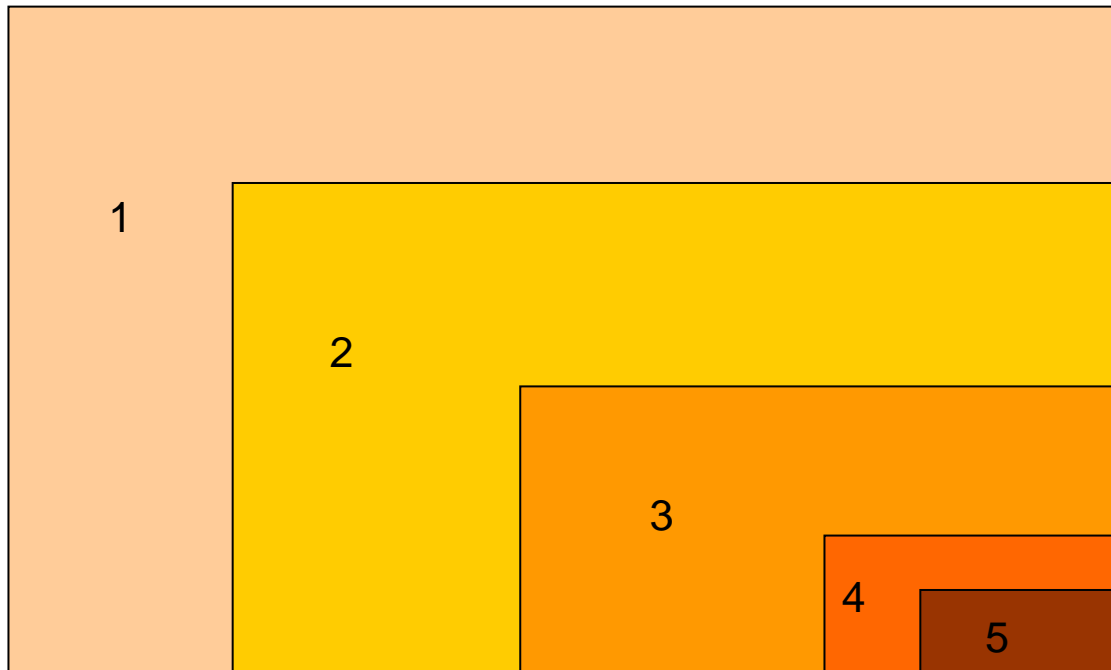
- Women survivors who had been in a refuge and were now re-housed;
- Women survivors who were living alone in their own homes who had not lived in a refuge;
- Women survivors from BME backgrounds;
- Women survivors who were living with the perpetrator.

The different groups have some shared experiences, and hence support needs, arising from domestic abuse. However, the survivors who were interviewed often fitted into more than one of the above categories, with two main distinctions: those who had experienced a refuge and had moved into their own tenancies and those who had not. There were several differences between the two main groups; for example, a study by Jouriles (1998) argued that women in refuges had suffered a higher level of abuse than women in the community and had fewer resources and higher stress levels as

they tried to survive in an alien environment. Further studies by Sullivan and Bybee (1999) also showed that while some women in the community may have separated from their abusive partner, all women by the very act of living in a refuge had done so. Thus, they are more likely to also be facing the concerns of becoming a newly single woman which is an added stress that is often cited as one of the reasons to return to the abusive partner (Vincent and Jouriles, 2000). The distinctions between the two groups are not meant to imply that women in the community have fewer problems than those in a refuge. They are to show that the women who engaged with the research programme can have different experiences and needs, and it is against these needs that Supporting People and MH was evaluated.

My sample base was small, (see fig 3) because despite the large number of abused women in the UK, only a small proportion choose to access support services, of which only a smaller proportion lived in the city. Of these women only a few wished to take part initially, of which a smaller proportion actually took part in the research programme. Domestic abuse causes chaos in the lives of women survivors which, together with human nature in general, inevitably caused some women not to complete the programme:

Figure 3: The Service User/Researched Sample Base



1. Total number of service users receiving support, n=82
2. Total number of women who are/have experienced domestic abuse, n=66.
3. Total number of women who had received support for longer than 3 months, n=30.
4. Total number of women who initially agreed to take part in the research project, n=10.
5. Total number of women who actually took part and completed the process, n=6.

A further point to consider was the number of service users who could potentially have taken part in the research but who declined. It may be that many women used a frame of reference in which abuse only consists of physical violence despite suffering the oppression and damage of more subtle forms of abuse. However, all the participants involved were fully aware of the level of abuse they had experienced and wished to discuss it—to be heard and listened to. Despite the small sample base, the research undertaken was in depth, producing findings that are relevant if support services are to provide effective support to women survivors of domestic abuse.

2.9 Reflexive Practice

My first concern was for the service users who had agreed to be interviewed. Given their vulnerability I wanted the interview to be a positive process in which they could express themselves, were heard, listened and paid attention to. I felt that this was the least I could do given that they had been prepared to invite me into their homes and take the time to talk to me. Therefore, my first question was an open one in which I hopefully gave them the chance to talk about themselves and their experiences in their own words. Often the participant would ask me how much I wanted to know; my response was to ask them to speak about whatever they were comfortable with. This approach always resulted in some very powerful and harrowing detailed accounts of domestic abuse, including physical, mental and sexual abuse. This was accompanied by a wide range of emotions from the participant, for example, crying, anger, confusion, ambivalence, sadness, alongside of which I often felt my own emotions. This created a level of stress for me but I had to engage and listen if the interview was to be part of a process in which the service user was to be heard.

My concern was for the participants: I did not want to create a stressful situation for them during these accounts. If they were upset I would ask if they were OK and wanted to continue. However, I did not want them to feel they had to stop - I wanted them to be able to be heard, listened and paid attention to. All of the participants carried on and often referred to their experiences of abuse throughout the interviews. During these accounts there were moments when I could empathise with the feelings displayed by the participant; however, I did not want to engage in a conversation whereby I became the speaker and the participant became silent. Therefore, I kept a rein on my comments and attitudes, merely nodding, answering any questions in basic simple terms and paraphrasing to show I had heard their explanations. During

the interview I also paid attention to the body language of the service user to try to ensure she was not saying she was fine whilst displaying high levels of anxiety. I was also conscious of my own body language and therefore I always tried to adopt an open and relaxed seated position to help the participant feel comfortable and willing to speak.

I became aware after the first interview that I was feeling guilty because the participant was still dealing with her difficult and painful situation whereas I could walk away. As a consequence, in subsequent interviews, I took the time at the end to have a general conversation with the participant which was not recorded or used for analysis. The subject was unimportant; what mattered was that the participant decided what to talk about which ranged from domestic abuse, children, food, socialising, et cetera. My aim was to try to leave the participant feeling that she had been heard and listened to, that she was valued as an individual and that she had not been used to the total advantage of me the researcher. This whole process was often very stressful and I would come away from the interviews feeling drained. I also realised when I compared the accounts of the staff against those of the service users that I was initially more empathic towards the accounts of the service users than those of the staff.

A concern here was that the stories of the painful experiences of the participants would influence my judgement in my analysis of the support service and the SPP. Upon reflection I realised that my initial bias was because I related to the upset and frustration of the women survivors which was often tangible during the interview. To address this bias I drew on my experiences as a support worker. In this role I was faced with many distressing and difficult situations in my working week which could

be traumatic and draining. Therefore, for self preservation I become detached from the service user, this was very rare but was sometimes necessary if I were to offer effective support and keep myself safe. There is, of course, the argument that support workers chose their careers, and unlike the service users could walk away from the situation; however, support workers needed to adopt some strategies in order to fulfil their role effectively.

There was a further dimension to my involvement with the participants and that was as a colleague and a researcher. To begin with, this placed me as an insider - a seemingly perfect positioning because it can be argued '*you have to be one in order to understand one*' (Merton, 1973: 105). Furthermore, being part of the organisation gave me an insight into what was worth knowing, to understand where organisational 'deafness' may occur. Being an insider was a benefit because I already had some knowledge of the organisational culture, language and practices. This enabled me to discern people's habits and thoughts as well as deciphering the social structure which bound them together (May, 2001; Van Maanen, 1979). It could be argued that my knowledge of the organisational culture enabled me to contextualise the data giving it greater depth and reliability (Bryman, 1988). As Kirk and Miller suggest:

The contemporary search for reliability in qualitative observation revolves around detailing the relevant context of the observation. (Kirk and Miller, 1986:52)

I did not want to be influenced in my research by my position in MH; therefore, when I conducted the interviews with my colleagues I was careful to manage collusion and suggestibility. This was quite difficult at times because my colleagues often wanted the research to reflect more personal issues with the organisation than I was prepared to acknowledge because I did not want the voices of the survivors of domestic abuse to be silenced by those in the organisation. However, because I was

planning to use many of the voices of my colleagues to explain their position in the workplace and their contribution to the research most were very helpful and co-operative. There were times when my colleagues did not wish to reply to certain questions because they were concerned about repercussions. It can be argued if I had not been an 'insider' researcher I may have obtained a different response; it may be that I was perceived as a threat to their security:

The greater the intimacy – the greater the apparent mutuality of the researcher/ researched the greater the danger. (Stacey, 1991:114)

This feeling of unease for the staff in MH will become evident during the course of Chapters 5 and 7.

I also experienced a further dilemma when I had to reflect upon and question my judgements when interviewing a manager who was representing herself in a manner that was contrary to how I had experienced her as a colleague. I found this very difficult and had to monitor my own reactions to the data which arose from the interview, specifically, how I managed the detail, what I chose to pay attention to and how I represented the findings.

What eventually became evident was that my position in the organisation was moving to that of an '*outsider within*' (Collins, 1991; Acker, 2000). I became aware as time passed that I was beginning to feel distanced from my colleagues. This may have been due to my part-time hours because I was unable to attend many of the team meetings. As a support worker my role involved lone working in service users' homes so that team meetings were often the only time I was able to meet all of my colleagues to maintain a working relationship. The distance might also have been because being a support worker was not my career; I was planning to leave the

organisation to complete my research. Eventually, once the interviews began to take place my colleagues became very interested in the research and the eventual outcomes. However, I was cautious not to collude or to be used as a 'whistle blower' and had to monitor myself throughout the course of the interviews and through the analysis of the data to ensure I was focusing on the research aims and not being swayed by personal relationships.

A further point for reflection arose when I wrote what was initially a results chapter. Initially the aim of this was to capture the personal voices of the women survivors' vis-à-vis the voices of MH and its workers. I had thought that if I chose an appropriate format there would be a natural flow of conversation between the two. However, what became very evident was that far from there being a natural flow, the voices of the organisation silenced the personal voices of the survivors. This was for two reasons:

- The workers who were interviewed could relate their answers to their professional roles, they did not have to reveal their personal voice and therefore they had the professional language which made them sound like the 'expert' in comparison to the women survivors.
- The women survivors were very evidently suffering from the effects of domestic abuse - physically, mentally and socially (see Chapters 1, 3 and 4 for more details). Their experiences had exposed them to the formal, informal and private voices against which they were trying to hear their personal voice, make sense of it and speak it. Their confusion with this process was often evident as they struggled to make sense of their experiences and express this in the interview (see Chapter 6). Furthermore, the language they used was not

constructed through the professional arena and as a consequence their voices were diminished vis-à-vis those of MH and SP.

The silencing of women survivors' personal voices through my choice of write up format was a surprise for me. I realised that through my own experiences as a support worker I had assumed there would be a natural flow to the data. The result made me reflect about myself as a support worker and I realised I was treating the data as if *I* were the *expert* because of my working background. This made me think of how many personal voices of women survivors I may have silenced through my support practices. Through this experience I realised I needed to consider me - the support worker, in relation to me - the academic, if I were to successfully bring the voices of women survivors to the fore as the '*experts*'. I realised, therefore, that I needed to be more vigilant in my academic practice when writing up the results Chapter. Consequently the Chapter is now in two parts: Chapter 5 captures MH policy processes and the voices of the workers as they describe their day-to-day support activities and interactions with the women survivors. Chapter 6 captures the voices of the women survivors as they describe their day-to-day experiences of the support, their support worker, and their experience of domestic abuse. Chapter 7 brings the two together in relation to each other and the wider social context.

A further element of surprise came from the results that emerged from Chapters 5, 6 and 7. When I embarked on the research I had a preconceived idea that the SPP would be a new initiative that was totally driven by funding, regardless of the impact on the service users. Furthermore, my concern was that the SPP would make matters worse for abused women as they became silenced and marginalised by the rhetoric in

the funding strategy which purports to place users at the heart of the system, but not actually achieving this.

Whilst some of these concerns may still apply, what did come as a surprise was that if the SPP carried out stringent reviews of service providers to ensure compliance with the requirements, then the system could potentially work. This particularly applied to the ISPs, which were intended to be used as a tool to enable support to be planned and delivered according to the needs of the service users, by the service users. The SPP required each level of the support process to be linked into the other, to be accountable, with the voice of the service users at the heart of the system.

For women survivors this is certainly a step in the right direction because their lives are strongly shaped and defined through their interactions with support services. Unfortunately, at the present time these services - that have definitely improved (see Chapter 3) still have their own sources of organisational 'deafness' and hence are often ineffective. However, the SPP has the potential to improve housing support services and become part of the processes that enable the lives of women survivors to move on.

2.10 Ethics and the Investigation of Domestic Abuse

Qualitative research puts the participants at the heart of the enquiry; therefore as in all other research it is necessary that ethical issues are acknowledged and addressed openly and truthfully. This is especially relevant when dealing with vulnerable women who have experienced domestic abuse as Hoff (1988) rightly emphasises. Domestic abuse has a devastating effect upon the survivor so there was a need to engage participants using caution and sensitivity, respecting the difficulties they may be experiencing in other aspects of their lives. This not only applied to the service

users but also to the workers who potentially are involved in, or have experienced, domestic abuse at some point in their lives.

There is very little literature on research ethics with abused women (Langford, 2000), therefore, my ethical policy combined the principles of the model '*ethics as a process*' (Ramcharan and Cutcliffe, 2001) whilst placing the emphasis on identification, trust, empathy, and non-exploitive relationships. All prospective participants were asked if they wished to take part and any refusal was completely respected. Consent was established on an on-going basis without pressure or coercion (Knox *et al.*, 2000; Gray and Cooke, 1980). All participants were informed of the purpose of the research, what the process involved, the risks and benefits of participation and the likely use of the information produced by the research, specifically that publication of the results will be held in a University library. Participants were given my direct contact number at work and were encouraged to ask questions at any time during the research. I left my position in the organisation eighteen months before the completion of the research, after which contact became a colleague in the office. Participants were also able to withdraw at any point and were informed of MH's complaints procedure from the onset. I aimed to maintain confidentiality and anonymity during the process and at publication.

All data was/is securely stored and was/is not indexed as individual attributes so that no ethics were involved in a '*blaming the victim*' ethos (Campbell and Russo, 2001: 460). All of these procedures are standard to any research; however, due to the sensitive and potentially dangerous nature of domestic abuse I followed extra procedures which 'kept safe' the respondents and me. This was based on my professional experiences of supporting vulnerable women and the MH policies and

practices, addressing: safety of the location, exit strategies should the perpetrator appear, my responsibility to report child protection concerns and illegal activities.

Due to the difficult recollections and experiences which were potentially involved in this research project, all participants were given a pack containing help-line numbers and support agencies, thus preventing the 'hit and run' style of interviewing (Radford, 1987). Follow up calls were undertaken to ensure the participants had sufficient support, although many of the participants were existing service users and therefore had a support package in place.

It is worth considering at this point that women were often able to work through their problems as they talked about them (Dryden, 1999). The interviews therefore, were not just a data gathering exercise for the purposes of this research, they were a chance for the participants to be heard, listened and paid attention to. The research then became part of a process which hopefully enabled the individual to hear and make sense of her personal voice. This was shown to be the case by the comments made by the women survivors after the interviews had taken place, as mentioned earlier in this chapter.

My dual role as a researcher and front-line worker also raised ethical concerns. I had to maintain a code of practice within the team which had the potential to restrict the research if malpractices were uncovered, especially with close colleagues. This resulted in a collusion of silence necessary to maintain relationships during the period of the research (Denzin, and Lincoln, 1998). The problem was partially overcome by offering anonymity and confidentiality; however, the local team was small at MH, so that this veil of protection was to some extent transparent. For

example, the source of some of the data could be traced to a hierarchical level in the organisation where there was only one worker; consequently it became obvious who was responsible for it. It was therefore necessary to negotiate a strategy to prevent mobilisation of punishment for dubious unprofessional behaviour (Denzin, and Lincoln, 1998), the outcome of which is yet unknown.

The ethics of qualitative research rely heavily on the integrity of the researcher and I was aware that overt participation may have jeopardised some access to information. However, I felt this was preferable to endangering individuals or betraying participants' trust. All the ethics were set out and monitored over the course of the project and checked against the emerging benefits of the study. To ensure that I was also protected by ethical behaviour I negotiated regular three-way supervision from both the organisation and the university and considered it in my reflexive practice.

2.11 Potential Problems for my Fieldwork

My role as a support worker for MH brought with it an extra depth of 'insider' knowledge to the research that could have created conflict or silenced some participants. This was on three levels: the managers, support workers and the service users.

- **The managers:** it was often difficult to elicit information about managerial structures and processes. Perhaps this was because I was working in the organisation as a support worker, which affected the type of information to which I had access. It is conceivable that if I had not had this connection they may have been more forthcoming. I felt this was further perpetuated by the constant change in managers. During the period of this research there were no fewer than four different managers, each having to understand their new role,

the fit of the research and hence what information to divulge. This may have impacted on the research because without the change in managers the results may have been different. This was a way in which MH was untypical; however, if other organisations of its kind suffered the same problem, the results are significant.

- **The support workers:** it became evident during the interviews that the workers were deciding what information to divulge based upon two main factors. First, was I judging their level of knowledge, competency and professionalism within their role? Additionally, could I be trusted not to reveal confidential information to their managers and fellow support workers? I tried to manage the power imbalances within the research process through building up trust based on clear information about the purpose and intended outcomes of the research.
- **The service users:** these were the potential participants who I supported on a weekly basis. They may have felt unable to express themselves, especially if they wished to pass adverse remarks about either the service as a whole or my professional practice (Hague *et al.*, 2003). I decided, therefore, not to include these women in my sample. Also the sample base was small and therefore could have been representative only of survivors who had a particular point of view, for example those who wanted to complain about the service. However, this was not the case and there was a range of opinion about the effectiveness of the service, but all the women wanted to be heard, wanted their experiences of domestic abuse to be understood. Many attempts were made to engage women survivors in the research, but several factors

prevented them taking part, such as chaotic lifestyles, trauma, and reticence on the part of the support worker.

Also of concern was the power imbalance within the research programme. As a researcher I was involved in the process in a participatory manner so that reciprocal sharing of experience occurred between the interviewees and me (Oakley, 1981). However, what came under scrutiny through reflexive practice was how I elicited information from the participants. This was a political, moral and personal dilemma in terms of: what I kept private about my own experiences whilst participants were making theirs public; the information I chose to record; how it was written up and to which audience it was presented (Ribbens and Edwards, 1998).

I was willing to divulge simple innocuous information such as marriage status, number of children, age, and so on. This enabled the women to 'place' me within the process and thus a more open form of dialogue may have taken place (Oakley, 1981; Finch, 1993). My concern was *how* I shared my personal information. I was aware that even though my experiences were not discussed at length they did form part of my personal history, ideologies and values which created bias within the research in terms of the methodologies and terminology I used. My own bias determined what I heard, what I thought I had heard and how I interpreted the data, particularly what I decided to act upon or dismiss. I therefore presented my choices in an open and honest manner to locate myself within the research process. I also attended to my own personal experiences through the literature and other academic work. Furthermore, I have presented the findings in academic and organisational terms, not in personal terms. Another issue of power is the judgement of my research programme and results. Obviously, the academic community will play the lead role,

followed by the support organisations; however, the women survivors who have taken part, whose voices I aimed to accurately represent, did not actually take part in the evaluation process. Indeed, it could be argued that the thesis is written in terms which may be alien to many of the women. On the other hand, the participants were not powerless since throughout the project they had the choice about what to divulge and how to express it and they had the ultimate choice of whether or not to take part in the research. To address some of the power imbalances I explicitly stated my position within and throughout the research project, thus enabling readers to form their own judgements.

A further consideration was how I paid attention to the data arising from MH because I was working there and therefore I, too, suffered the same experience but it was such a common occurrence that my own feelings became irrelevant.

2.12 Summary

Domestic abuse has been recorded in history for many centuries; it is a world wide phenomenon that can affect anyone, at any time, in any place. Statistics show the main perpetrators to be men against women they know. In the last thirty years domestic abuse has been brought into mainstream politics. This has been a direct result of the work of feminist pressure groups, (mainly Women's Aid) and academics. New proposals from the government recognise the need to hear, listen and pay attention to the voices of the women survivors of domestic abuse, placing them at the heart of the service in order to develop effective policy and practice. My research aimed to evaluate a government initiative, the SPP, by listening to those voices. I chose my methodology to take into account not only the types of data I required but also the nature of the topic. This was reflected in the use of a feminist

methodology using mainly qualitative methods, which were: multiple-layered, semi-structured interviews, document analysis and observation, from which a small amount of quantitative data also emerged. The data collected by the different techniques was triangulated to give reliability and validity to the findings.

At the data analysis stage I used a mixed method of thematic coding and voice-centred relational method (VRM). Thematic coding gave access to policies and day-to-day practices and voices of the workers in the organisation and their service users, thereby locating the possible sources of organisational 'deafness'. VRM holds at its core relational ontology that enabled me to locate the voices of the women survivors in relation to the organisation, specifically their day-to-day actions and interactions with the support workers, myself as the researcher and themselves, their personal voice. It also enabled me to locate the other voices in operation, that is to say, the formal, informal and private; thereby locating which voices informed and/or silenced the women survivors. The research process was underpinned with reflexive practice at all stages, attending to power imbalances, bias, and locating me the researcher giving reliability and validity to the findings.

Chapter 3

Domestic Abuse from Past to Present: An Overview of Support Service Provision

The seeds of wife beating lie in the subordination of females and in their subjection to male authority and control. This relationship between women and men has been institutionalised in the structures of the patriarchal family and is supported by the economic and political institutions and by a belief system, including a religious one, that makes such relationships seem natural, morally just, and sacred. (Dobash and Dobash, 1980:33)

3.1 Introduction

In Chapter 1, I offered my definition of domestic abuse, I then described the phenomenon in terms of what can take place in relationships and the impact on the health of survivors' of domestic abuse, the problems they may face and the cycle of abuse. The cycle of abuse is often used to present an understanding of 'why women stay'; in this research I challenge this notion by locating 'what prevents women from leaving'. I introduced the concept of the support providers hearing, listening and paying attention to the voices of the survivors, the different voices which survivors may hear and use which are the formal, informal, private and personal, (which will be discussed in detail in Chapter 4) and the potential sources of organisational 'deafness'. I offered an overarching understanding of domestic abuse in four key areas the legal, medical, welfare and cultural which map onto the main focus of this research the Supporting People programme. In this Chapter I will explore in more depth the historical background of the four key areas because it is these histories upon which policies and practices are acted upon now by those in authority shaping the lives of the survivors of domestic abuse. I then offer an up to date discussion showing the improvements and the barriers which may be in place in each of the

sectors, locating the possible sources of organisational 'deafness'. These barriers may be as a result of inadequate policies and/or the day-to-day actions and interactions of all involved which prevent women from being heard, listened and paid attention to, thereby silencing the voices of the women survivors. In the second part of this Chapter I will discuss the SPP, its aims, structure and review processes for housing support services. Within this section the pivotal issue of service user participation will be explored raising the questions how does it operate? To what end? Will the voices of survivors of domestic abuse be potentially heard or silenced through the process?

3.1.1 The historical perspective

A clear historical context is required to understand domestic abuse, one which highlights how abuse has been accepted, condoned, normalized and largely ignored by both individuals and institutions. This context will begin to locate the possible sources of organisational 'deafness' and the day-to-day practices which may silence the voices of the women survivors of domestic abuse. As postulated by Hearn:

The historical and cultural constructions of violence may specifically shape the personal circumstances and future courses of actions for women and men in relation to violence. (Hearn, 1996: 24)

Historically, domestic abuse has been placed very firmly in the 'private' arena (Hearn, 1996). However, through pressure from women's groups/organisations and academics, domestic abuse has moved into mainstream politics. Reforms in the legal, the medical, the welfare and cultural sectors have taken many years in the UK, but new and interesting proposals are now being put forward by the government (ODPM, 2003b). Nevertheless these proposals are still under discussion and subject to suitable application, so their success or failure to support survivors of domestic abuse will only become evident over time.

3.1.2 A legal history of domestic abuse

The Act of Parliament that defines violence to the person is the Offences against the Person Act, 1861. However this Act was not used in relation to men's violence against women until reforms in the nineteenth and twentieth centuries. Evidence from the eighteenth and nineteenth centuries showed that respectable women were always the property of one man as they moved from their paternal household into their marriage home (Conely, 1991). Thereby, it was deemed to be the duty of each man to exercise control over his wife, children and household; to punish them where necessary. The only concern was the thickness of his stick which should be no thicker than his thumb (Fawcett, *et al.*, 1996). This was supported by both religious and secular law (Dobash and Dobash, 1992). Significantly it was not until two years after the Cruelty to Animals Act, 1876 which made it illegal to beat, ill treat, torture or abuse any domestic animal that any reform was made in respect of women's rights. Until 1878 the 'rule of thumb' was still in operation in the courts (Fawcett *et al.*, 1996). However, the Matrimonial Causes Act, 1878 allowed women to use cruelty as grounds for divorce. Swift and cheap separations were given if a woman could *prove* (my emphasis) a specific incident of physical assault had taken place. However, it could be argued that to define cruelty would be difficult given that abuse against a woman was perceived as the duty and right of a man within his own home. Therefore to prove abusive and cruel events had taken place would have been virtually impossible. It could be argued, however, that despite the limitations of the legal reformations, some jurisdiction was given (if only theoretical) over men's violence in marriage (Fawcett *et al.*, 1996). Despite the fact the privacy of family life made it difficult to address the plight of women it became the focus of attention for first-wave feminism (Pankhurst, 1913; Cobbe, 1878, 1894). It was noted that wife

beating occurred in 'respectable' London homes as well as the 'kicking districts' of Liverpool (Pankhurst, 1913; Cobbe, 1878, 1894). Cobbe (1878) made links to alcohol, job frustration and the male character (Starke and Flitcraft, 1983).

During the late 1960s and early 1970s the UK and other industrialised countries began to put domestic abuse on the political agenda. Second-wave feminism (for example Women's Aid and women's activist groups), became more apparent in the form of the establishment of women's refuges in 1971, the Women's Aid Federation in 1974- which is now called Women's Aid and the Parliamentary Select Committee on Violence in Marriage in 1975, led to the re-appraisal of legal responses to violence against women (see for example, The British Women's Studies Group, 1979; Coote and Campbell, 1982). The reform which took place was the Domestic Violence and Matrimonial Proceedings Act, 1976. This gave extra powers of injunction, including some power of arrest, and included those parties who were not married. However, this reform did very little to produce a fundamental change in state intervention for women who were suffering domestic abuse (Atkins and Hoggatt, 1984; Hearn, 1996). Collier (1995) sums up the aftermath of the 1976 Act as follows:

Cases since 1976 have tended to focus on the housing of the parties, the circumstances in which men may be excluded from the home and the need to reconcile a woman's need for protection with the laws respecting a man's rights of property (for example see Davis vs Johnson [1979] AC 164;... Richards vs Richards [1984] AC 174;...). What emerges from research is a commonly held belief that domestic violence is a 'crime' only in the most serious of cases and a judicial antipathy to the view that the interests of husband and wife may not in all instances, be the same. (Collier, 1995: 284)

However, research by Barron (1990) highlighted the limitations of injunctions and protection orders. Injunctions were often as not breached, and the enforcement of protection orders was virtually impossible. Also women faced problems locating a

suitably trained solicitor. Black and minority ethnic women also faced the added problem of access to the law in terms of a lack of specialist trained interpreters, and immigration status which could affect their eligibility for legal aid. A further study by Women's Aid in the 1980s also highlighted the inadequacy of the legal system without effective implementation and appropriately trained staff at all levels. This results in the courts failing to recognise and understand the range of emotional, psychological and practical reasons why a woman may return to an abusive partner (Hester *et al.*, 2000). This can and still does, have the effect of women not being taken seriously. The Family Law Act, 1996 Part IV and the Harassment Act, 1997 was introduced to overcome some of these shortfalls by simplifying and strengthening the legal process available to protect women survivors of domestic abuse. However, there are many shortfalls in the legislation which leave women vulnerable, and having to rely on emergency accommodation for protection.

3.1.3 A state welfare history of domestic abuse

During the course of the late nineteenth century several more Acts were introduced: The Married Women's Property Act, 1870 allowed women to keep their own earnings, the Married Women's Property Act, 1882 allowed women to keep their own property; the Maintenance of Wives Act, 1886 allowed women to claim a small sum of maintenance, and the Summary Jurisdiction (Married Women) Act, 1895 that gave women the courts' protection against persistent physical cruelty. This Act removed a man's right to lock his wife in the matrimonial home to obtain his conjugal rights. Despite these reforms there was little cultural shift in men's authority over women with reluctant intervention by both the police and the court process (Hearn, 1996). Brophy and Smart summarized the position for women:

She had no rights to leave her husband without his permission and if she did he could physically restrain her. She had no right to maintenance if she could not prove a husband had committed a matrimonial offence... Any challenge by a wife to his authority, or to the principle of sexual monogamy resulted in the courts refusing to grant her maintenance.
(1982: 210)

Whilst the position for women was difficult these reforms did clarify the legal position, criminalising some forms of violence against women. In 1983 the Matrimonial Homes Act was introduced to strengthen the power of the ouster order which gave the courts the power to order the removal of a person from the family home. This could take place regardless of owner status or tenancy. This gave women a safe place to live; however, the judicial system was slow to react and many women still had to flee their home. However, the emphasis was once again on the occupation of the home, and therefore failed to produce a fundamental reform in state intervention for women who were experiencing abuse (Binney *et al.*, 1981; Atkins and Hoggart, 1984).

Research has shown the continuing need for safe permanent housing as well as emergency accommodation for women survivors of domestic abuse. Of particular importance is the access to socially rented and local authority housing (Malos and Hague 1993). However, for many years homeless legislation (the Housing [Homeless Persons] Act, 1977, and thereafter Part III of the Housing Act, 1985), has been interpreted inconsistently throughout the country placing women who were experiencing domestic abuse in insecure and dangerous positions (Hague and Malos, 1994., Malos and Hague, 1993). For example, Hague and Malos (1994) showed that some local authorities used very narrow definitions of their duties. This resulted in women having to face very stringent and intrusive investigations as to the status of their homelessness. This often involved 'proving' the extent of the domestic abuse, or

being forced into seeking legal remedies which were ineffective. Some authorities would not re-house women fleeing domestic abuse if they did not have children with them, whilst others used narrow interpretations of the 'local authority' clause to avoid having to re-house women. This may have resulted in women being referred to another authority despite any danger which could be involved, thus prolonging the whole process of obtaining accommodation (Thomas and Niner, 1989; Evans and Duncan, 1988; Evans, 1991). This process adopted by some local authorities was referred to by Hague and Malos (1998) as 'minimal compliance' and resulted in women returning home rather than live in inadequate, short-term, private sector accommodation.

3.1.4 A medical history of domestic abuse

Worldwide it is estimated that abuse against women is a serious cause of death and incapacity (World Bank, 1993). For women of a reproductive age it causes as many deaths as cancer and is a greater cause of death than traffic accidents and malaria combined (World Bank, 1993). The impact of domestic abuse on individuals' health and well being is substantial: psychological and psychiatric problems such as depression, anxiety, despair, post traumatic stress disorder, suicide attempts et cetera (see 1.6) are higher among those who have been abused compared with those who have not (Pickup *et al.*, 2001; DoH, 2000). Physical injuries are also common and include bruises and abrasions, fractured bones, lost teeth, internal injuries, gynaecological problems and miscarriages (Pickup *et al.*, 2001; DoH, 2000). Whether in general practice, dentistry, health visiting, nursing, maternity services, psychiatry and mental health care, general medicine and surgery, or in accident and emergency care, health care professionals have daily contact with patients whose health is damaged by domestic abuse, and who often face risks of further and more

extreme injury (DoH, 2000). Therefore, it could be argued, the NHS has a major contribution to make because it is the one service that almost all survivors of domestic abuse will come into contact with at some point in their lives.

There can be few health care professionals who have not seen patients whom they suspect are being abused at home but who have not known what to do about it. Particularly if the patient is attempting to conceal what has happened to them and provides alternative explanations for injuries, therefore it can be very difficult to raise the question of domestic abuse. This is further highlighted in a study by Connors (1993) which showed the overall response by state health welfare sectors to be disappointing. She suggests this is due to a lack of knowledge about domestic abuse for the professionals involved with many viewing it as a personal issue (Connors, 1993; Warshaw, 1993). However, it may be the NHS is less likely to be seen as stigmatising as some other statutory services (for example the police or social services) and therefore this creates a unique opportunity for health professionals to respond to women experiencing domestic abuse.

Research shows women who do eventually disclose their abuse to someone typically describe a history of long-standing and escalating violence, and also remark on how much they wanted to be able to talk about what was going on, *if only someone had asked them.*

There can be many reasons why health care professionals do not ask women about domestic abuse. They may feel out of control if a woman discloses to them because without the back-up of other services health care professionals may not know what to do next (Westmarland *et al.*, 2004). Or, as shown in the study by Hester and Westmarland (2005), many health care professionals did not want to 'open a can of

worms'. There may be a fear of being sued if they caused offence by asking intrusive questions, some professionals may believe that domestic abuse is not a problem for the NHS therefore they should not ask personal questions in the first place. Also some health care professionals may personally identify with either the victim or the abuser, which may make them reluctant to raise the issue. There may also be personal beliefs and prejudices which prevent professionals raising concerns. For example, they may believe not only do some women provoke the abuse but that they deliberately choose abusive men as partners. Thereby it can be argued, that despite policies which may be in place to help women survivors it is through the day-to-day interactions that women may not be heard, listened and paid attention to hence they are silenced.

However, there may be several reasons why women do not disclose to health care professionals. Women may fear unsympathetic responses, reprisals from their abusive partners, adverse responses from other agencies, for example, children being taken into care by social services and so on. For black and minority ethnic women the fear of deportation or contact with the police may be intense. However, for some women it may be they simply do not realise that the health care professionals can actually help them.

In 2000 the government produced a manual for health care professionals; this is a guideline for good practice setting out key principles for application in the NHS. These principles underpin the development of local protocols for domestic abuse (DoH, 2003). The resource manual is developed to help all those health care professionals who come into contact with the survivors of domestic abuse. The aim is to equip them with the skills, knowledge and confidence to identify domestic

abuse, and to enable them to respond appropriately to break the cycle. The manual also aims to dispel some of the myths surrounding domestic abuse, particularly non-intervention. The government requires all health care professionals to consider one question '*will my intervention leave this patient and her children in greater safety or greater danger?*' (DoH, 2003). A recent study by the Crime Reduction Programme involved a routine enquiry scheme in GPs' surgeries in Wakefield. The success of the project highlighted the need for multi-agency working between health care professionals and other local domestic abuse support services (DoH, 2003). Furthermore it highlighted the need for appropriate protocols, training and support for all staff involved (DoH, 2003).

3.1.5 A cultural history of domestic abuse

Domestic abuse has different meanings for different communities and as a result different consequences for the women survivors. For example, survivors from some ethnic minorities may wish to keep silent for fear of dishonouring the family and the community. Indeed 'crimes of honour' are an example, where women are murdered on the suspicion that they have entered illicit sexual relationships (Pickup *et al.*, 2001). Typically the perpetrators, who are usually men, go unpunished with family members and the community colluding because he has merely 'defended the honour of the family' (Jahangir, 1999). Honour killings occur in some Middle East and African countries and there is increasing evidence that suggests they take place in migrant communities within the UK (Pickup *et al.*, 2001; Home Office, 2007b).

Indirect abuse against women can also take the form of 'son preference'. This can result in infanticide, selective malnourishment, and lack of investment in women's education and health care (Pickup *et al.*, 2001). The cumulative effect of these practices has lead economists to conclude there are 60 million females 'missing'

worldwide (Pickup *et al.*, 2001). In some South Asian countries 'dowry-related violence and death' has almost become synonymous with domestic abuse. Dowry may also be an excuse for patriarchal families to continue to abuse and kill women (Jha, 1999). Furthermore, dowry-related abuse may be criticised but other abuse may not since it is thought the wife could have been provoking the abuse (Jha, 1999). Another form of abuse against females is genital mutilation. It is estimated that between 120 million (UNFPA, 1997) and 135 million females worldwide are genitally mutilated (Dorkenoo, 1994). It not only causes trauma but can result in severe medical complications which can be fatal. Whilst I am not going to investigate genital mutilation, I and other authorities (Pickup *et al.*, 2001; Toubia, 1993; Dorkenoo, 1994; UNFPA, 1997; Home Office, 2007b), consider it to be a form of domestic abuse, hence I mention it here.

Religion can also be at the root of abuse against women. Religion holds many images and many narratives of female saints being virgin martyrs, who would choose to give up their lives before losing their hymen (Young, 1993). This position for women is further upheld with sex outside of marriage and birth control used as a clear indicator of a female's 'moral disgrace' (Armstrong, 1986).

Within the Christian faith there are beliefs based upon a woman's guilt towards abuse, whereby it is presented as their 'duty' to forgive. Women are expected to make personal sacrifice for the good of the family, the family which is important to god and therefore must be kept together. Women are encouraged to put their marriage in the hands of God, and pray for the abusive man who God will eventually change (Corrin, 1993; Pickup *et al.*, 2001).

In the *Qur'an* one reads:

Men are above women, because God has favoured some with respect to others and because they spend part of their wealth in favour of women. Compassionate women are submissive to the God arrangements; they are reserved in their husband's absence in what God ordered they be reserved. To those suspected of disobedience, admonish them, confine them to their rooms, beat them. If they obey you, do not find any pretext to mistreat them. God is highest, grandiose.

The danger is, of course, that women may use the scriptures to rationalize inexcusable abuse. This can also be said of Jewish or Islamic women as they take up what could be termed second class citizenship within their synagogues and temples (Summers and Hoffman, 2002).

Cultural explanations of domestic abuse can be useful for the development of social policy. However, cultural explanations may actually give perpetrators an excuse for abusive behaviour. Conversely, it could be argued if abuse and aggression is a product of cultural difficulties then men would be abusive towards all people. However, research shows that some men can be abusive outside the home but many appear to confine their abuse to the vulnerable members of the family within the home (Pringle, 1995).

Furthermore, none of the explanations account for the lack of abuse from some of the men, women and children who are living within the same cultural conditions. Accurate statistics on the phenomenon are difficult to obtain and much depends up on who is collating the statistics and why. Those countries which do not perceive domestic abuse as a social problem do not place it on the political/social agenda and therefore do not monitor the prevalence of the crime. However, there is no doubt that domestic abuse is of a global nature: it can affect anyone, anytime, in any place - there are no boundaries (Summers and Hoffman, 2002; Fawcett *et al.*, 1996). It is

from these cultural explanations that the gendered lives of individuals and societies as a whole are defined; therefore, it is vital that women's voices are heard, listened and paid attention to for the existing definitions and myths to be challenged (Hague *et al.*, 2003).

So far in this Chapter I have discussed the historical background of the legal, medical, welfare and cultural sectors, representing the four key parts of the SPP (see fig 1 and the second part of this Chapter). A clear historical background is essential if we are to understand what informs social policies and day-to-day practices because it is through these practices that the voices of women survivors of domestic abuse may be heard or silenced, thus shaping their lives. In the next part of the Chapter I will discuss the current legal, welfare, medical and cultural situation facing survivors of domestic abuse. At the end of each section I identify key points of potential conflict that may be encountered by the women survivors.

3.2 The Current Position

In June 2003 the Home Office issued a consultation paper '*Safety and Justice: The Government's Proposals on Domestic Violence*'. The paper outlined the government's proposals for the implementation of a cohesive and effective strategy for tackling domestic abuse. The four main elements are: prevention, protection and justice and support. The paper sought views from public and professional agencies in the statutory and voluntary sector who deal with domestic abuse on a daily basis, including those of survivors of domestic abuse. The government also updated their definition of domestic abuse:

Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. (Home Office, 2005)

This is an improvement on the previous definition in that it recognises the potential perpetrators of abuse, and the different forms of relationships in which it may take place. Of particular concern for black and minority ethnic communities is the inclusion of family members because this can now incorporate such issues as forced marriages, 'honour' killings and female genital mutilation. However, other minority groups with specific problems remain unmentioned, such as women with disabilities, travelling women, elderly women and/or lesbians (see section 4.12 for more details). The definition could therefore be improved by placing the emphasis on power and control, and social collusion; what is also still missing is the emphasis that women are more likely to be abused by men they know, rather than men by women.

3.3 The Current Legal Position

The current legislation available to prosecute the perpetrators of domestic abuse, whilst offering some protection to survivors, is The Family Law Act, 1996 Part IV, and the Protection from Harassment Act, 1997. These Acts have been introduced to simplify and strengthen the legal process. The main focus is on increasing the power of the courts, speeding up the judicial process, and protecting women and children from further harm. This is to be achieved through the introduction of three orders:

- The Occupation Order (sections 33-41), which clarifies who is allowed to occupy the family home. This gives courts the jurisdiction to direct a person to leave the home without the need for a separate ouster injunction;

- Section 42 of the Family Law Act 1996 enables a non-molestation order to be granted (with powers of arrest) to protect the woman and her children and family from all forms of violence and abuse;
- When sentencing a perpetrator of abuse the court is able to make a restraining order, prohibiting the offender from a wide range of conduct and thus protecting the victim from further harassment or fear of violence (ODPM, 2003a).

Running alongside the Family Law Act 1996, the Protection from Harassment Act, 1997 is, in theory, designed to provide a link between criminal and civil law. This Act introduces two new measures under both criminal and civil law. Harassment and fear of violence (for example, excessive stalking) come under criminal law. If convicted, the perpetrator will be the subject of a restraining order which prohibits similar offences. This is particularly useful for women who are suffering post-separation domestic abuse. In a study carried out by the Association of Chief Police Officers it was found that nearly forty percent of cases involving harassment were perpetrated against female ex-partners. The Protection from Harassment Act 1997 enables civil law injunctions to be awarded for women who are not eligible under the Family Law Act 1996. The main aims of the Protection from Harassment Act 1997 are to address the situation prior to the occurrence of violence and to shift the emphasis from the subjective intent of the perpetrator (which is difficult to prove) to what actually happens and its effect on the victim (Hester *et al.*, 2000).

However, women are often faced with the choice of civil or criminal action, despite the occurrence of physical violence. It could be argued that for some women who are not ready to accept criminal intervention, perhaps through fear of repercussions, a

civil action is a reasonable alternative. Conversely, it could be argued that if domestic abuse were treated as a very serious crime and a social problem, support services would be in place to enable women to live independently and free of any form of abuse. Also, the choice (which is often un-informed) of civil or criminal action suggests an act which is not a 'real crime', that private remedies are acceptable for private affairs. Furthermore, it is significant that neither the Family Law Act 1996 nor the Protection from Harassment Act 1997 is specific to domestic abuse; they are the only pieces of legislation available for the prosecution of perpetrators of domestic abuse. It could be argued that this implies domestic abuse is still not perceived as a serious social issue.

On 1st of December, 2003, The Domestic Violence, Crime and Victims Act 2004 was introduced in the House of Lords. This is said to be 'the most radical overhaul of domestic abuse legislation in thirty years' (Hansard, 2004) and aims to close loopholes present in legislation, giving the police new powers to deal with domestic abuse. The Family Law Act 1996 has been amended; it is now an arrestable, criminal offence to breach a non-molestation order, and carries a five-year prison sentence. Further amendments have extended the provisions of The Family Law Act 1996 to those who have had an intimate relationship with each other over a significant period of time and to same sex couples. Under section 10 of the Act, common assault has now become an arrestable offence. This will go some way towards keeping women safe and giving them a 'breathing space' whilst they decide their next course of action. Section 12 of the Act amends the Protection from Harassment Act 1997, giving stronger legal protection because the courts now have the power to grant a restraining order without a guilty conviction.

However, the Domestic Violence, Crime and Victims Act 2004 has been high jacked, much as has other legislation pertaining to domestic abuse. With the passage through Parliament, the Act became joined with the Criminal Justice Act, picking up criminal justice legislation that had never been brought into force and correcting omissions and errors in recently passed statutes. It has also been used to deposit ill-assorted legislation which could not be placed elsewhere, hence the rather long, cumbersome name. In short, this has now become more of a general crime Act than one specific to domestic abuse. Thus, it can be argued that whilst the Act is a step in the right direction it does not represent full commitment from the government, nor give the unequivocal message that domestic abuse is a crime. Therefore, due to the limitations of the new civil and criminal legislation many women survivors still continue to rely on provision under the homeless legislation to secure safer housing and protection (Hester *et al.*, 2000).

A further development by the government of the legal system is the introduction of specialist domestic violence courts (SDVC). SDVC is a system which aims to identify the early signs of domestic abuse by policing, health and social care interventions through to specialised and generic support for survivors (Home Office, 2007b). The system is based on the co-ordinated community response model linking both criminal and non-criminal agencies to produce a multi-agency response 'putting the victims at the heart of the criminal justice system'. The main aims are to create greater survivor safety and to bring perpetrators to account, thereby improving outcomes for the survivors of domestic abuse (Home Office, 2007b).

The government aimed to create sixty-four SDVC throughout the country by the end of 2007; to date the exact figures to indicate whether this target has been achieved

have not been released. To support the multi-agency response the government has introduced Multi-agency Risk Assessment Conferences (MARAC). In March, 2007, the government put in place £1.85 million of funding to roll out the programme across the country. The aim is to offer a service to high-risk survivors of domestic abuse which gives a fuller picture of their support requirements, promoting close working partnerships between support agencies. Led by the police, the MARAC comprises statutory and voluntary representatives, including Social Services, Independent Domestic Violence Advisors (IDVAs), Victim Support Services, Health representatives (midwifery, health visitors, child protection nurses and hospital staff as appropriate), Housing, Probation and Education (Home Office, 2007b).

IDVAs play a pivotal role in the SDVC system. Initially the government seed funded the introduction of the IDVAs which will continue be supported using annual funding of £3 million by the Department for Constitutional Affairs. The IDVAs will be employed as caseworkers, independent of any single organisation, to support the expanding MARACs and offering tailored support for high risk survivors of domestic abuse. All will receive accredited training funded by the Home Office, developed and delivered by the Co-ordinated Action Against Domestic Abuse (CAADA). The SDVC system is certainly a step in the right direction and early indicators suggest that it is effective in its approach. However, for the moment it is only available for high-risk survivors though the long-term plan is to eventually encompass all women who are at risk.

There is also the introduction of Domestic Violence Units (DVUs) in many police forces throughout the country with specialist trained staff available for the support of survivors of domestic abuse (ODPM, 2003b). In conjunction with this, every police

force now has a domestic violence co-ordinator and champion (Home Office, 2007b). Unfortunately, despite the efforts of committed staff members the units struggle to keep up with demand (pers comm Rosen, 2003). Notwithstanding the development of these units there is still reticence among some police officers to actively intervene, responding only when the conflict is dangerously out of control. A number of studies have highlighted the under-recording of domestic abuse incidents reported to the police; Hanmer *et al.*, (1999) suggest this may be up to fifty percent of cases. The result of this can be to silence survivors of domestic abuse before their voices can be heard, let alone be at the heart of the system as described by the Home Office (2003a; 2005; 2007a; 2007b). Indeed, this was a major problem for the staff in the DVU in which I worked during my first degree.

There are other areas of concern. Hester and Westmarland (2005) reviewed effective interventions and approaches in the legal system and examined the problem of legal attrition. This, they postulate, may occur at different points of the system as a result of decisions made by the police, CPS, courts and survivors themselves. Further research shows the proportion of recorded incidents to arrests varies substantially from area to area (Hester *et al.*, 2003; Cook *et al.*, 2004). These variations show clearly that despite the policies that are in place, it is the day-to-day actions, interactions and interpretations between the legal system, workers and survivors of domestic abuse which can determine the outcome and hence shape the lives of the women survivors. This may be for many reasons including lack of professional recognition, lack of training, personal values/attitudes, et cetera.

The government has produced a code of practice for all criminal justice agencies, backed up by a complaints procedure. The question remains as to whether survivors of

domestic abuse can hear and use their personal voice to complain, and, indeed, whether the voice will be heard or silenced by the complaints commission. A register has been created to allow the police to check for any outstanding orders against an alleged offender so they can take swift and effective action to protect the survivor. The government has allocated £6,582,247 over 3 years (ODPM, 2003b) to improve local action against domestic abuse, and has formed a joint partnership with Comic Relief and Women's Aid to launch a 24 hour free phone helpline. Finally, the government has set up an independent commissioner for survivors to 'give victims a powerful voice at the heart of Government', to safeguard and promote the interests of survivors and witnesses (see www.homeoffice.gov.uk/nstory.asp).

However, proceeding with prosecution may not be in the best interest of the women and children who have experienced domestic abuse (Hester *et al.*, 2000). There are a number of practical and emotional difficulties in the process. These may include the ordeal of going to court and giving evidence against someone they 'love' who may be the father of their children. Obtaining a guilty verdict may not produce an outcome which is useful. Often it results in a fine (which the woman may end up paying on behalf of her partner) or a suspended sentence, neither of which offers increased protection for the women and children. In fact, the opposite may be the case as women are exposed to vengeful partners or ex-partners. Also, going public about the situation may result in recriminations and ostracism from family, friends and the community (Hester *et al.*, 2000).

3.3.1 Summary of the current legal position

What is apparent is that there have been many changes made in the legal system that aim to improve the safety and protection of women survivors of abuse and their families these are:

- Domestic abuse is a global issue; however, it did not appear on the political agenda of industrialised countries until the late 1960s early 1970s;
- The statistics show the main perpetrators of domestic abuse to be men;
- The current legislation available for cases of domestic violence is the Family Law Act 1996, Part IV (criminal); the Protection from Harassment Act 1997 (civil), and the Domestic Violence, Crime and Victims Act 2004, which strengthens the powers of the police and the courts;
- Specialist domestic violence courts (SDVC), along with by Multi-agency Risk Assessment Conferences (MARAC), supported by trained Independent Domestic Violence Advisors (IDVAs) have been set up across the country;
- Every police force has a domestic violence co-ordinator and champion, and most have a specialist domestic violence unit;
- The government has set up an independent commissioner for victims to place their voices at the heart of the government (December, 2003).

3.3.2 Problems associated with the legal position

Whilst many improvements have taken place there are still problems with the legal system these are:

- Currently whilst the legislation available for prosecution names domestic abuse none of it is specific and solely aimed at the crime of domestic abuse;
- Women are often given the choice between criminal or civil actions, thus suggesting that domestic abuse is not a real crime;

- Statistics show that police officers are still reluctant to be involved in domestic abuse cases;
- Specialist domestic violence units cannot keep up with demand;
- The government may not be able to hear, listen or pay attention to the survivors' voices;
- Survivors of domestic abuse may be silenced by the legal process if it fails to keep them safe by prosecuting the perpetrators;
- Survivors of domestic abuse may be silenced by the day-to-day actions, interactions and interpretations of individual Actors despite the policies which are in place.

3.4 The Current Welfare Position

In 1996, the Housing Act was introduced which split any link between being homeless under the law and being given permanent housing by local authorities. This makes it more difficult for any homeless persons to be re-housed by local authorities into permanent accommodation (Arden and Hunter, 1997). The criteria for identifying homelessness falls into six categories: homelessness or threatened with homelessness; eligible for assistance; in priority need; not intentionally homeless; unable to access other 'suitable' accommodation, and having a local connection with the area. Prior to the 1996 Act, domestic abuse was accepted as a reason for being homeless, though women were often expected to prove that domestic abuse had taken place which often placed women survivors in an invidious position. However, the Act broadened the definition of domestic abuse to include 'threats' of abuse/violence from a person 'associated with the person under threat'. Women do not have to be living with the person, are no longer expected to provide evidence of domestic abuse, and are automatically given priority status. This was a positive move

forward because under previous legislation local authorities only had a duty to provide permanent accommodation for those people who were *unintentionally* homeless and in priority need (Hester *et al.*, 2000). This meant that a woman who 'voluntarily' left the home could have been classed as *intentionally* homeless.

The Housing Act 1996, removed the duty from local authorities to provide permanent accommodation unless the applicant had applied through the council's waiting list (housing register) under Part VI of the Act. Local authorities were given two main temporary duties.

- A local authority had to secure interim accommodation i.e. in a refuge or a hostel whilst it investigated whether it had a further duty to the applicant;
- The local authority had a temporary and three year renewable duty to house those who fit the eligibility criteria of homelessness, thus removing the duty to provide permanent accommodation. The prohibitive use of local authority permanent self-contained housing for more than two years out of three make it more likely that women fleeing domestic abuse will be placed in the worst houses on run down estates (Hester *et al.*, 2000). This may have the same effect as 'minimal compliance', forcing women to return to abusive relationships. However, under the Housing Act 1996, women with joint tenancies are able to apply under Part IV for the tenancy to be transferred into her sole name, thus enabling her to transfer or exchange to other safe accommodation (Hester *et al.*, 2000).

The Homeless Act 2002 places stronger duties on local authorities to produce a homelessness strategy to tackle and prevent homelessness within their areas. The

government allocated £260 million over a three year period to help local authorities to develop partnerships and services with local domestic violence projects to prevent and tackle homelessness (ODPM, 2003b). At the same time, the 'Best Value' framework was introduced by the government in 2002 to housing authorities and providers. 'Best value' works on the principle of the four C's: challenge, consult, compare and competition (National Housing Federation, (NHF), 2002). Challenge refers to the fundamental issue of whether the service is effective, specifically what housing providers do and how they do it, and, indeed, whether it should be happening at all. Consult is with the service users because they are directly affected by the level of services. Compare is with other housing providers to ensure a cost effective service and to highlight the areas for improvement. Compete is with other housing providers to ensure cost effectiveness and 'Best Value' for money (NHF, 2002). The central aim is to strengthen the influence of service users over the design and implementation of housing services. Within the Best Value framework, the SPP is designed to further improve the quality of life for people as they live independent, quality lives within their own homes. Under the SPP, local authorities are to commission support services from local support agencies. The local authority Best Value reviews are to provide the strategic context for the SPP service reviews to be undertaken using the Best Value principles of challenge, consult, compare and contrast (NHF, 2002).

The SPP is part of the new strategy implemented by the government in April, 2003, and managed through the ODPM. In theory, the SPP will revolutionise this system by separating tenure and support thus enabling anyone in need to access support irrespective of their housing status. Traditionally, statutory agencies offered limited support, prioritised high risk cases, leaving the bulk of support to be provided by the

voluntary sector. This was financed through housing benefit and was available only to those with tenancies on the housing register, thus excluding private tenants, home owners and the homeless. In addition to widening access to support, SPP is designed to improve the planning, development and delivery of supported housing/support services through collaborative inter-agency working, service user participation and transparent decision-making (see www.detr.gov.uk [supporting people]). Support agencies will eventually sign a three year contract which will provide funding for service provision and delivery, to be overseen by a commissioning body which as stated in Chapter 1 consists of Health, Housing, Social Services, and the Probation Service. The results of the ongoing evaluation will form a key part of the research process, particularly the criteria for contract tender and renewal after 3 years' operation. The vision of the SPP in the city in which this research took place is:

To enable all citizens of...in need of housing-related support to realize their aspirations for independence and self-determination. (City Council, 2002: 7)

Notwithstanding its revolutionary potential, SPP in the city aims to allocate only 0.5 per cent of its total provision to survivors of domestic abuse (City Council, 2002). This seems woefully inadequate in relation to the statistics discussed in Chapter 1, which show that 1 in 4 women are likely to experience domestic abuse at some point in their lives. This raises questions about the extent to which the programme will bring about real change in the lives of the survivors of domestic abuse.

Changes have also occurred within the benefits system with the implementation of the new tax credit system from April 2003. Women are able to have tax credits paid directly into their own bank accounts; where this applies to couples all credits related to the children will be paid directly to the mother (ODPM, 2003b). This source of funding should assist women who wish to leave abusive relationships.

The government has adopted an open policy in an attempt to raise public awareness of domestic abuse through the education system. Personal, Social and Health Education (PSHE) is now part of the national curriculum. This is designed to teach young people skills such as anger management and negotiating within relationships, all of which is aimed towards reducing domestic abuse (ODPM, 2003b). Raising awareness at school age seems a logical step; however, regular school attendance is difficult for some children who are living with domestic abuse. Also, some children's cultural backgrounds may not match the Western concept of communication and relationships. Therefore the notion of domestic abuse may not actually 'exist' in their language or community. This would create barriers to any open discussion of the subject.

3.4.1 Summary of the current welfare position

Once again it is evident that many improvements have been made in the last ten years to assist survivors of domestic abuse to move on with their lives, these are:

- Until 1996, housing legislation was interpreted inconsistently throughout the country. Many authorities required proof of abuse from the victims, without which they would not be re-housed;
- Under the Housing Act 1996, the term domestic abuse was broadened to include threats of violence and no longer required proof of abuse/violence;
- The introduction of 'Best Value' principles (2002) aims to ensure competitive, cost effective housing support services are available which reflect the needs of service users;
- The SPP operates within 'Best Value' principles funding local support services to vulnerable people regardless of housing status;

- Support services operating under the SPP have to reflect the needs of the local people.

3.4.2 Problems with the current welfare position

Unfortunately, despite these improvements there are still several issues that need to be addressed these are:

- The Housing Act 1996, removed the duty from local authorities to provide permanent accommodation. This may result in women who are fleeing domestic abuse being placed in the worst houses on run down estates, and even in women returning to abusive relationships;
- 'Best Value' and SPP may not be able to hear, listen and pay attention to the voices of service users, which may result in ineffectual services which silence the women survivors of domestic abuse.

3.5 The Current Medical Position

Currently, there is very little research in health care and domestic abuse, which is surprising when we consider that the health services are more likely than any other service to be used by survivors of domestic abuse. However, in The United States there are statistics available which show that thirty per cent of women presenting to hospital emergency departments had injuries sustained from their ex/partners, and that pregnancy is a risk factor for battering, with incidents ranging from eight to twenty six per cent.

This is of concern when we consider that research shows in the UK medical staff are as reluctant as their counter-parts to raise the issue (see eserver.org/feminism/domestic-violence.html for more information). In 2004, the

government released the report 'Tackling Domestic Violence: The role of health professionals', which made a series of recommendations for health professionals. One of these was that routine enquiry should be standard practice for all women using the health service; at the moment this is only taking place for pregnant women (Home Office, 2004; 2007a). This is certainly a step in the right direction, but suggests that it is not entirely for the benefit of the woman; rather, that there will be a child involved for whom the state has a care of duty. The government recommends routine enquiry because many women will not disclose without being asked, but *want* to be asked, to be heard, listened and paid attention to.

Furthermore, by hearing the voices of women survivors, social attitudes about domestic abuse are challenged and changed, including perceptions of *who* experiences domestic abuse (Home Office, 2004). Also through routine enquiry women are less likely to feel stigmatised and less likely to have their safety compromised. However, there is still reticence amongst health professionals and those who are willing to routinely enquire often forget (Home Office, 2004). The reticence of professionals may be for many reasons (much like the legal system); however, one reason may be resolved through extensive training. Hence the government recommends that all practitioners should have domestic abuse training as part of their pre-registration curricula and post-training on-the-job (Home Office, 2004). However, there is no evidence that this is currently taking place.

3.5.1 Summary of current medical position

- Domestic abuse can have considerable adverse affects on the health of the women survivors;

- Most women will at some point in their lives engage with a health care professional. For many survivors this may be the only formal agency with which they engage;
- In March, 2000, the government issued the Resource Manual for Health Professionals, detailing the protocol and framework for best practice;
- The government would like to hear the views of the victims of domestic violence regarding health care support;
- Pregnant women are routinely screened about domestic abuse.

3.5.2 Problems with current medical position

It has become evident that a large number of women survivors are likely to seek help and support from the health service at some point and thus there have been some improvements in health care provision; however, there are still some difficulties to overcome these are:

- There is very little research available in terms of the health service and domestic abuse;
- Many health care professionals may not know how, or want, to engage with survivors of domestic abuse, preferring to leave support to other agencies;
- Women are not routinely screened about domestic abuse, therefore they are not heard, listened or paid attention to and are thereby silenced;
- There is a lack of domestic abuse training for health professionals.

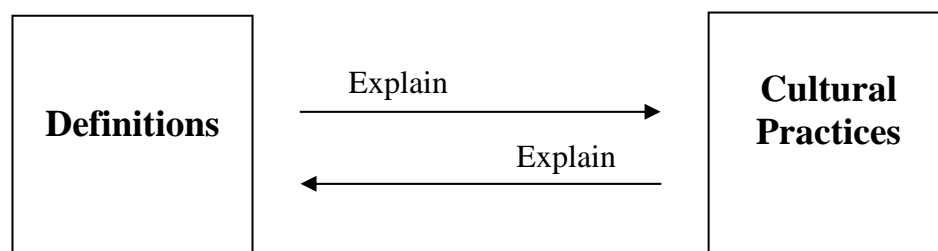
3.6 The Current Cultural Position

In Chapter 1, I discussed how different cultural perspectives are used to define and understand domestic abuse in terms of the behavioural patterns of the perpetrator. In

this Chapter, I have discussed the different cultural practices which define the lives of the abused, the abuser, their families and wider society. However, the cultural 'system' is far too big to discuss in any depth in this thesis (for more detailed discussion of this issue, see, for example, Summers and Hoffman, 2002; Pickup *et al.*, 2001, and Corrin, 1996). Culture and religion can also inform the actions and attitudes of family members towards women survivors of domestic abuse. This may manifest itself in terms of victims maintaining the family 'secret' or through 'self-blaming'.

In Chapter 1, I focused on the difficulties of arriving at an acceptable definition of domestic abuse. It is, however, in the cultural sphere, that practice may serve to define domestic abuse in the most active way. It may be that it is what happens in the domestic sphere in the home, through day-to-day interactions that affects people the most (see Fig 4).

Figure 4: The Cycle Between Definitions of Domestic Abuse and Cultural Practices



There are compelling arguments that the cultural sphere is where practices are happening and therefore that services should be culturally driven. However, to be culturally driven, women's voices need to be heard, listened and paid attention to. It

is for this reason that services need to operate on a bottom up, not a top down principle.

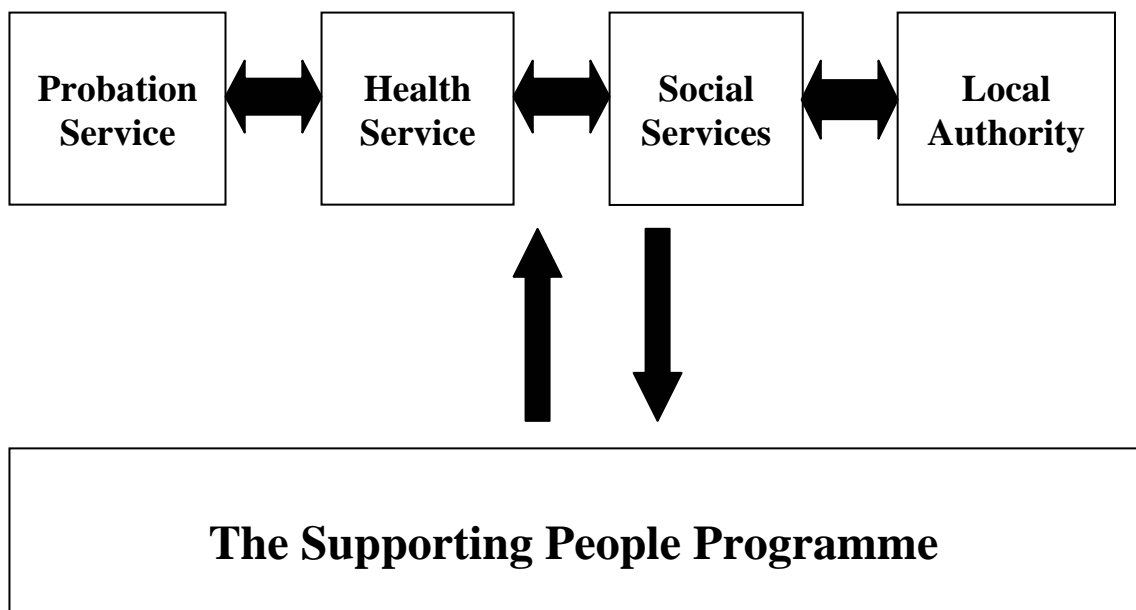
So far in this Chapter I have described the historical and current context in which domestic abuse occurs. I have discussed this in terms of the legal, welfare, medical and cultural frameworks of reference. What has become evident is the extent of the abuse and as discussed in Chapter 1, some of the complex effects upon the survivor (which will be discussed in more detail in Chapter 4). The recently implemented changes and the proposals for the future are very encouraging. However, it is evident that despite improved policy, it is the day-to-day actions and interactions of the individuals which may determine whether a survivor of domestic abuse is heard or silenced. In the second part of this Chapter I now discuss in detail the SPP.

3.7 The Supporting People Programme (SPP)

The SPP went live in April 2003, enabling anyone in need to access housing support services. The SPP was a new funding structure designed to establish working partnerships with local authorities, support agencies and service users. As part of the commissioning process, local authorities were required to undertake a needs analysis and supply mapping, deciding with partners how available funds will be broadly spent for example, the amount of money available for different service user groups (ODPM, 2004b). The central aim was to develop effective support services which sustain or enable independent living (ODPM, 2003b; 2005) based on local need, defined not only by the agencies involved but by potential/current service users. The effectiveness of services is evaluated against nationally and locally set core strategic plans and targets developed and agreed by the local authorities and the Supporting People (SP) team prior to April 2003. All the local authorities who receive SP

funding are regularly monitored and reviewed by a Core Strategy Development Group, which reports its findings to a Commissioning Body. In the city chosen for my research the Commissioning Body comprises the Director of Housing and Environmental Health Services, the Assistant Director of the Department of Social Services, the Assistant Chief Probation Officer and the Chief Executive of the Primary Care Trust (SPP, 2002). In figure 5 the arrows represent the flow of information between the members of the Commissioning Body and the Supporting People Programme.

Figure 5: The Flow of Information between Supporting People and the Commissioning Body



The Commissioning Body reviews the SPP for its impact on community plans, integration with community strategies as a whole, and alignment with community vision. This is to ensure that housing support services increase their diversity and equality by increasing the cultural and religious sensitivity of their services. The Commissioning Body reviews the SPP for alignment with Health Authority/PCT,

Probation and Housing strategies in order to avoid replication of services and to facilitate an effective multi-agency approach. The Commissioning Body also reviews the analysis of service options and impact analysis of modification/decommissioning funding arrangements. The reviews ensure the accountability of support agencies; those who fail to meet the necessary criteria may lose their funding (ODPM, 2003e).

3.7.1 The service reviews

Service reviews are the mechanism for managing the changeover from existing arrangements to new patterns of delivery. All schemes must be reviewed within the first three years of the programme. The initial round of the reviews should take a measure of existing services, and if necessary make changes. The process should be open and transparent (ODPM, 2004b).

The main principle underpinning the quality and monitoring process of SPP is a common approach to service standards and management information. There is a national framework for the quality of services, the Quality Assessment Framework (QAF) and a common dataset from which performance information can be derived. The monitoring and review takes place on several levels: national—whereby data is collected by the Administering Authorities (AA) for the ODPM (there are currently 59 across the country) inspectorate—by the Audit Commission through the Housing Inspectorate with AAs collecting performance data from service providers through validation visits, and service—whereby providers self-assess their services against the QAF via service reviews, which are essentially contract reviews involving four stages:

1. Assessing the strategic relevance and demand of the service;
2. A desk-top review aimed at assessing the quality, performance and cost effectiveness of the service;
3. Further evidence or a 'reality check', involving meeting with providers and stakeholders;
4. The outcome of the review, which may include no or minor changes, remodelling, or termination of the contract.

The QAF consists of objectives which the services have to meet in order to retain their funding. The SPP rates the service in the following manner:

A denotes excellence and is associated with service providers striving to be leaders in their field. These services incorporate mechanisms for delivering continuous improvement.

B denotes good practice and services at this level should be working towards achieving level A.

C means that the service meets the required minimum standard but there is scope for improvement.

D means that the service is failing to meet the minimum quality standard.
(ODPM, 2005b: p2).

Given that the aim is for support organisations to eventually obtain a grade A at review, the QAF becomes a tool for continual improvement for the service (ODPM, 2005b). Through the QAF a strong emphasis is placed on involving users in developing the SPP services they receive (ODPM, 2005a); this is designed to make services accountable not only to SPP but also to the service users. As a result, all services are required to provide information showing the extent of user participation in their planning, development and service reviews. However, this can be as little as proving that there is a structure in place which enables service users to participate in service development should they wish; it does not account for how user participation is to be achieved. A key element that could overcome this problem is an up-to-date individual support plan (ISP) which is a core requirement of the QAF:

C1.1 Service users have support plans based on up-to-date assessments of need. Processes place users' views at the centre, are managed by skilled staff and involve carers and/or other professionals. (ODPM, 2002: 27)

ISPs are designed to record the support needs of the user, placing appropriate action from both parties into a time frame clearly defining the agreed intended outcomes. The ISPs should be reviewed regularly and actions arising from this documented (Essex CC, 2005). Every service user should have an up to date plan which is retained in their file. The aim of the plan is to empower the individual, to encourage initiative and to develop independence. Through a systematic and accurate use of ISPs the *voices* of the service users can be recorded and hence used to develop services. This could be further developed through the use of the records of individual support sessions in which the day-to-day activities and interactions are recorded in the user's own terms. However, a recent study by Allen (2005) revealed that out of the fifty nine inspections of AAs, only one had evidenced using the ISP as a working document. Allen suggests this is a missed opportunity in delivering a service which is accountable to service users. I suggest it is another system which may be silencing the voices of the service users by purporting to represent their views whilst not actually doing so. However, by placing users at the centre of service development and delivery, the government is trying to overcome some of the potential barriers to effective service delivery by using a 'bottom up' approach. The aim is to bring service users' voices into the public arena, to put them at the very 'heart' of the system (ODPM, 2003e). However, the problem is whether services can hear those voices, and whether they will listen and pay attention to those voices, or whether they will be silenced. This is where my research fits.

The Commissioning Body consists of representatives from services which, as I have already discussed, historically and presently have many barriers in place which prevent women from receiving effective support. It could be argued that these barriers are a consequence of not hearing and/or listening to the needs of those women. Indeed, it may be there are tensions between the 'bottom up' approach required by the government and the traditional 'top down' approach of the formal representative agencies that form the Commissioning Body. Therefore, it remains uncertain whether the Commissioning Body can truly hear, listen and pay attention to the needs of abused women and hence oversee effective development of policy and practice. Indeed, what is disturbing is the lack of priority given to support services for abused women. The Commissioning Body has approved a 3-year funding structure for the SPP in the city, with only 0.5 per cent of the total budget allocated to these services. This seems totally inadequate given the statistics on the prevalence of domestic abuse within the UK (as noted above). Also, whilst recent research shows many agencies (including the government) are keen to involve survivors of domestic abuse, not many have effectively achieved it (Hague, *et al.*, 2003). My research aimed to provide direct evidence from the women survivors of domestic abuse and therefore to contribute directly to the assessment of the impact of the SPP.

3.8 Service User Participation - Potential Barriers

The duty of partnership and consultation is embedded in the SPP and consultation paper, with the setting and meeting of targets and performance indicators (as discussed above). Combined with innovative service user participation, weight may indeed be given to the voices of survivors of domestic abuse as their prominence is magnified and officially sanctioned (Hague *et al.*, 2003). What is in question in this

research is whether service user participation *actually* takes place, the potential barriers, and the intended outcomes.

It may be that the main barrier to consultation lies in the positions adopted by agencies and institutions whereby they retain the power and the service users have very little. Power in this instance is defined as 'A exercises power over B in a manner contrary to B's interests' (Lukes, 1974: 34). It is often at a subtle and pervasive level whereby the less powerful often do as the most powerful want, whilst believing it is their own choice (Hague *et al.*, 2003). Kabeer (1994) defines institutions as distinct frameworks of rules for doing things and organisations as 'the specific structural forms that institutions take'. Thus, the state is the larger institutional framework for a range of legal and administrative organisations (of which the Commissioning Body of the SPP consists) and the home to smaller institution (Kabeer, 1994). Kabeer argues that there are five inter-related distinct characteristics applicable to all organisations: rules; resources; people, activities, and power. Rules are often not questioned, appearing 'natural', 'the way things are', inevitable and unchangeable and generating '*routine patterns of practice*' (1994: 282). It is these patterns which reproduce gender, class and other social inequalities, including domestic abuse.

Resources come in the form of material, human or social and are distributed by the organisations according to gender, class and social inequalities. Organisations choose who to assign to specific tasks, and who to exclude and include in specific activities. Thus some members will always have authority over others and promote practices that reinforce this privilege and it is the people with authority who are most likely to resist change (Pickup *et al.*, 2001). Therefore, as stated by Dowson, '*there is good reason to be sceptical about the prospects for real change*' (1997: 107). Furthermore,

it is the power which institutions (political, judicial, health and religious) hold that keeps women in their place as it shapes perceptions, cognitions and preferences, presenting these as if this is the natural order of things (Hague *et al.*, 2003). Thus, power may be the main source of organisational 'deafness' which silences the voices of the survivors of domestic abuse.

This is illustrated by the following explanation of 'power' given by a woman who is experienced in service user participation strategies:

*It is all about power, all about power, You have to understand that in a very deep way – its not all obvious or straight forward- power takes many, often hidden, forms. Survivors don't have it. People in the agencies have to let go some of their power. And they don't want to – they just want to come to meetings and discuss it! You can struggle on as best you can but unless they let go of some of the power – hopeless task – hopeless. (Hague *et al.*, 2003: 90)*

This service user's experience is an example of how participation may become stressful and disempowering because it feels ineffectual and unproductive. This was also shown to be the case in many studies of the community (see for example, Grant, 1997; Servian, 1996).

A further barrier to service user participation is being heard, listened and paid attention to. Many service users' experiences have taught them this does not happen, therefore they feel unsafe to express their views, especially if they are critical of the day-to-day practices of the support they require and may depend upon. Equally, if they do express such views they may be silenced by the professionals who do not wish to accept criticism of their day-to-day practices and interactions. Furthermore, service users may feel unable to participate on an equal basis with articulate and powerful professionals; it is the power base which may silence service users if they want to criticise the support they are receiving for fear of losing it, as stated by Bell:

Some users might feel anxious and threatened at the potential risk to the service they receive, even if they have mixed views about it. (Bell, 2004:13)

A further concern is that whilst service user participation is seen to be taking place, what is actually happening is that they are becoming *'talking shops that fail to challenge inaction and consequently make little real progress'* (Hague *et al.*, 2003: 30). This places the service user between the formal voice of the organisation purporting to represent their needs and their own experiences, specifically the personal voice (see Chapter 4) thus creating confusion which may silence them.

As well as the many barriers to user participation, there is a further consideration to be taken into account which is to *what purpose* is it being used. There are two opposing approaches: consumerist and democratic. The consumerist approach is usually associated with policy-makers, politicians and service providers. Service user participation is used to make services more efficient, cost effective and responsive. Conversely, the democratic approach is associated with service users and their organisations, where user participation is used to improve lives, win rights, and to exercise choice (Hague *et al.*, 2003). Hence user participation can be about keeping hold of or redistributing power which Croft and Beresford (1996) refer to as *'the paradox of participation'* (1996: 192). Hence user participation can silence the survivors of domestic abuse or help to change social perception through the policies and day-to-day practices of the support organisations and re-shape their lives to be free of domestic abuse.

3.9 Summary

Domestic abuse is a difficult and contentious issue. It can happen to anyone, anywhere. However, statistics show the main perpetrators to be men against known

women (see Chapter 1). In this Chapter I have described the historical and current context in which domestic abuse occurs and analysed it in relation to legal, welfare, medical and cultural positions. During the last thirty years there have been reforms in legal and welfare services, the latest of which is the SPP. The government appears to be committed to involving women survivors of domestic abuse, placing them at the heart of the development of services, as it actively encourages them to use their voice and speak out. This is certainly a step in the right direction, which will hopefully result in services that reflect the needs of abused women. However, what is of concern is whether the government can hear and actually listen and pay attention to the voices of the survivors. If the government is not able to do this it will leave abused women in a very vulnerable position, positioning them between the voice of the government purporting to represent their needs, and their own personal voice, with their experience of services still failing to deliver appropriate support. It could be argued that this can silence abused women as it creates self-doubt and confusion, and reinforcing those emotions which keep domestic abuse alive and thriving. This is where my research fits: to hear the voices of the women survivors of domestic abuse, which I have used to evaluate if the SPP has listened and paid attention to these voices (see Chapters 5 and 6). The data collated has been used to answer the question: 'Can the SPP deliver effective support services to women who have experienced domestic abuse?'

The government wishes to bring the voices of service users into the public arena and place them at the heart of policy and practice development. My research has evaluated whether or not the SPP actually reflects those needs, particularly whether the voices of service users can be heard, listened and paid attention to, or whether they have been silenced (see Chapters 5, 6 and 7).

Chapter 4

The Volcano Model: A New Way to Understand the Impact of Domestic Abuse

You know, even when I signed up for this house I cried my eyes out because I do believe I'm far away... Cos while I'm here I'll be on my own, and I feel quite isolated... Now that I'm here, I'm on my own, everything's there. It's not one thing it's everything hitting me, and I've got the kids to deal with. No family, no nobody. (Sam)

4.1 Introduction

This Chapter consists of two parts: in the first part I draw together the various strands within my research that have been discussed so far. I begin by considering the SPP as representative of a change in direction by the government. I summarise the issues addressed and raised by this new initiative and show how my research can complement the government approach to helping the women survivors of domestic abuse in society. Following from this, I summarise the issues surrounding the hearing of women's voices. I also show some of the limitations that act as barriers to the research process offering the solution of reflective practice. In the second part of the Chapter I explore the sources of the different voices in operation, specifically the formal, informal, private and personal. Finally, I introduce a new model, the '**Volcano model**', which I will use to further our understanding of domestic abuse, and which could go some way towards explaining 'what prevents women from leaving an abusive relationship'.

The model has been developed from the findings of this research and represents the voices of the women survivors as they describe the loss and grief they experienced when dealing with domestic abuse. It became evident that loss and grief were central

concerns for all the women, over and above their experiences of support services. It is for this reason that the model appears at this point in the thesis so that their experiences of services - which will be discussed in Chapter 6 - can be understood in the context that was crucial to them.

4.2 A Change in Government Policy: The SPP

Prior to the implementation of the SPP, housing support services were funded through the housing benefit system. This meant vulnerable people who were not eligible for the benefit had to pay for housing support service, as a result of which many vulnerable people did not access these services. The SPP aimed to revolutionise this system by separating tenure and support, thus enabling anyone in need to access support, irrespective of their housing status. However, the funding for support services is now distributed through the SPP, which requires organisations to operate within specific structures and towards specific performance. Targets have to be measurable, accountable and strategically relevant, meeting the needs of the local community. This is to be achieved by placing the service users at the heart of the service through user participation. Reviews take place to ensure that these requirements are being met on three levels: nationally - where data is collected by the AAs for the ODPM; inspectorate - by the Audit Commission through the Housing Inspectorate through validation visits, service - whereby providers self-assess their services against the QAF via service reviews (see Chapter 3 for more detail). My research project evaluated the impact of these policies and processes on the women survivors of domestic abuse. The three main levels of enquiry were to:

- Compare pre- and post-SPP support provision;
- Compare the views of service providers with those of their service users regarding the effectiveness of support provision, and finally;
- Use these data in comparison to the results of the formal evaluation of service provision by the Commissioning Body.

4.3 Support Services: The Need to Hear Women's Voices

To describe 'men' as a reason for the abuse of women may be true. However, this merely re-states the problem; it does not show the processes, behaviours and experiences that are involved (Stanley and Wise, 1983), particularly those of the state, religion, support services, culture, family, friends and spouse/partner which survivors of domestic abuse encounter. Yet it is these experiences that prevent or make it difficult for women to leave abusive relationships, thereby perpetuating domestic abuse. My research aimed to bring to the fore the voices of the survivors to hear their accounts of their lived experience, since these contribute the most appropriate evidence on which to develop professional policies and day-to-day practices (Mullender, 1996). This would put the women survivors in the position of 'experts' rather than those in positions of authority. To develop and deliver effective services, providers need:

To understand the complexities of the women's attempts to escape; the use by male partners of all forms of abuse to prevent this; the interaction between the emotional impact of the abuse and the difficulty of negotiating the maze of legal and welfare services; above all, the crucial need for advocacy, self-help and support services to empower women through this process on their own terms. (Mullender, 1996:1)

We have already discussed in Chapter 1 some of the forms of abuse used by male partners to prevent women escaping and in Chapters 1 and 3 we explored the maze of legal and welfare services. In this Chapter, I will develop the discussion to

encompass the emotional difficulties facing women who want to escape abusive relationships.

This is a crucial element which needs to be fully understood for services offering advocacy and support to be effective in their service provision, policy processes and day-to-day practices. My research aims to contribute to existing knowledge to increase understanding by bringing the voices of survivors of domestic abuse to the fore, so that they can be heard on their own terms, I have also provided a new model for understanding domestic abuse (as discussed later in this Chapter).

In terms of my research, domestic abuse cannot be identified as one single action. As previously discussed in Chapters 1 and 3, it is a mixture of many factors and has many explanations. Yet the processes and activities which support the act are still unclear and therefore not measurable. It could be argued that domestic abuse exists through the effects it has upon the survivors (see Chapter 1). For example, through a conspiracy of silence from the individuals involved, their families, friends, cultures and the wider society. Domestic abuse can also be supported through indirect processes such as child contact arrangements, contact orders imposed by courts, welfare benefits, child care allowance and divorce proceedings (as discussed in Chapter 3). It could be argued that domestic abuse would not exist without the interaction of the survivors (who often do not have a choice) which reproduce these processes. Therefore, if the cycle of reproducing the processes is to be broken, governments and formal agencies need to understand what survivors of domestic abuse feel about their situation and what the processes mean to the abused women. This forms an essential aspect of my research as I seek to capture women's voices, to enable them to be heard and listened to.

The needs of women who have experienced abuse are underpinned by similar basic requirements; however, the social processes which surround them may dictate the levels of assistance they require. For example, a woman living in her own home may wish to maintain that position, so feel she requires support to that end. Conversely, a woman living in the family home, in a culture where honour killings are a potential danger, may feel she wishes to move to a different location. The process in this example is that of housing support services and what is important is whether they understand the needs of the women or whether they judge those needs through their own standards, thus perpetuating further abusive processes. It is necessary, therefore, to explicitly focus research on the effects of processes and day-to-day practices. In my research this was the effect of the SPP on the service users, and whether through service user participation women's voices were heard, listened and paid attention to. Without this the part of the processes that uphold domestic abuse would be strengthened as women survivors are marginalised and silenced.

4.4 The Source of Women's Voices

This research project aimed to bring women's private voices into the public arena, to be heard and used to evaluate the SPP and inform government policy in the context of the effective survival from domestic abuse. Using in-depth enquiry with a small sample base I located and analysed the voices, thoughts and experiences of women survivors of domestic abuse. However, what was in question was whether women survivors could express and know themselves without resorting to definitions deriving from external and/or internal sources.

One external source derives from the state, legal, medical, religion, social policy and public services (as discussed in Chapter 2). Also, patriarchal attitudes dictate that a wife should be submissive to her husband. This could mean not letting him feel she can do better than him and keeping her mouth shut to reduce aggression. Implicit in these statements is the assumption that a woman is to blame for her own abuse - if she controls her actions a man will not need to resort to violence (Van der Hoven, 1989). These are the sources of the '*formal*' voice. A second external source derives from lay knowledge, myths, class, culture, stereotypical assumptions, judgements by other women and friends. These are the sources of the '*informal*' voice. Women may be judged through family scripts set in family histories, where members react and collude with the aggressor and thus present a self-fulfilling prophesy for all concerned. This may come in the form of the family accepting abuse against the woman because they themselves had/have an abusive relationship with her. Judged by this relationship the family feels they understand why a man is abusive towards her and. in turn a survivor may feel she is ultimately responsible for the abuse. Friendships can also hold judgements based on the actions of the woman; for example if she remains in the abusive relationship. These are the sources of the '*private*' voice. An internal source is the sense of self, of one's own feelings and emotions. This is the source of the '*personal*' voice. The problem lies in whether a woman is able to know and hear this part of herself or whether the public and the private produce a cacophony which is too loud to enable this voice to be heard. Indeed, the question lies in whether a woman can mistakenly take ownership of these voices as her own, especially if they are in conflict. Of concern is whether a women can distinguish between 'the way we wish we felt, the way we try to feel, the way we feel, the way we show what we feel, and the way we pay attention to, label and make

sense of what we feel' (Hoshchild, 1990: 117). Also of concern is whether women struggle to produce an identity for themselves which is morally acceptable to them and the wider society.

For my research I tried to locate the different voices, to discover and understand the language women use to describe and make sense of their lives. I analysed the source of women's voices and how this determined what they thought and felt about their own lives (Burkett, 1997). I also analysed whether there was more than one voice to be called upon at any one time, what circumstances provoke which voice, and whether some voices are actually silenced before they are even heard or spoken (Ribbens, 1998). As previously stated in Chapter 2, I am not trying to suggest there is one 'true' authentic voice; I am trying to hear the voices of women survivors on their own terms and accurately represent them in this research. I compared and separated their views with the attitude and rhetoric from the organisation. This ultimately facilitated the evaluation of the SPP from the perspective of the survivors of domestic abuse.

4.5 The Volcano Model

In my research I aimed to bring the everyday experiences of abused women, stated in their own terms, into the public arena. This was to expose the processes and actions which bind them into a lifetime of oppression and abuse, because without understanding how oppression occurs we cannot know why it occurs, without which we cannot avoid it (Stanley and Wise, 1983). However, it could be argued that the theoretical models, scientific concepts and language used for this process are part of the oppressive process because they examine social science not social problems. In effect:

There is a power relationship between theory and experience, and one consequence is that women are not only alienated from theory but also from experience itself. (Stanley and Wise, 1983:162)

It could be argued, therefore, that to overcome this oppression we need to construct a social science which begins with women's experience of their reality. This is where my 'Volcano Model' may help (see Fig 6). It is designed to explain the problems and conditions that abused women face not only through language, but as a powerful image. This image offers an alternative way of understanding domestic abuse without having to resort to traditional theoretical research and language, thereby providing a medium through which women's experiences of the reality of domestic abuse can be better understood. Furthermore, it offers a way of understanding which 'fits' with the sudden explosive nature of domestic abuse. Traditional written methods of communication are, by their very nature, linear, which may give the reader the impression that the effects of abuse come one after the other, much like a stack of tumbling bricks. In reality, it is more like a whole wall of bricks landing simultaneously on top of women. The moment they try to leave the abusive relationship they will be faced with a myriad of problems all at the same time. This model is designed to give the reader a 'feel' and an 'understanding' of these problems. In the model I try to encompass the services' with which they may have engaged, but also the abstract issue of emotion, and how the processes of the state, support services, culture, family, friends and the abusive partner define and re-define women's emotions. In short how the formal, informal and private voices produce a cacophony which can ultimately silence the survivors' personal voice.

This will be discussed in the context of: the process of loss and grief and how abused women are often excluded from it; homelessness, not just in practical terms but also what it *feels* like to leave and what it represents to the woman; how isolation occurs

and the *feelings* which enforce it; poverty and how it may feel; and finally, how social stigma occurs and the feelings attached to it. I am not trying to suggest that this is a complete solution but I hope it may be a step in the right direction.

Figure 6: The Volcano Model



A volcano is hot, fiery, explosive, unpredictable, and destructive. It follows a similar cycle to domestic abuse (see Chapter 1) which, simply put, involves the build up of pressure which is often difficult to detect, then an unpredictable explosion, followed by massive devastation which ultimately changes the landscape. For women survivors, the pressure builds up in the abusive relationship, but it is constrained by social mores, for example, women often feel they should stay and keep the family unit together. Eventually the explosion happens; this is the break in their relationship from which women will lose many things and gain others. It is through this interaction of losing and gaining that their landscape will change, because the abuse is now 'out there' and therefore they will experience different attitudes and judgements from friends, family, their abusive partner and wider society. These attitudes and judgements will be heard through the informal, private and formal voices. It is these changes, along with the traumatic events of abuse, which play a significant role in re-defining and shaping the survivor's sense of self, through the cacophony of the different voices which silence their personal voice. Once the landscape has been devastated and changed, there is calm: the cycle is complete. The volcano has the same effect as domestic abuse - the total devastation experienced by those in its way.

My model goes one step further, in that it is not as simple as the landscape changing, it is also the interaction of the 'fall out', that is to say the different elements that make domestic abuse a difficult and devastating phenomenon for women survivors to 'move on' from.

Current knowledge of domestic abuse is represented with the small peak above ground level, with the larger mass of what lays beneath the ground, representing the

as yet 'unknown', the 'unheard' voices of women. The destructive fall out from the volcano represents the issues which may impact on a woman survivor if she tries to leave the relationship at any time. These are the processes which may keep her fixed in the relationship (as discussed in Chapters 1 and 3). The fall out lands on the ground, burying what lies beneath, re-shaping the landscape and then setting it to stone. This represents the processes of the legal, welfare, medical and culture, as they define, judge and re-define the needs of abused women through their policies and day-to-day practices. In the process they strengthen and reproduce the structures which bind the survivors of domestic abuse in the often silently abusive relationship, whilst upholding the structures that irreducibly perpetuate domestic abuse (as discussed in Chapters 1 and 3).

From my research I believe that the route to a deeper understanding lies beneath the surface of the volcano, specifically in how women feel about their everyday mundane existence and how these feelings keep them fixed in abusive relationships by influencing their thoughts, language and actions. What is of interest is how the 'fall out', the 'processes', might be changed to create a healthy non-abusive outcome.

4.6 'Feeling' Domestic Abuse: The Unseen Problems

Women who experience domestic abuse face a myriad of problems, some of which are practical, obvious, and therefore measurable and accountable; others are not because they are often invisible. In the next part of this Chapter I will try to encapsulate some of the less obvious, yet immensely powerful, dilemmas they may face. Loss and grief is discussed first because it was a subject that arose so strongly from this research; it is also a process which can begin before women survivors actually leave the abusive partner.

4.7 Loss and Grief

This section has evolved from the results of this research in which women survivors have described how they were not allowed, or expected, to grieve the loss of the relationship by support services, family, or friends because their partner had been abusive. Therefore, their personal voices were silenced, as described by Susie and Sam, who were survivors of domestic abuse:

Anybody that's been through it, it is not a case of they've left [the abuser]. I think that people do presume that once you have left you should be absolutely fine. (Susie)

I felt broken hearted and I felt like you know? (Sam)

Sam's comment was only short but it encapsulates the whole feel of the interviews with the women survivors, that is to say, they appeared to be caught up in a sense of loss and grief. However, this could only take place within the confines of their own minds, as a result of which they found it difficult to hear their personal voices and make sense of how they felt. It is for this reason that I have chosen to quote Sam in the heading of this chapter.

Loss and grief is, therefore, the most prominent position on my 'volcano model' because it represents the personal voices of the women survivors of abuse in their own terms. Loss and grief involves a process that is necessary to enable survivors to move on to build a productive and fulfilling life. However, there are many barriers in place which can prevent this from happening.

The issue of 'loss' for women survivors has been discussed previously in this Chapter in terms of their 'roles' as a wife/partner and mother in relation to the home 'ideal'. It has also been discussed in relation to losing their dignity, identity and sense of self. In this part of the Chapter, I explore the issues of loss and grief in terms of the

emotional impact and the practical problems which have to be faced by any person who is divorcing or separating from an intimate partner, expanding each section to include the extra issues facing women survivors of abuse. Much of the Chapter is based on empirical findings about divorce, extended to include unmarried people living together in an intimate relationship, who separate.

Divorce is a complex phenomenon that affects all aspects of the intergenerational family system and which has replaced death as the single most common reason for the end of marriages (Pinoff, 2002). Traditionally, in Western culture divorce was associated with personal neuroticism and immaturity; people were also judged negatively for selecting an inappropriate mate, especially the person who was seen to be more responsible for the divorce (Cherny, 2006) (which may be the case for women survivors of abuse, as discussed in Chapters 1, 3, and 4). Divorce was therefore treated as a shame exposing the weaknesses of the divorcing parties, the result of which was that people were caught up in painful concerns of the horror of divorce over and above the regret and grief at the end of the relationship (Cherny, 2006). During the 1980s, professionals and academics began to realise that there was a process to divorce and separation which needed investigation if the phenomenon were to be understood and people helped to move on in their lives (see for example, Kaslow and Schwartz, 1987; Kresel, 1985; Rice and Rice 1986; Textor, 1989). The consensus was that there are three major stages, with sub stages: pre divorce issues, decision to divorce, and post divorce and re-structure (see Kaslow and Schwartz, 1987; Sprenkle and Gonzalez-Doup, 1996). For many abused women, pre divorce/separation issues obviously centre on the need for safety, as discussed in Chapter 1, because a woman survivor is in the most danger when she decides to leave the relationship. However, for most abused women, the decision of when and

how to leave is often the result of fleeing from abuse and violence so that it happens instantaneously, as against being planned. The next stages are part of the divorce and re-structure processes, these are: shock and disbelief; initial adjustment; active reorganisation and life re-formation (Rich and Schwartz, 1999; Schwartz and Kaslow, 1997).

4.7.1 Shock and disbelief

Shock and disbelief that the relationship is over can pass very quickly, but leave a person numb with shock. The key element to this phase is the acceptance that the relationship is over, without which those involved will remain emotionally frozen and unable to move forward. Admitting the relationship is over and announcing it to the world is connected to feelings of self-esteem and inadequacy with individuals trying to work out what they did wrong. To overcome this phase, all individuals need the support of family, friends, colleagues and support services (Kaslow and Schwartz, 1987). This process is magnified for survivors of abuse because they have the added pressure of admitting they have suffered abuse, which, as we have discussed earlier in this Chapter, is accompanied by feelings of inadequacy, shame, humiliation and social stigma. They are also often isolated from family and friends who could offer support; the alternative, therefore, is to turn to formal services, such as housing, advocacy, counselling and other services previously mentioned in Chapter 3.

4.7.2 Initial adjustment

Phase two of initial adjustment sets in very quickly as people adjust to their new way of life, accept the responsibility of functioning effectively, of providing a home, finances and child care. This stability is crucial to enabling the individual to face the long-term emotional, legal and practical tasks. This phase is accompanied by

powerful emotions which can engulf the individual; as the numbness of phase one wears off, lack of self-esteem and shame is replaced with pain, anger, betrayal and revenge; the prime task, therefore, is to find ways to cope and not be overcome by emotion (Schwartz and Kaslow, 1997; Rich and Schwartz, 1999). Once again, this phase has added problems for survivors of abuse which may prevent them from moving on in their lives. These problems are on several levels, they may:

- Have to leave their home and find emergency accommodation;
- Not have an income and therefore have to negotiate welfare provision;
- Have children who may not wish to leave their father to consider and all that this entails;
- Have to negotiate complicated legal protection/prosecution as well as divorce proceedings;
- Be traumatised or have mental health issues as a result of the abuse;
- Have drug or alcohol related problems;
- Have problems relating to marital/relationship sexual abuse;
- Be completely isolated from friends and family and therefore require formal support.

4.7.3 Active reorganisation

The next phase of active reorganisation centres on how an individual lives their life and copes with becoming single. This could mean moving to a new home, making secure the existing home, and making child care/contact arrangements. It also involves working out who is now in their lives and who is not, including in-laws, shared friends and, of course, the ex-spouse/partner. During this time the individual will be trying to re-define themselves, to work out what they want and do not want

from life, and to find meaning in their new life (Schwartz and Kaslow, 1997). This will also be the phase when legal matters are concluded, such as child custody, finances, and splitting the family home, all of which come loaded with emotional consequences. Once again, there are added problems for women survivors of abuse:

- Abusers may use child contact arrangements to continue to contact and abuse the women. As we have discussed in Chapters 3 and 4, women are under pressure from state policies, underpinned by religious and cultural attitudes and family ties to allow children to see their father regardless of the abuse. Ironically, if the state deems the children to be at risk because of the actions of the abuser, they may be removed from the family home and placed into care, thus placing survivors of abuse in an invidious position;
- Abusers will often use contact through friends and family to perpetuate the abuse or to try to persuade the survivors to return;
- Abusers can use the legal system to continue with the contact and the abuse, thus preventing the women from moving on with their lives.

4.7.4 Life re-formation

The final phase is life re-formation in which the individual builds a new life and comes to terms with the emotional issues and life choices involved (Kaslow and Schwartz, 1987; Sprenkle and Gonzalez-Doup, 1996). They build new relationships and re-build some of the old ones, develop new interests and become fully responsible for their own life, including finances, home, child care/contact, social relationships, et cetera. They accept that the relationship is over and move on to a new life.

This whole process can take from one to three years; there is no definite time scale as individual and their personal circumstances vary. It is a very difficult and painful process in which the individual can become frozen at any point; of importance is that without completing each phase people are not able to leave their old life. What has become evident is that all individuals, including women survivors of abuse, need to go through the divorce/separation process to recover and re-build their lives. I would suggest that because of the isolation caused by abuse, women survivors are more likely to need support services than other individuals. Therefore, service providers and practitioners need to consider survivors' needs in this context, and understand that abused women may want the relationship, though not the abuse. In short, leaving the family home and the relationship is as painful for abused women as it is for those who have not been abused, but it is fraught with added difficulties.

4.8 Homelessness

Each year in England, over 50,000 abused women and their children are forced to leave their homes, (Warrington, 2001). Often they leave in haste because of a particularly violent episode or because of abuse towards the children, believing that they should no longer tolerate the abuse or that they are in grave danger (Kirkwood, 1993). Homelessness is therefore a very real, practical problem for women who wish to leave an abusive relationship. Initially they have to find somewhere to sleep, followed quickly by a place to live which is safe and secure, often involving moving to places they may not even have heard of (Warrington, 2001). It is crucial to understand that at this point the women are very rarely able to forward plan because of the explosive nature of domestic abuse. The situation leaves women survivors extremely vulnerable and often needing to turn to friends and family, from whom they may be isolated through the process of abuse (Monk, 1992). At this point,

women may need to turn to formal agencies, which can be difficult because they do not want to admit to their circumstances due to feelings of shame. Some women fear that their children will be taken away from them (Warrington, 2001). One choice is a refuge which can provide safe and secure accommodation. This can also be positive in enabling the woman to meet others in the same situation which enables them to realise they are not the only ones to have suffered abuse. It is within this environment that some women make life long friendships (Warrington, 2001). On the other hand, gaining access to, and living in, a refuge can be difficult as Warrington highlights in her study of abused women. This is because:

- Refuges like to keep their locations a secret to prevent perpetrators from tracking down the women they have abused, therefore they can be difficult to locate;
- There is a shortage of refuge places throughout the UK, despite the efforts of Women's Aid;
- Often the only available places are many miles away, moving women into unknown areas which may improve their safety but increase their sense of isolation. Distance may also prevent them from retaining their job, and create guilt because their children miss their homes, fathers, family and friends;
- Sons who are 14 years old or more will have to be separately accommodated because they are not allowed in refuges;
- Women's lives are still restricted because they are frequently not allowed visitors or telephone calls for fear of giving away the location of the refuge.

Other alternatives are temporary accommodation or a new tenancy, both of which can be problematic because they may, for example, be inadequate, in poor condition

or in an unfamiliar location (see Chapter 3 for more detail). These are some of the practical concerns of homelessness but what I now focus on are the emotional and symbolic meaning of the home.

4.8.1 The house, the home and the family

When women flee their homes they do not just leave behind bad memories, they leave behind the good ones as well, often leaving all their personal possessions, including irreplaceable items such as photographs and other memorabilia. However, women leave behind much more than this. Home is the place of their experiences (not all bad) which gives them a sense of identity linked with a sense of belonging, to provide the foundations of identity and community (Buttimer, 1976; Ralph, 1976). This sense of identity connected to house and home needs further exploration.

The beginnings of the ideal home started in America in the 1880s in which the physical structure of house became the key to worldly success, constituted the emotional wellbeing of the family, and represented the most perfect place on earth (Veness, 1992). With this came the growth of the nuclear family, individualism and patriarchal relationships and women's deference to men became the norm, upheld by state and church (Williams, 1987) (see Chapters 2 and 3 for more detail on the religious). The idealization of the home became imbued with a spiritual quality in which woman's role of housework and child care took on a sacred meaning (McDowell, 1999). Early in the twentieth century the ideal home became centred on ownership, type of dwelling, family unit and emotional attachments (Vanesse, 1992). As a result, women's identity became embedded with the family unit, which was intrinsically linked with the home, and thus the woman's identity became contained within the family home (McDowell, 1999). Although the pursuit of home ownership

took place mainly amongst the middle classes, it was widely regarded as a common good.

In post-war Britain the government supported owner-occupancy through welfare state policy, which actively promoted the bread winning husband and the dependent wife. During the recession of the 1980s the government was no longer able to financially underpin the home ideal; however, its idealisation in connection with physical, material and emotional fulfilment still continued within society's attitudes and practices (Vanesse, 1992). Indeed, it could be argued that the growth of the 'family values' lobby in Britain in the 1980s and 1990s has strengthened the home ideal, with the terms home and family becoming interchangeable. This lobby, consisting of secular, political and religious groups, places the emphasis on heterosexual marriage, stability and child rearing. State support for these values can be seen in both Conservative and New Labour, both of which declare themselves to be the party of the family. The government wants the public to take a responsible attitude to marriage with families playing a central role in creating a 'modern' and 'decent country' in which we can all live (Home Office, 1998).

This puts women in the position where they are expected to fulfil the family ideal centred on marriage, security, stability and child care, to create a decent country in which we can all live. Yet for abused women, the home and family is neither a place of security, stability or safety. On the contrary, the sacred place of the family is the place where they are often in the most danger as they suffer abuse from men they know - partners, sons, fathers, nephews and other family members. On average, two women a week are killed by their current or former partners (Home Office, 2007a) (see Chapter 1 for more statistics).

Abused women are stuck between the formal voice of the state expressing the ideal of home and family and their own personal voice based on their experiences. It could be argued that through this ideal, the state constructs and defines women's roles, but perpetrators of abuse shatter and destroy this idealism, and the state - through ineffective policies and service provision - colludes in, and consequently become part of, the abusive process. This collusion of the state, culture, services and the perpetrator produces formal, informal and private voices creating conflict and confusion as they silence the abused woman's personal voice, eroding her sense of identity. Therefore, if the state did not construct an unrealistic ideal against which all women are measured, abused women would not feel inadequate, ashamed and stigmatised.

A further dimension to consider is that the construction of the ideal family and home gives women the illusion that if they aspire to being the perfect wife and mother they will be happy and fulfilled. I would argue it this illusion helps to keep women fixed in abusive relationships as they take on responsibility for changing their own behaviour in pursuit of the mythical ideal family, home and their own happiness. For a survivor of domestic abuse, therefore, leaving the family home represents leaving not only bricks and mortar, happy memories and personal belongings (as if that is not enough), but also their chance of happiness, their identity and their dignity, as they step into the unknown 'outside' the ideal. Furthermore, women who leave abusive relationships fall short of creating the ideal family that is society's 'norm', and become constructed as 'other' (Sibley, 1995). This means that they are often marginalised and isolated from social networks and society, and are therefore silenced. Ultimately, abused women may come to believe that the only way they can

achieve happiness, avoid feelings of failure, loss, social stigma and isolation, is to stay in the abusive family environment, 'in' the ideal and remain silent.

4.9 Isolation

Isolation can occur both when women are in the abusive relationship and when they leave it. Within abusive relationships it is in the interest of the abusers to keep women isolated because without contact with the outside world their reality becomes distorted and the abusers are able to maintain control. There are many ways in which abusers can keep a women isolated. For example, Warrington's (2001) study of women's experiences of refuges found that many women survivors had been regularly followed by their abusers whenever they left the family home, to take children to school or do the shopping, for instance. This enabled the abusers to monitor and control two of the main areas in which women come into contact with friends and family. The women survivors also described how abusive partners would embarrass them in front of friends and family, which inevitably resulted in avoiding contact for all concerned.

Further evidence also suggests that some abusers prevent women from making new friends by restraining them or forbidding them from contact with friends and family (Hanmer *et al.*, 1985; Hanmer, 1996). Other means by which abusers isolate women are to control their use of the telephone by screening their calls, thus making it difficult to speak to the friends, family and support services that they may need if they wish to leave. Abusers may also control the use of the television, thereby controlling women's knowledge of the outside world, including what help is available and how to access it. Strong control over women is often exercised by abusers' control of the family budget and their preventing women from buying

suitable clothing, personal hygiene products, hair care et cetera, all of which can serve to keep them fixed in the family home.

The above are just a few of the tactics used by abusers to isolate women; there will be others of which we are not aware. The social isolation generated by these means, coupled with regular bouts of abuse, serve to further undermine the women's sense of self and to distort their sense of reality (Warrington, 2001). The effects of this imposed isolation can combine with a sense failure at not having provided the 'ideal' family home or being the perfect wife/partner and mother can result in women 'keeping themselves to themselves', not wanting to turn to family or friends because of feelings of shame and guilt (Warrington, 2001).

As we have discussed earlier in this Chapter, family and friends can be the first place women turn to when they leave the abusive relationship, this can often be a very negative experience. Often friends and family do not want to get involved in case this brings trouble and violence into their own homes, particularly because it is there that the abuser will first look for the woman survivor. Also people are reluctant to interfere in personal relationships, believing that what happens between a man and a woman is their own business. This is reflected in women's accounts in both Warrington's (2001) study and this research, as they describe friends and family not asking the question despite very obvious signs of abuse. However, an alternative reason for failure to see signs of abuse is because friends and family may believe abuse and violence to be a normal part of a relationship, with men having the right to do whatever they like as the head of the household. This attitude is arguably perpetuated through the state and the religious spheres, as discussed in Chapters 1, 3, and 4. Warrington also describes how many of the women survivors received a very

negative response from their own mothers - who had themselves been abused - and who believed their daughters *'had made their own beds and must lie on them'* (2001: 372).

4.10 Poverty

The definition of poverty has long been debated in both political and academic circles and will not be discussed in any detail in this thesis. Instead, I will offer only a brief description of the potential impact of poverty on women survivors, particularly how it impacts on their self-esteem, identity and dignity. Poverty can be defined in two broad terms: absolute and relative poverty. Absolute poverty refers to the level of resources needed to sustain physical survival; people are poor if they cannot feed, clothe or house themselves and their dependants. It is based on a person's biological needs and is, perhaps, the most common way of visualising poverty. As we have discussed in Chapter 3, the government has put in place welfare provision designed to ensure that basic needs are met. The Homeless Act 2002, places stronger duties on local authorities to tackle and prevent homelessness within their area, with an investment of £260 million for this purpose with respect to abused women (ODPM, 2003b). The Housing Act 1996 enables a woman with joint tenancies to apply for the tenancy to be transferred into her sole name, thus enabling her to transfer or exchange to other safe accommodation (Hester *et al.*, 2000). Changes have also occurred within the benefits system with the implementation of the new tax credit system from April, 2003. Women are able to have tax credits paid directly into their own bank accounts and where these apply to couples all credits related to the children will be paid directly to the mother (ODPM, 2003b). It could be

argued, therefore, that the state has put policies in place policies to eliminate absolute poverty for survivors of abuse.

However, the definition of absolute poverty does not take into account the standards of living in a society at a particular time, specifically how people live in relation to wider cultural norms. This relative approach to poverty was defined by Townsend (1979):

Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged or approved in the societies in which they belong. Their resources are so seriously below those commanded by the average individual or family; that they are in effect excluded from ordinary living patterns and activities. (Townsend, 1979:915)

Here we can see that the measurements in the two definitions are rooted in conceptualisations of, on the one hand, income or material resources, and on the other hand, actual outcomes of living standards and activities (Nolan and Whelan, 1996). As Ringen (1987) puts it:

A low standard of living, meaning deprivation in a way of life because of insufficient resources to avoid such deprivation. (Ringen, 1987: 146)

For survivors of domestic abuse, poverty can be determined by the standard of living that they left behind on leaving the abusive relationship. This standard is arbitrary because domestic abuse affects women of all classes, races, ethnicity, culture, age, et cetera (see Chapter 1). What is important is that by leaving the relationship their standard of living is more often than not greatly reduced, placing them outside of their cultural norm and resulting in shame, stigma and social isolation. However, there is another perspective to consider, which is whether both income and living standards matter. Sen (1993) argues that poverty is related to the kind of life that a

person is able to lead and the choices and opportunities open to them in leading that life. Central to his argument is an understanding of living as 'being and doing', that is the relationship between income and the kind of life a person wants and values. Income, therefore, becomes a means to an end, rather than the end itself. Key elements of this approach are the words *wants* and *values*; as I have stated earlier in this Chapter, women often want the relationship and lifestyle but not the abuse - a particular standard of living is often intrinsic to her sense of identity. Thus, it is clear that whichever definition of poverty we adopt, women survivors of domestic abuse who leave their abusive relationships face a loss of identity, self-esteem, shame, stigma and social isolation.

A crucial element determining the woman survivor's economic and social standing is the actions of the abuser. Abusers often control family finances, monitor expenditure and prevent women from accessing money, including any benefits to which they or their children are entitled. The destructive nature of domestic abuse may prevent women from going to work (if employed) due to their lack of self-esteem, dignity, shame, injuries and isolation, This can persist when women try to leave (they may have to move to a distant location), all of which we have discussed earlier in this Chapter. The abuser may also prevent her from attending interviews, training or undertaking further/higher education courses, once again ensuring her dependence on him. The tactics used by the abusers are designed to prevent women from leaving the relationships and have a major impact on their finances, resources and activities, thus rendering them impoverished.

We can conclude, therefore, that women in abusive relationships are more often than not financially dependent on the abuser and leaving the relationship creates poverty

which then dictates how they live their lives, often placing them outside of their social norms and activities. The consequences are that they lose their identity, self-esteem and dignity, and face social stigma and humiliation, all of which increase their isolation. They are subject to the judgement of the formal voice of the welfare state, the informal voice produced from cultural definitions and norms, and the private voice of the abuser, against which they must hear, listen and pay attention to their personal voice if they are to be heard by the services they require to help them live an abuse free life.

4.11 Social Stigma

Social stigma has arisen in previous sections of this Chapter, particularly in relation to homelessness and the home, isolation and poverty. It is pernicious and unavoidable in the present political climate. Women are defined through the state and these definitions are upheld by religion, through the 'ideal' home and family, constructed in terms of heterosexual marriage and encompassing all that is 'modern' and 'decent' (Home Office, 1998). Women's role is to maintain the family as a stable unit for the common good. Unfortunately, as noted, this is the very place where domestic abuse takes place, and hence the most dangerous place for many women. However, to leave this 'ideal' to go to a safe place means facing their own sense of failure and the judgement of society. Through constructed cultural norms they become defined and stigmatised as 'other' (Sibley, 1995). As we have previously discussed, social stigma also occurs through poverty as many women step outside their cultural 'norm' and are unable to take part in normal social activities, to lead the kind of life they are used to leading (minus the abuse, of course) (Sen, 1993). This is due to both material constraints, specifically lack of money, and the emotional

distress caused because with poverty come feelings of shame and humiliation which reinforce isolation and silences women survivors.

What I hope is evident in this Chapter so far is that women are constructed by the formal voice of the state and religion, and are judged and stigmatised against these constructions by the informal voice of culture and the private voice of family, friends and abusers. All this makes it extremely difficult for the survivors of abuse to hear and recognise their personal voice above those mentioned. Service providers certainly need to be aware of these processes and the difficulties faced by women if they are to provide an effective service in which the personal voices of women survivors are heard, listened and paid attention to.

4.12 Additional Problems

For particular categories of women survivors of abuse there are additional problems to consider, such as those faced by BME, older, disabled, working class and lesbian women.

4.12.1 Women survivors in BME communities:

- Some minority ethnic women may not be able to speak English and hence find it difficult to access support services such as the police, doctors and refuges, and if they do access services they may be faced with oppressive stereotypical assumptions or racism;
- Older members of the families (including women) may also perpetrate abuse on them (see Chapter 3);
- Abusers may exploit racism directly or indirectly to abuse and control black women;

- Some women are in forced marriages, kept captive in the family home, not allowed recourse to funds and their passport, birth certificate and other personal legal documents are taken from them to prevent accessing help and support. Conversely they may be threatened with deportation;
- Those women who do manage to leave are often traced due to community contacts, and they are highly visible if they try to live outside of their own communities as black women in white communities (see Chapter 3);
- For many minority ethnic families, the break down of a marriage is perceived as destroying the family 'honour' and can even result in the woman being murdered (see Chapter 3, honour killings).

4.12.2 Older women

- Ageism may result in the social perception that older women do not experience abuse;
- 'Elder' abuse can be perpetrated by a range of family members, both male and female;
- The abuse of older women may be a recent phenomenon, perhaps due to them having started a new relationship later in life;
- Older men may appear 'frail' but they can still be abusive and controlling.

4.12.3 Disabled women

- There is disability oppression;
- Disabled women may not be believed when they report domestic abuse because of the widespread prejudice that disabled women are neither sexually desirable nor active. Disbelief is particularly strong in cases of rape;

- Disability sometimes results in not being accepted as a credible witness by the police, CPS, or the courts. For example if they have learning difficulties and are unable to make themselves understood;
- Access to services may be impaired by deafness, blindness, physical disability, ability to communicate, service attitudes, and so on.

4.12.4 Working class women

- There is discrimination against working class women;
- Working class women fear their children being taken into care (see Chapter 3);
- Agencies tend to take control because working class women are perceived as incapable.

4.12.5 Lesbian women

- Lesbian women may face homophobia;
- They also fear loss of residence of children due to negative attitudes towards lesbian mothers;
- They may also fear being 'outed' and the possible consequences of this, for example, losing their jobs, losing friends, experiencing abuse from the community.

Sexuality and domestic abuse is an extremely important issue which warrants further in-depth research, but can only be touched on in this thesis.

4.13 Hope, Peace and Happiness

There is a positive outcome for many survivors who do manage to break free of the abusive relationship, as they re-build their lives and become happy and secure. In this

research all the women had left the abusive relationship, they had their own homes and were living with their children. They all had some sense of peace in their lives because they were no longer dealing directly with the abusive partner on a day-to-day basis. There was also hope to their lives; they all had positive plans for the future such as further education, a career and non-abusive intimate partnerships. Indeed, it may be that, along with the need to be safe, it was the hope and aspirations for a new life that gave these women survivors the courage to leave their abusive partners. For this reason, it is essential that service providers hear, listen and pay attention to the voices of service users, placing them at the heart of the system. If this can be done through policy processes and the day-to-day interactions of the workers, it may even be that domestic abuse will be ameliorated, if not eradicated.

4.14 Summary

The SPP funding initiative for housing support service is revolutionary in separating tenure and support, thus enabling anyone in need to access support irrespective of their housing status. This is a major change especially for women survivors of abuse who are more likely to access support services. The SPP requires organisations to be measurable, accountable and strategically relevant, to meet the needs of the local community, which is to be achieved by placing service users at the heart of the service through user participation. Whilst this is certainly a step in the right direction, it is essential that survivors' voices be heard, listened to and paid attention to. This presents a challenge on two levels: the ability and knowledge of workers to hear the voices; and the ability of the survivors to hear and recognise their personal voice over the cacophony of formal, informal and private voices with which they are inundated. This is where my volcano model 'fits' as an attempt to bring to the fore

the voices of women survivors and to present a new way of 'knowing' an understanding their experiences.

Women survivors of domestic abuse face many problems both when they are in the relationship and when they leave it. As we have discussed in Chapters 1, 2, 3 and 4, abused women are more likely to access services because of the abuse; therefore services need to be aware of the potential problems abused women face. The phenomenon of domestic abuse is complex, but service providers and professionals need to understand these complexities if they are to provide effective services which help women to live abuse free lives.

The current body of knowledge comes from the political, academic, pressure groups and the voluntary sector specifically Women's Aid. This is in written format which by its nature is linear. Hence the problems encountered by abused women are presented one by one. What I have tried to do in the 'volcano model' is to offer a visual image to represent a horizontal understanding of domestic abuse. The image is designed to give the reader a 'feel' for the unpredictable, explosive and destructive nature of domestic abuse, along with the myriad of problems that abused women may encounter not one by one but *at the same time*. A further aim of the model is to highlight how women survivors may *feel* about their experiences, particularly the central theme of loss and grief which came through so strongly in the personal voices of the women survivors in this research. Within each theme of the model, I explored the impact of the policy processes of the State, religion, and support services which define and shape the lives of abused women, informing the cultural and hence day-to-day interactions with family, friends and abusive partners to shape and re-define the women's lives. What I feel has become evident in this Chapter is that policy

makers and service providers need to ensure that policy processes and the day-to-day interactions of workers reflect the experiences of women survivors in and on their own terms. Failure to do so could result in collusion - becoming part of the processes that enable domestic abuse to continue.

Chapter 5

Supporting People and Housing Support: the Possible Sources of Organisational 'deafness'

S4.1 There is a robust approach to governing, directing and accounting for the service which is underpinned by effective systems and practices which support service delivery. (ODPM, 2002: 31)

5.1 Introduction

In order to obtain funding, the SPP requires organisations to be strategically relevant, cost effective, accountable, measurable, innovative, and, fundamentally, to place service users at the heart of their service (ODPM, 2002a; 2002c; 2003e; 2003c; 2004c) (see Chapter 3). This requires organisations to review their policies and practices, changing and developing them where necessary, and demonstrating use of QAF (see Chapter 3), that such changes have been implemented in actual practice:

S4.2 The service is organised within a culture of continuous improvement. This Framework [QAF] is used as a basis for ensuring the key aspects of support service improvement are being described, evaluated and improved. (ODPM, 2002:31)

In this Chapter I will examine the changes in policy and day-to-day practices that were instigated by MH in response to the requirements of the SPP. The impact of these changes on individual staff members will be analysed with reference to how change affected the way staff carried out their work, and through this, how organisational change may have affected service users. Due to the emphasis by the SPP on service user participation and engagement, I will focus particularly on assessing whether or not changes in policy processes and day-to-day practices have enhanced the ability of survivors of domestic abuse to make their voices heard. There

are two aspects to this: one concerns the question of moving the organisation in the direction of a genuinely user led service by feeding service users' views into the system in order to bring about change. The second concerns the question of whether the support provided to survivors of domestic abuse is effective in facilitating their voices to be heard in terms of enabling them (as well as the organisation) to 'move on' - to become more aware of their own needs.

It is important to be clear I am not trying to suggest that all the practices of front-line workers were attributable to the new policies and practices implemented to meet the targets set by SP. What will become evident throughout this and the next Chapter is how personal judgements deriving from the different voices in operation also informed the day-to-day actions and interactions of the workers and service users, and hence affected the outcomes of the support.

The main aim of this Chapter is to bring the voices of the workers to the fore, to reveal the prevailing attitude to change within the organisation and hence its impact on them both professionally and personally. Under scrutiny will be the workers' day-to-day interactions with the service users, particularly in relation to whether their voices were heard, listened to and paid attention to, thus locating the possible sources of organisational 'deafness'. However, just listening to the voices of all the actors does not necessarily explain what is 'going on' (Porter 1993). Therefore, in Chapter 7, I will draw conclusions in an attempt to analyse what was 'going on' with respect to the overall situation, whilst outlining potential outcomes for the survivors of domestic abuse.

5.2 Morcam Housing: Managing Change

Change is a necessary requirement for an organisation to grow and develop. In his study of organisations, Handy argues that change should be viewed positively as the organisation *'learns to keep moving'* (1993: 318). Movement has to come from within through a good knowledge of issues such as competition and experiment, of territory and trust, of communication and healthy conflict (Handy, 1993). This philosophy is apparent in the policies of the SPP, referring to organisations having a *'culture of continuous improvement'* (ODPM, 2002: 31). In the QAF this requirement is to be achieved thus:

S4.3 Service quality and improvement are achieved through sound support, management and development of all the people working to deliver support. (ODPM, 2002: 31)

What will also come under scrutiny in this Chapter is whether the above QAF objective was being met by the managers of MH.

Change can feel like stepping into the unknown as the members of the organisation experiment with what does and does not work. Kanter (1989) in her study of organisational change referred to the climate of experiment requiring three main elements in order for change to take place. These are: curiosity, forgiveness and trust.

- Curiosity - enables the workers to ask why, what and how. In order for them to feel safe to do so, curiosity has to be respected by managers and not dismissed as impertinence;
- Forgiveness - experimentation requires workers to try to develop and to learn from their successes and failures. Therefore, provided that failures are learned from, they must be forgiven. If forgiveness does not happen, workers will avoid running the risk of mistakes for fear of punishment;

- Trust - for workers to experiment they have to be given space and trust; without this, effective development will not take place (Kanter, 1989).

Handy (1993) suggests that it is the role of every manager to be aware of these issues if they are to effectively manage change. So far, the discussion about change has centred on the macro level, on the organisational processes that are required to create an environment in which workers feel safe to experiment, develop and learn. However, the individual perspective points to key influences on effective change; these are the attitudes and behaviours of the individuals implementing the changes (Herold *et al.*, 2002). This was explored in three recent studies by Fedor and Herold (2004):

- The first study explored the effects that multiple levels of change have on the individual, concluding that even minor changes need to be properly managed;
- In the second study, Fedor and Herold (2004) explored the role of the organisation in creating change-related strain. They argued that this can happen in two ways: first the impact of the changes on the individual's job, where high levels of demand result in high levels of strain; secondly. Change has to be managed well in terms of fairness, without which there will also be high levels of stress;
- In the third study, they focused on commitment and found evidence that managers need to be aware of the impact of change at both the unit and the individual levels. There were two forms of commitment in relation to the change and to the organisation and the highest level of commitment occurred when change was seen as good for the organisation, but had the least impact on the individual. Conversely, the lowest level of commitment was seen when

it was a fairly minor change in the organisation but had a high level of personal job impact (Fedor and Herold, 2004).

Applying this to my research, it was not necessarily the changes *per se* that were either negative or positive, but how they were implemented within MH. Taken together, the macro and the micro perspectives just discussed lead to three major points for effective change in organisations:

- Organisations need to create an environment in which workers feel safe and trusted to develop change and to 'keep the organisation moving';
- In order to create a relatively stress free environment in which change can take place, managers need to consider the impact in terms of personal demand on the individual workers vis-à-vis their own managerial practices;
- A final point for consideration is that when an organisation requires change, its responsibility is to ensure that managers are trained and supported to deliver effective managerial support to enable workers to implement change in a relatively stress free environment.

MH operates in a market place where it has to provide services that are cost effective in comparable terms to other similar services. In addition, MH has to be accountable and measurable in accordance with the QAF and the external audit (as discussed in Chapters 1 and 3). However, despite these changes, MH was fundamentally offering the same type and level of support as it did pre-SP (i.e., floating support, as discussed in Chapter 2). Thus change was taking place mainly on a procedural and operational level, and not in support provision; consequently the workers in MH were familiar with the support packages they could provide. Therefore, it was not only the changes that were under scrutiny in this research, but also the managerial practices adopted to

implement the changes. This will be explored in terms of the effect on the front-line workers and their day-to-day practices and interactions with service users in order to locate possible sources of organisational 'deafness'. In Chapter 6 these issues will be discussed in relation to their impact on service users.

5.3 The Climate of Change

In the first part of the interviews with the workers I wanted to hear what changes were the most significant for them in their own terms. I therefore asked an open ended question:

'Name 3 changes in the last 12 months in the organisation which you feel have been significant'.

The first answer from nearly all the support workers, was not in relation to changes brought about in response to the funding requirements of the SPP, it was to the number of changes of line-managers. During the implementation period of the SPP the support workers had not only experienced a large number of procedural changes, but there had been four changes of line-managers. This had led to a lack of consistency which was a prime concern of all the support workers:

Changes of management have had an impact, I think, on me and everybody else. There is no consistency. When they all work differently it has an impact and it is difficult to keep up with. (Amy, support worker)

The whole thing has been huge and you get settled into something then it can feel as if you have new people coming in, people leaving, you've got to serve with new managers, you have got so many changes—well it didn't feel good to me...changes in management, someone comes along with different ideas, everything changes again—we just settle into what we are doing and then somebody brings in something new. (Sophia, support worker)

The constant change of front-line managers was obviously having an unsettling effect on the support workers. Amy referred to the managers as '*all working differently*' whilst Sophia stated '*someone comes along with different ideas,*

everything changes again'. In these statements Amy and Sophia were not specifically referring to the change in managers, rather they were referring to the different approaches the new managers brought to the role, which - coupled with the changes required by SP - was creating a high level of stress and insecurity. As Sophia says: *'it didn't feel good to me'*.

Stress was a common theme amongst the support workers on two levels: changes within MH and the day-to-day demands of the support, both of which could have been ameliorated through effective managerial practice, had managers been aware of the research on change and stress (Fedor and Herold, 2004). Even without this knowledge, managers could have increased their awareness if they had consulted with support workers, listened to their voices and paid attention to them. Through this process, trust could have been developed to create an environment in which change could have more easily taken place (Kanter, 1989). As we have discussed earlier in this Chapter, the first element of effective change is to create an environment based on trust, in which individuals feel able to ask questions without fear of repercussions (Kantor, 1989), without which change will not take place. In MH, the constant change of managers, coupled with ineffective managerial practices, prevented trust from developing:

With managers having their own agendas, leaving, carving out their own careers...I think the nature of the work is that you need stability and someone that you can fall back on without worrying that they are not going to be there in a month or two or three. (Lindsey, support worker)

Lindsey's comment describes the impact of managers constantly *'leaving'*, and the need for stability and someone *'to fall back on'*. This required managers to understand the role of the support workers in relation to the complex range of support they were required to give, and hence the high level of demand placed on

them both physically and emotionally. An essential part of the managerial role was therefore to be available on a regular basis, to hear and listen to the personal voices of the support workers as they explained the level of demand that changes had brought to their support work. In so doing, the managers would have been able to offer appropriate support and reduce stress, thus creating an environment in which change could effectively take place. However, this level of support was not experienced by over half of the support workers:

Management and the changes in management. That's uncertain, because we are not sure what the new managers are going to do, they say they want your point of view and when you want to talk to them about other issues, its like they don't want to know. (Janet, support worker)

This comment from Janet shows how her personal voice 'your point of view' was silenced through her interactions with her manager; this was evident as she described how the manager asked for her point of view but did not listen or pay attention to it. This gives an insight into the prevailing ethos, that is to say, a supposedly listening organisation which did not pay attention to the voices of individuals. Of concern is the potential impact of ineffective support on the support worker, and through this the level of support offered to service users.

This may have resulted in support workers offering support only in areas that felt 'safe', specifically those that were measurable, such as filling forms in et cetera. Less measurable issues, such as emotional support through hearing, listening and paying attention to the voices of women survivors of domestic abuse may have been avoided, so that their experiences would not be understood and new knowledge would not be created. Yet it is this new knowledge that can be used by the SPP to develop services in which the users are the experts at the heart of the service. Consequently, if the managers did not develop effective managerial practices in

which the personal voices of support workers were heard, service users, in turn, might not be heard, and new knowledge not be developed. As a result, service users will be marginalised and silenced. Here, therefore, we have the first example of 'organisational 'deafness" through the impact of the day-to-day activities and interactions of managers on the support workers in MH.

What was becoming evident through the voices of the support workers was that the managers in MH were not effectively managing change on a day-to-day basis vis-à-vis their workers. Therefore, the problems were not a result of the SP, but were a consequence of policy processes and day-to-day interactions in MH. Support workers were expected to absorb the demands of procedural change and different styles of management, whilst at the same time carrying a full case load and delivering effective support.

MH had in place the procedure of Joint Review Meetings (JRM) in which the managers discussed the support worker's caseload, achievements, and problems. These meetings were designed to enable managers to keep abreast of on-going worker and service requirements, and to offer support in a confidential environment. Ideally, JRMs were scheduled to take place every four to six weeks; however, this research found they were taking place on average every twelve weeks. The main reasons for this were: the managers were busy, new to the post, or not in post. This raised two major concerns:

- Due to the nature of floating support work (see Chapter 2), the support workers were often isolated from their colleagues, so that that contact with

their managers was essential if they were to feel safe and confident when dealing with the difficult demands of their work;

- Because of the complex and confidential nature of floating support, workers needed support from their managers, specifically a safe place to 'off-load', to be heard; otherwise they might avoid difficult issues, such as those connected to domestic abuse.

The lack of regular JRMs could be an indication of the prevailing ethos within MH, where support workers were given little consideration by their managers and were undervalued. When JRMs did take place all of the support workers discussed their case load with their managers; however, a large number did not feel comfortable discussing any other concerns they had. This could have been the ideal environment for workers to discuss their feelings about the changes, thereby reducing stress and anxiety. This could have helped to develop the working environment built on mutual understanding and trust that is necessary to facilitating change and growth. When I asked the workers if they would discuss any other problems they encountered, one support worker's response was:

The manager I have, I find helpful, positive and is supportive, compared to the manager that I did have originally, whom I didn't feel comfortable with This is completely different. Even so, I do it without emotion, because this is almost like laying yourself bare. (Sophia, support worker)

It was evident that Sophia had a manager from whom she received a level of support that helped her on a formal level. However, she interacted with her manager without 'emotion', felt unsafe, 'bare', and without protection which seems to indicate a fear of repercussions. Furthermore, Sophia was too afraid to use her personal voice - 'emotion' being the source of the voice - (see Chapter 4), relying instead on her

professional, formal voice. Yet, arguably, without her personal voice being heard she was not in the process as an individual, but was isolated and silenced.

A large number of the support workers expressed their fear of repercussions as a reason for not discussing their feelings about the changes:

Because I don't want to set myself up as a target...I don't want to be seen to be trying to rock the boat— I'm not saying it would be seen that way, but I just want to keep my head down...you just cross your fingers and hope that you do not upset the Managing Director. (Sophia, support worker)

I would be quite reluctant to tell her certain things - even though she is a good manager, a lot of stuff is going on that I am not really sure about, so if she asked me if I had any problems with the team I would say no really...I don't think I am in a position to - feel safe to do that. (Janet, support worker)

Because I would not discuss it with them [managers] for fear of repercussions. (Amy, support worker)

The issue of '*setting oneself up as a target*' was raised by more than half of the support workers, their fear being that managers would perceive them as not dealing with change effectively. The statement from Sophia gave a clear indication of the impact of the prevailing ethos on her working environment. She was unsure of the consequences if she could not deal with the demands of change, so she kept '*her head down*' and remained silent; indeed she was fearful that the repercussions would come from the high level hierarchy of MH. Amy expressed the same fears and reactions. Janet's statement refers to a lot of changes that she was '*not really sure about*', but she did not feel safe talking to her manager about them.

These reactions highlight the failure of managers to create an environment in which support workers felt safe to experiment, develop change and improve services. As we have discussed earlier, feeling safe, lack of repercussions and forgiveness for

mistakes are essential elements for experimentation and change to take place (Rosabeth, 1989). Once again, these are examples of how the management of MH failed to deliver effective managerial support for frontline workers. Their practices resulted in feelings of isolation and insecurity amongst nearly all the workers.

In the next section of interview dialogue, Amy, a support worker, describes what she did when she needed support:

It's like where do you share it? Where do you feel safe sharing it? And that in turn means does it have an impact on your work? It may be that I just come in, get my nose down, do the work and go home, and in some ways it's like self-protection, and cutting yourself off from the people you are working with. You have to have some sort of a barrier there anyway, but you maybe do it a bit more to protect yourself. (Amy, support worker)

I asked: the 'people you are working with', who are you referring to when you say that? Is this your service users?

Yes. (Amy)

I asked: so you think you get more of a barrier in place?

Maybe. It depends that particular week how you are feeling. (Amy)

I asked: is that with what's come up at work, what's come up at home?

Oh it can be a combination of both. But I do not feel sometimes that the stress that we [support workers] can be under in this job is not taken seriously in this organisation...I don't feel this organisation takes it seriously or has any guidelines that can be used to deal with stress. (Amy)

What is implicit in Amy's statement is that she is concerned about the impact of the lack of support on her work. She uses phrases such as '*does it have an impact on your work*' and then tries to make sense of her own question without implicating herself with the use of '*may be*' in her answer. Within her phraseology there is a sense of not feeling safe to answer the question directly. Not feeling 'safe' to share

problems can have an impact not only on the workers but also on the service users, because the support workers may avoid complex support needs such as domestic abuse, and focus mainly on the manageable and measurable practical tasks. Furthermore, Amy referred '*cutting herself off*' from people, the service users which would prevent her from hearing their personal voices and thus silencing them. What was also explicit in Amy's comment was that she felt there was a lack of support from the manager who did not understand the level of stress that came with the job; she felt this was also the case within the policy processes of MH.

What became evident was that the prevailing ethos in MH was one in which management practices caused stress and thus created an environment where nearly all the support workers felt unsupported and unsafe. This caused many of the support workers to avoid offering the type of support that placed a high demand on them and raised stress levels, such as emotional support. Without this type of support the voices of women survivors of abuse would not be heard, listened and paid attention to; consequently survivors will not be the experts at heart of the service, but will continue to be marginalised and silenced.

So far in this Chapter, I have focused on the effects of change according to the support workers. It was evident that nearly all of them felt unsafe in the changing climate, unsupported by their managers and stressed due to the high level of demand placed upon them. It would appear that this situation was less to do with the changes imposed by the requirements of SP; rather, it was due to ineffectual managerial practices. However, the comments made by the support workers have to be critically analysed against those of the managers of the service users to gain a full picture of policy processes and day-to-day practices and interactions. The service users'

experiences of the support will be discussed in Chapter 6; for now I am focusing on the managers. I therefore asked the managers the same question:

'Name 3 changes in the last 12 months in the organisation which you feel have been significant'.

What was of great interest in the replies was the clear divide between the concerns of the managers and those of the support workers. The managers all focused on the impact of procedural change as a response to the funding requirements of the SPP, whilst the support workers focused on the impact of change in relation to the extra demands it placed on them in their day-to-day support work. To some extent, this was not surprising because managers and support workers had distinctly different roles in MH. However, the apparent lack of consideration by the managers of the impact of change on support workers is of considerable concern, not least because part of their role was to manage people effectively. As we have discussed earlier, how individuals are managed has an effect on outcomes for all concerned - MH as an organisation, its workers, and its clients. The managers' focus on the requirements of the SPP caused them to place demands on the support workers to change their practices, regardless of the impact on the individual:

The bottom line is that we [MH] have a contract, if we are in breach of that contract, whether at a macro or micro level of the organisation as the member of the team, that could jeopardise our future funding.
(Angela, manager)

From this comment by Angela, it is clear that she feared repercussions if she did not meet the requirements of SP, a view that was held by all the managers regardless of their position in the hierarchy. The managers, therefore, felt they had to ensure that the support workers were meeting the set standards and implementing the required

changes. The support workers, however, were not fully informed about the changes, nor were they consulted; they were simply expected to implement them.

The consequences for support workers who did not meet the requirements could be far reaching; managers referred to long serving support workers who found change difficult as a barrier to success:

I think it [change] is tough for the staff who have been here for a long time. When you get new staff in, it will be a lot easier, they won't have the long history with it [MH pre SPP]. (Angela, manager)

This opinion expressed by Angela was held by all the managers, and perhaps suggests that they did not reflect on their abilities to effectively manage change, but chose instead to blame the support workers for not being able to deal with change. This attitude can be said to confirm the support workers' feelings of being unsafe, insecure and isolated. This placed support workers in a difficult position where they had to deal with the demands of MH in order to feel safe, whilst trying to meet the needs of their service users; yet the managers did not take this into account. It also became apparent that the experience that workers brought to their specific roles (a requirement of the recruitment process) which enhanced their ability to offer effective support was perceived as a potential barrier that could have prevented MH from meeting the targets set by SP.

Ultimately, the changes brought about by the new funding requirements of the SPP may be a step in the right direction; however, the process of change and how it was managed seemed to be the pivotal issue in MH. The managers focused on the impact of change on a macro level, specifically in relation to the requirements of the SPP:

And from a support workers' point of view, how we record things, when we record things...The types of reporting mechanisms to make sure they get information to their managers to report to the Supporting People Administrator so we can send a report to...and how we need to be able to

evidence everything we do. And then when you have a review they expect everything to be documented and dated so that they can evidence every aspect of work we do with an individual. So yes it's a massive impact on the organisation. (Chloe, high level manager)

Chloe's comment clearly shows that the focus is on the paperwork system '*how we record things*', rather than the impact of the changes on a micro level, on the support workers and the service users.

There is no denying that organisations need to comply with funding requirements to survive; however, it can be argued that the way in which change is managed is a pivotal point which can result in success or failure of the support (the measure of which will be discussed later in Chapter 6). What was required, therefore, was effective communication between the managers and workers to develop understanding and trust and hence an environment in which change could be positive. In this Chapter so far, it is apparent that the two parties did not communicate and that this led to feelings of mistrust on both sides. What will become evident in the remainder of this Chapter and Chapter 6 is the impact that this had on both workers and service users.

5.4 Changes and the Organisational Perspective

MH was on an interim contract with the SP (see Chapter 3) and despite this being the case for all support providers across the UK, it was causing concern and anxiety in the organisation. This situation was created because SP did not have their overall budget, and was therefore unable to offer accreditation, that is, a three year steady state contract. The result was that the managers were trying to anticipate the requirements of the next SP accreditation review. One of the changes they referred to was the need to be clear on the criteria for eligibility for support:

I make sure that in the criteria we are not doing things we are not funded for, so we are not funding health related needs, and we are not funding things that social services should be paying for. So I am being a lot more stringent in what support can be provided. (Angela, manager)

During this Chapter I will explore the impact on the support workers of these 'stringent' definitions of the support to be provided, and in Chapter 6, its impact on the service users.

Pre SP, single parent families were supported when their needs did not necessarily include housing support, but there was a general need for support due to gaps in provision. However, under the SPP, MH had to identify specific housing related support needs, and if these could not be identified on the initial visit of the support worker to the potential service user, support would not be offered:

We have a list—a criteria list and what we are meant to do is check that every task that is undertaken is on the list. If it's not, then it is not eligible, and Supporting People should not fund it. (Angela, manager)

The process of the initial visit could present several problems for abused women: it relied on them understanding their needs from the outset in relation to the support criteria, and being able to voice those needs. As we have discussed in Chapter 4, there are many barriers in place which may prevent this from happening, including the effects of social stigma, shame, humiliation, and so on, all of which may have silenced their personal voice.

There was a further area of concern which was the stringent use of a criteria list for service provision which was strictly adhered to by the managers. The element which was of specific concern was the one titled '*housing related problem*'. The requirement implied that only abused women who were willing to leave the abuser and their homes, thus creating a housing need, required or could access support. This

is where we begin to gain an insight into one of the potentially oppressive policy processes that could place women survivors in an invidious position, between meeting their own needs and those of the formal support service. I am not suggesting that all women survivors would be adversely affected by the policy, but it could potentially isolate those women who wished to stay in their homes and sometimes the relationship. As we have discussed in Chapter 4, women often want the relationship, but not the abuse, and therefore to leave their partners and their home is a difficult and painful decision to make.

Pre SP, organisations such as MH were able to offer support that was not based on such a stringent criterion, and hence women survivors were able to receive support regardless of whether or not they left the abusive relationship. This was important because it enabled services to bridge the gap in support provision for abused women, which was crucial due to the lack of support available for survivors of abuse from other services (see Chapters 3 and 4).

A further concern for the managers was the cost of the service. SP require 'Value for Money' from support providers as part of the funding criteria (ODPM, 2002). MH was informed by SP that it had to reduce its service overheads from twenty two percent to fifteen percent over a three year period. This was a huge reduction because the core costs of MH, such as rent, heating and salaries were high.

I mean you either provide a good quality service which is what we are working at, or you have cheap which is what Value for Money looks at.
(Chloe, high level manager)

Chloe's statement expresses tensions as she implies that the service would have to reduce its standard of support in order to meet SP's 'value for money' criterion. This

placed MH in a difficult position because it could lead to poor quality support yet risk MH being decommissioned if overheads were not reduced.

The high costs of MH were further exacerbated by the need to restructure the organisation to meet the funding criteria. A new specialist post had to be created for a worker whose remit was to ensure that all the contractual demands of SP were being met. It could be argued, therefore, that the funding policies of the SP were directly responsible for a reduction in the level of support provided for three reasons:

- The stringent criteria for eligibility of support;
- The requirement for MH to be cost effective;
- The complex funding requirements of SP increasing running costs.

One of the ways to cut costs was to increase the ratio of service users to support workers which was 9:1. If MH increased the ratio to 15:1, the cost of support per head could be drastically reduced. This would produce more work for the support worker and hence she would have less time to spend with each service user, and this in the context of the fact that nearly all the support workers felt that under the 9:1 ratio they did not have enough time to effectively support service users. The increase in work could therefore have massive implications for the women survivors of abuse:

- Due to the increased workload, support workers may be more inclined to be highly selective in the type of support they give, erring towards less demanding and more measurable tasks. Thus, emotional support that includes hearing, listening and paying attention to the personal voices of women survivors may be avoided, and the women could be silenced;

- The process of ineffective support might reinforce feelings of inadequacy and silence the personal voices of women survivors (see Chapter 4);
- Ineffective support could reinforce cultural myths about abused women, as they are seen to be receiving support but not improving their situation. Again, their personal voices may be silenced by the informal and private voices as they shape and define women and their experiences (see Chapter 4);
- The increased workload demands could lead to increased levels of stress for support workers which could result in resistance to change and development (as discussed earlier in this Chapter). Hence, the support may continue to be ineffective and to silence the women survivors.

Thus, a vicious circle can develop from ineffective support services: the outcomes of the ineffective support inform the formal (organisational perspectives), which in turn inform the cultural (myths and friendships), against which the private (family and partners) judge the actions and interactions of abused women whose lives become shaped and defined through the process. As a consequence, women survivors may require more support and the cycle begins again.

One of the high level managers of MH was aware of the tension created through the funding criteria of SP:

It's impossible. I mean in lots of cases we're just having to say to people [SP] 'no' this is the minimum we can provide this service for. You're gonna have to decide whether you want to commission with us, and if you don't want, you cant afford to pay for that service we cant provide it cheaper, so yeah its tricky. (Chloe, high level manager)

Of course, an alternative would have been to find funding from another source, and, indeed, this was a major part of the manager's role. However, there was intense

competition from other support services for the same, small amount of funding available.

The managers were also under pressure to ensure that 'voids' did not exist in caseloads. Every week, eighty-two service users had to be supported and this had a direct impact on the support workers because there was no longer any flexibility in how the work was distributed. Pre SP, if staff were struggling, or had a heavy caseload with complex demands, the manager would reduce their workload until things settled down. Under SP, this was no longer possible and this is likely to have impacted negatively on service users, as support workers felt under pressure and possibly avoided more complex support needs such as domestic abuse, thereby reducing the level of support being provided:

All that will happen is that the quality and standard will fall, because the money is just so tight now. You can't improve services any more because there just isn't any money to improve. You need the extra money because if you are aiming to improve the service you have to increase staff knowledge and training To do that you need more money. (Angela, manager)

Training was a pivotal issue for MH if it were to provide and deliver an effective service. All the middle level managers and support workers interviewed felt there was a need for more training in two areas: effective management and domestic abuse. Accredited support worker training may also be an advantage. However, SP funding contained no budget for training, despite this being, as Angela observed, essential for workers' knowledge to increase. It could also be argued that without good training, the workers in MH were not able to understand the needs of women survivors, and were therefore unable to hear when the women tried to disclose. Furthermore, due to the 'Value for Money' criterion of SP, MH planned on making cuts in the training budget in order to reduce overheads.

To understand the implications of this decision several factors need to be considered: the qualifications required for recruitment into each post; the level of training and qualifications of the workers; the training undertaken within the post, both generic and for domestic abuse, and what might be on offer in the future.

The issue of training is relevant to this research because the absence of good training was of concern in terms of its impact on service users and also because of the size of the organisation in the case study. MH is typical of its kind and is one of the largest support providers in the voluntary sector in England and Wales. It therefore had the potential to be a leader in the support sector.

5.5 General Training

The recruitment criteria of MH did not require staff to hold any formal qualifications - its emphasis was on relevant practical experience. In this respect, all of the workers had experience of delivering support across a wide spectrum, for example: housing, education, health, hostels and refuges. This resulted in a broad skill base amongst the workers, which was potentially a strength in terms of support and knowledge that could be shared across the team. However, sharing information amongst the workers did not often take place which resulted in knowledge gaps in the provision of effective support. Some of the reasons why knowledge sharing did not take place have already been mentioned in this Chapter: the stress and anxiety of meeting the funding criteria of SP, the constant change in managers, and ineffective managerial practices and processes that created mistrust and a general feeling of insecurity. This lack of knowledge sharing, coupled with a small budget for training, may have had a devastating effect on women survivors who could be marginalised and silenced by ineffective support.

Nearly all of the managers who were interviewed wanted training to develop their skills in management techniques, which, it could be argued, was essential because of the extent and speed of the changes taking place within MH:

Then you come back to training because you come back [from being a support worker] as managers. What kind of training is there to look at what support is being delivered, how you could structure the support differently to engage the client more? You are not looking at it that way, so there is a lack of training for the managers. There is also a lack of training for the staff. (Angela, manager)

How do people become managers? One day they are working at the front-line, the next they have applied for promotion, they have got it and without training, development or anything like that. That's how I did it, but the minute I was doing it, I was thinking 'Good God', I need some qualifications, I need something behind me to do this. (Tony, manager)

Both Angela and Tony showed a level of awareness about the training they would like to receive. Interestingly, Angela focused on how to improve the support package for the service users, whereas Tony focused on his ability to deliver effective management practice. Due to the lack of training provided by MH, Tony financed and studied for academic qualifications in his own time. However, this was not the case for any other manager interviewed, and therefore the support was being developed, managed and delivered by ill trained, non-qualified staff. Opinion was divided among managers as to the appropriate level of training needed: those directly managing support workers felt that they needed more training, but the high level managers disagreed. This could imply that they were detached from the day-to-day demands of the changes taking place in MH, or that the level of demand was of no significance as long as MH continued to fulfil the contractual requirements of SP. Taken one step further, this attitude to training could indicate that the quality and effectiveness of the service, and hence the impact on the service users, was not a priority.

Furthermore, the changes that were required to fulfil the funding requirements of the SPP made this problem worse, because all the managers spent the majority of their time monitoring, reviewing and planning the service:

As a manger I think much more time is spent at the desk as opposed to kind of being hands on and going out...because I think there's much more paperwork then there ever was before Supporting People, which impacts on the time you spend with the support workers and clients.
(Linda, manager)

The result of this was that managers did not have the time to train and develop the support workers on an informal level, or to visit the service users to hear them and understand their needs. The impact of this on the service users will be discussed in Chapters 6 and 7.

5.6 Domestic Abuse Training

The domestic abuse training available across the city for workers in the support services was provided and funded by the local authority. The training team in the providing agency was small and their role was to oversee the development and delivery of the training programmes using a multi-agency approach. In fact, the service was reliant on goodwill to deliver training in that it engaged volunteer trainers from people who had attended previous courses. This indicated a very limited level of funding, which implied a low level of commitment towards domestic abuse on the part of the local authority.

A further point of consideration is the variability in the quality of the training due to different levels of knowledge among the volunteers, as well as varying skills in terms of effective delivery. Nor did either the agency or the local authority measure the outcomes of the training programmes by anything other than quantitative data on the

number of courses delivered and attendees. One of the main concerns of the agency was to find enough volunteer trainers to deliver the courses, regardless of their ability. The result was that workers often received poorly delivered, patchy, and ineffectual training - and then proceeded to train other workers. This is not to suggest that none of the trainers were effective, for there were some very passionate and committed volunteers. However, it is to suggest that such a system could not be relied upon to develop knowledge through effective training.

Traditionally, the course ran for two consecutive days, which was considered necessary by the agency due to the complex nature of domestic abuse. The time scale was designed to enable the participants to absorb the information in a safe environment where they could explore information from the course and their own feelings about domestic abuse, to hear their personal voice. Unfortunately, due to the ever-increasing demands placed on organisations, many workers could not be released for the two days, either as participants or trainers. To overcome this accessibility problem, the training agency split the domestic abuse training into three parts spread over 6-9 months. This new system was designed to enable more workers to participate; however, it could also reduce the effectiveness of the training for the following reasons:

- Training delivered over a long period of time can result in lack of continuity. As we have discussed in Chapter 4, the current knowledge system for domestic abuse is linear, so that continuity is essential if the different layers of knowledge are to be studied in order for the complex phenomenon of domestic abuse to be fully understood;

- Staff may not complete the training for a number of reasons, including lack of time, interest or motivation;
- The safe environment that enabled workers to explore personal feelings, hear their personal voice (considered necessary under the old system) is unlikely to be created over half a day. This could result in the personal voices of the workers being silenced by the formal voices of the training agency and its policy processes. This may result in workers avoiding the provision of emotional support, that is to say, listening to the personal voices of women survivors.

The success or failure of the new system is not yet evident and it may be that smaller units will enable more workers to access the training courses. On the other hand, it may create gaps in knowledge, and hence become one of the processes that prevent effective support for women survivors of domestic abuse.

The training offered by the local authority forms part of the core training for all the workers of MH, despite which only half of the staff had completed the training programme. The remainder rely on information from informal sources, which, as noted above have not happening in MH due to the prevailing ethos of mistrust and fear. Even so, all of the middle level managers and support workers felt there was a need for extra domestic abuse training:

I don't think its sufficient training ...I think we need more in depth training, I think we need more training on domestic violence as a whole as a wider picture so kind of looking at it from a different angle. (Linda, manager)

If you put people [workers] in groups, and have scenarios, like real live case ones, and really tease out how people would address things—I think that would be valuable and valuable to do every six months. (Steph, support worker)

Both Linda and Steph recognised that more training was required and were clear about what that training should involve. Their comments reflected the opinions of all the support workers, the consensus being that they required more detailed in-depth training that could be related to their day-to-day practices and interactions with the women survivors. Without this in-depth knowledge, support could be superficial and ineffective:

You can't ignore it [domestic violence] you've got to dig deep and find out...without digging deep and dealing with the underlying issues you might as well not bother...I think I know why people [support workers] don't do it, I think it's a fear of what may come out. If I dig deep what issues am I gonna bring about and therefore how am I gonna deal with them? (Linda, manager)

Linda raised concerns about support workers' fears of dealing with the issues that can arise from domestic abuse. What is interesting is that she turned to the 'I' pronoun - the personal voice - when she described the fears of the workers, which could suggest that she has avoided the work in the past, and perhaps that her fears may inform her managerial decisions both currently and in the future. Sophia expressed similar fears:

There is some stuff that I can't deal with, or maybe they [the clients] are coming out with details and really I don't need to go there, they are bringing up issues I can't do anything about. I can't stand to hear it, I can't deal with it myself. (Sophia, support worker)

In Sophia's comment it is clear in her use of the 'I' pronoun that she avoided dealing with the issues raised through domestic abuse because of the effect it had on her as an individual. Through this action her formal voice as the support worker had silenced the personal voices of the women survivors. It could be argued that if there were more support services available, Sophia may have listened to the personal voices of the survivors because she would have been able offer support through sign posting. Lois described her reluctance to deal with domestic abuse thus:

You would need to look at the impact on friends and family [of the service users] but also the impact that that would have on you as well, in terms of stress and stress management It's about the big picture really, knowing what you are about to embark on and be aware of the potential of what could be exposed. (Lois, support worker)

Lois' comment refers to the needs of the service users relative to her own well being and the stress caused by dealing with the issue of domestic abuse. The use of the term 'about to embark on' and what she could be 'exposed to' suggest fears for her own wellbeing that could be reduced through training and effective support from her manager.

A further point to consider is that over half of the workers had experienced domestic abuse, which would have an impact on the support they offered. On a positive note, their personal experience may have given the workers a level of understanding which ideally placed them to 'hear' the service users' voices. This would have enabled them to develop knowledge throughout the organisation if the processes of communication, experimentation and trust were in place (Handy, 1993; Fedor and Herold, 2004). In addition, all of the women survivors interviewed stated that they would find it easier to disclose to a support worker who had experienced domestic abuse, because they would feel understood and not judged. However, MH had a policy that prevented workers from sharing any personal information with service users; to do so was classed as gross misconduct that could result in the termination of their employment.

Conversely, workers who had experienced domestic abuse may have had their own cacophony of voices burying their personal voice and hence determining their sense of self (Burkett, 1997). This may have prevented them from 'hearing' the women's voices, or they may have avoided the issue because it was too uncomfortable to deal

with. Effective training may have helped the workers to understand and hear their own personal voice. Indeed, this was evident when I presented domestic abuse training to other professionals, some of them commenting that the training had helped them to understand their own experiences.

What has transpired in this Chapter thus far is that the managers failed to create an environment in which the workers felt safe which could have been a factor in support workers' reluctance to deal with the complicated issue of domestic abuse. The managers also failed to support those workers who *were* dealing with the domestic abuse on a day-to-day basis and as a consequence they were avoiding the issue. One of the reasons given was the small budget available for training, yet this was about to be compounded by the plan to further reduce it in order to meet the 'value for money' funding requirement.

Despite having a small budget for training, knowledge could have been increased if the managers had developed a work ethos built on trust and encouragement in which the support workers felt safe to share information and experiences. Furthermore, if the managers had put processes in place that enabled women survivors' voices to be heard, an environment could have been created in which knowledge could be shared and used to develop services. MH would then not have required a large training budget. This is not to suggest that such a process should replace good training, but it is an example of MH apparent inability to think creatively about potential solutions to problems.

However, a key influence here is that some high level managers did not think that extra training was necessary:

I think it's difficult because they're [support workers] not specialist domestic violence workers, so I don't think they need, we don't need to get to the point where we're actually providing a counselling service. We just need to have a generally good understanding of the impact of domestic violence and the right way to respond to that. So I'm not sure you'd need lots of specialist training around domestic violence because if people require intensive support then I think we'd need to start passing them on to somebody else. (Chloe, manager)

Chloe's remarks raise several concerns:

- The reference to 'specialist domestic violence workers' providing counselling services implies that the workers in MH could not hear or listen to the voices of survivors because they did not have the skills. Additionally, in undertaking a specialised task – counselling - the workers were not restricting their work to that funded by the SPP;
- How is 'a generally good understanding' measured, and by whom? All of the support workers stated that they wanted more training; they had, therefore, decided that their level of understanding was not good enough;
- Who decides what is the 'right way' to respond to domestic abuse? The high level managers, the support workers or the women survivors?
- Implicit in Chloe's comment is that to hear, listen and pay attention to the personal voices of the survivors constitutes intensive support, but this is emotional support, which comes under the remit of floating support (see Chapter 2). Without this, women survivors cannot become the experts at the heart of the service, but will be marginalised and silenced;
- Chloe refers to 'signposting' the women to specialist services, but in reality few such services exist other than those for people with mental health, drug abuse, and child protection issues. None were, or are, specialist domestic abuse services.

Once again we see a division between the managers who made the decisions about procedures and processes and the workers who had to carry out the work. It would appear that the high level managers did not listen to the voices of the support workers or their manager, thus constituting another source of organisational 'deafness'.

So far in this Chapter, three sources of organisational 'deafness' have been discussed:

- Poor managerial practices that had created an environment in which there was little communication or trust, so that workers felt unsafe and avoided difficult support issues such as domestic abuse;
- High level managers who only focused on the requirements of the SP, and hence made decisions about day-to-day processes and practices without listening to the voices of the support workers, thus silencing their voices. Yet it is through the voices of support workers that those of the women survivors can be heard, which contribute new knowledge inform service development;
- Lack of training prevented effective managerial practices from being developed. It also prevented workers from feeling confident enough to deal with the issue of domestic abuse.

A solution to the last two barriers could rest with the paperwork process, through which women survivors' voices could be heard, enabling their support needs to be recorded in, and on, their own terms. Through an effective system, their voices could be paid attention to, and a service developed which reflected their needs. The ultimate aim of the SPP is that service users will be placed at the heart of the service, which is to be achieved through the use of individual support plans (ISPs). Whether

or not this happened in MH, and if not, why not, are questions which are discussed below, particularly with reference to organisational 'deafness'.

5.7 The Paperwork Process

In an attempt to secure future funding, the managers in MH were constantly reviewing the paperwork system to ensure that it met the requirements of accountability and measurability laid down by SP:

There are good reasons for it [paperwork]; it is a way of becoming more professional and accountable as an organisation and support service.
(Linda, manager)

This comment from Linda raises the questions of whether an extensive paperwork system necessarily makes workers more professional and an organisation more accountable? Who was accountable to whom? Did accountability equal efficiency and effectiveness in the views of the service users, or did it simply fulfil the requirements of MH and SP? Through the voices of the workers and service users these questions will be discussed during the course of this and the next Chapter. The analysis of the discussion will be in Chapter 7.

The practical response to the funding requirements of the SPP was to develop a paperwork system where each level of the service could be tied into the others: the referral process, the contract, ISP, daily record sheet (DRS) and ceasing support. The thinking behind this process was that the documentation produced could account for the actions of workers, enable targets to be set and the outcomes of support to be measured. It was therefore crucial that service users had a voice in this process; otherwise the service would only be measured against the standards set by MH. As we have discussed in Chapters 2 and 4, it is through the standards and processes of formal organisations that the lives of women survivors are shaped and defined. For

this reason, it is crucial for their voices to be heard, listened and paid attention to, so that they became part of the process. Whether this actually took place in and on the terms of women survivors will be discussed in Chapters 6 and 7.

5.7.1 The referral process

Service users can self-refer to MH, though in fact ninety eight percent are referred through a third party, such as a health visitor, social worker, domestic abuse police officer, a women's refuge or housing worker. It is at this point that a service user's support needs are first disclosed to MH, and this research found that forty five percent were experiencing domestic abuse, that is, it was a primary referral. A further forty percent had experienced domestic abuse in their past, so that it was a secondary referral. This gave a total of eighty five percent of cases that involved domestic abuse at any one time. For this reason, domestic abuse was a major element within the support requirements, especially if support were to be effective for the women who had disclosed sensitive information.

5.7.2 The contract

The managers gave each referral a score based on a system where several factors were taken into consideration:

- Homelessness;
- Domestic abuse;
- Housing;
- Life skills, budgeting;
- Health;
- Legal advocacy;
- Community, isolation;

- Education, employment;
- Length of time on the waiting list (points increase over time);
- Other.

Homelessness and domestic abuse received the highest points and this determined when a potential service user received an initial visit and was allocated a support worker. In an initial visit the support worker introduces the service and the type of support it provides, and this is when the first part of the contract is completed. The service users discuss their support needs, which are recorded by the support workers, and the document signed by the user, creating a formal contract between her and MH. This first part of the contract forms the basis of the support, so that all future support is related to the contract:

We can be clear from the word go...we can support you with housing repairs, resettlement, help with budgeting and that's identified at the initial visit. So that is what we are working on. (Angela, manager)

However, this approach requires potential service users to collate the information about MH, apply it to their own needs and decide where their priorities lie. All of this has to take place in a one-hour session with a complete stranger. This type of disclosure could prove difficult for any woman, and even more so for those already traumatised by domestic abuse, who might feel confused, vulnerable and stigmatised (see Chapter 4). The system is dependent on women survivors being able to hear their personal voice and express it, and on the support worker being able and willing to hear, listen and pay attention to that voice. However, for many survivors of domestic abuse, the personal voice that tells them what they need and want may be silenced by the cacophony of the formal, informal and private voices (see Chapter 4). This may create confusion that prevents the survivors from knowing and expressing

what they need and want from the support service, as will become evident in Chapter 6.

The contract is assessed by the manager who once again uses the scoring system to decide how quickly the case is passed to a support worker; again, domestic abuse has a high score. The second part of the contract is an ISP, which is completed by the support worker and finalises the support agreement.

5.7.3 The individual support plan

As discussed in Chapter 2, the ISP is a core requirement of the QAF (ODPM, 2002). Its purpose is to detail the support needs of the service users, placing appropriate action from both parties into a time scale. Intended outcomes are clearly defined, and it is against these that the success of the support is measured. The ISP is, then, a central element of the contract between the service provider and the service user, so that for the service to be effective, it is essential that the voices of service users are heard and recorded on the ISPs, as the experts at the heart of their support packages. The ISPs used by MH workers contain the following categories:

- Housing;
- Education/training/employment;
- Health, drugs/alcohol;
- Children;
- Legal;
- Benefits/welfare rights, budgeting;
- Community/social networks;
- Other.

The most striking feature of the ISP is the disappearance of domestic abuse - relegated to the category of 'other', the last section on the form. This, in the context of organisation, eighty seven percent of whose service users have experienced domestic abuse! MH was using a formal judgement that made domestic abuse invisible, the unspoken subject, thus conveying the message that it was unimportant, and adding a formal voice to the cacophony already being experienced by abused women. This could reinforce women's lack of self-belief and add to their confusion (see Chapter 4); it could also discourage women from citing domestic abuse as a support need. In this case, it would not be entered on the contract, and this, in turn, would have serious consequences for women survivors, because contracts are closely adhered to for purposes of accountability and measurability

It can be suggested that domestic abuse has been removed as a category because it is complex and involves a large amount of emotional support which is difficult to quantify:

You can't measure emotional support, but whichever family you work with, there will be a certain amount of emotional support, but if that was the main reason we were involved I would have to question that. (Angela, manager)

I would be looking at what emotional support are you actually giving them [service users]? ...what are you [support worker] doing on a week-by-week basis? You have to be able to account for your time. (Linda, manager)

Emotional support undoubtedly presents problems for organisations that are required to be measurable and accountable to meet funding requirements. This leads almost inevitably to such organisations having to place the emphasis of the support on practical activities.

The issues of measurability and accountability could have major implications for women survivors who have experienced domestic abuse, as we have discussed in Chapters 1 and 3 and through the 'volcano model' in Chapter 4. Survivors are dealing with many complex issues and emotions which arise from the abusive relationship and one of the main elements required to help them move on with their lives is to be heard and listened to as they make sense of their experiences. One specific focus is the break up of the relationship, the loss and grief they experience, and as discussed, if women survivors do not make sense of this process they can remain fixed and unable to progress with their lives. It is therefore essential that emotional support is available to them.

ISPs are a key element that determine the type of support women survivors receive, so what is of interest is how they were used by MH and hence whether women's voices were heard or silenced. Steph, described how she used the ISP:

In those first couple of weeks I have gleaned from them what is important. I am reminding them, actually of what they said at the outset. I do feel that I might have to direct to a certain extent but the direction I am giving and the way I am trying to influence the session is based on what they have agreed are their first priorities. (Steph, support worker)

I would like to see them [ISPs] completed much quicker...because I think once you have been working with someone for 4 weeks, what's been the basis of your work...Some people argue that well that's time spent getting to know the client but I think the reality is we need to go in there and run it almost. (Linda, manager)

Steph's comment shows that she had assumed that women survivors could express themselves and were prepared to do so from the outset. It is clear that she considers herself to be the expert by her constant use of 'I', for example: 'I have gleaned from them what is important'. Steph describes following the initial contract and requiring the service user to do the same - an approach that does not allow for any other issues to arise as the worker/service user relationship develops. Her day-to-day interactions

with service users could well silence their personal voice: 'I do feel that I have to direct'. I found that over half of the support workers used this approach and that, as can be seen from Linda's comment, that this was encouraged by the managers.

It can be argued that Linda's comment of 'go in there and run it almost' indicates that once again MH is responding principally to the requirements of the SP to be accountable and measurable. The interpretation and demands of these criteria caused organisational 'deafness', and may have silenced the personal voices of the women survivors; this will be explored in the next Chapter.

Pre SP, MH was able to adopt a more flexible approach, and therefore there was time to 'get to know the client' before the ISP was completed, a system that was preferred by a number of the support workers:

You should get to know your client first, and the client needs to feel comfortable before they can start divulging what they want to achieve. I am a stranger and they are a stranger to me. I have got to feel comfortable about asking them certain questions. (Amy, support worker)

I would leave it [the ISP] until later, because I think it is vital that you gain knowledge of that person, and build up some kind of relationship first, to understand who they are and their abilities to carry this ISP through...I think it is about getting to know a person before we can decide what is the right support. (Janet, support worker)

This can be a crucial part of the engagement for women survivors; however, despite the longer time element, domestic abuse was still not a major element in the support. This suggests that it was the actions and day-to-day interactions of the support worker that determined the support package. Furthermore, the ISPs were often not used or reviewed, and as a consequence did not enable survivors to develop their support requirements.

The concern is whether the ISP actually reflects the 'real' support needs that is to say whether the personal voices of survivors were heard and paid attention to. Without this, survivors' lives would be shaped and defined through their interactions with the support service, on the terms of the organisation, so that they may continue to be ashamed, humiliated, confused and silenced. There is evidence to suggest that service users did not have a voice in the ISP review process:

You go and you review the ISP everything's done but then they [service users] come back with another whole load of support needs and I think hang on a minute we just need to put things into perspective here because how long can we work with a family because families will always have issues. So it's about where do I draw the line? (Linda, manager)

It can be argued that if service users produce an inexhaustible list of support needs then the support on offer is not effective, which suggests that day-to-day practices need to be re-assessed. Furthermore, the confusion created by this kind of interaction with service users may be adding to their needs and yet MH refused to extend the support.

There was one example found by my research of good practice using an ISP, in which the support worker went through the document and explained the system. This gave the service users the knowledge required to complete the ISP for themselves:

I say 'right...you [service user] have gone through the process, it's not scary, so here you go'. I let them do it because they claim ownership of the process. (Janet, support worker)

As Janet quite rightly states, this approach enables service users to own the process; taken one step further, they are the experts about their own support requirements. Used in this way, the ISPs ensured that user participation had taken place, and if the support was provided accordingly, the service could be effective.

Potential positive outcomes of ISPs:

- The core element of support required by the SPP of completed ISPs, has the potential to enable service users to be at the heart of the support service, if their voices are heard, listened and paid attention to;
- The ISPs are a structure through which support can be developed and measured;
- Service users can use the ISPs to measure their progress and achievements;
- Support services can use the knowledge created through the ISPs to develop effective services in the future.

Potential barriers to success:

- The challenge is to ensure the personal voices of the service users are actually present in the document. Without this, the SPP could marginalise and silence women survivors, as will be explored later in this Chapter;
- Ineffective management;
- Lack of training could result in workers still avoiding difficult support needs;
- Workers can use the ISP to avoid complex emotional support because the category of domestic abuse does not appear in the document;
- MH uses the ISP to measure the success of the support, yet the ISP may not reflect the needs of the service users;
- Success is measured in terms of meeting funding requirements, rather than those of service users.

5.7.4 The daily record sheets

The DRS is completed by the support worker, read and signed by the service users, and used to detail the day-to-day support provided, as well as highlighting any

further support needs. The DRS had to tie in with the support package as detailed on the contract and the ISP, and therefore has the potential to be a central document enabling survivors; personal voices to be heard and paid attention to in developing their support packages. Evidence suggests that the intended purpose of the DRS was for MH to be accountable and measurable for SP in the following manner:

- By providing clear evidence that the day-to-day support followed a structured outline in accordance with the ISP;
- To account for the length of time workers spent supporting service users;
- To show that the organisation was accountable to the service users, placing them at the heart of the support package.

However, seventy percent of the support workers stated that despite the fact that their service users signed the DRS they did not read them, and therefore did not play an active part in their support plan. Why this was the case from the women survivors' perspective will become apparent in the next and subsequent Chapter. What is clear is that the paperwork process has the potential to enable service users to be at the centre of their support plan, to be heard. But evidence suggests that the day-to-day actions of the workers in terms of how they used the ISPs and DRS could act to silence women survivors, rather than enable them to be heard:

But these are intelligent people [clients] and if there is no-one else to talk about things like their thoughts and feelings, which we are meant to get in touch with to help them get better, how can you do that when you have got to stick to what the DRS or the ISP says you must do each time. To me I think it could be disempowering as much as empowering...I think it could disempower to say 'on the third week you need to be doing this because it says so on your ISP...I do not think they are as constructive as they should be, you need a lot more flexibility for your client. (Janet, support worker)

OK it's good to have systems and procedures but I feel that somewhere along the line we are getting lost in paperwork. It's no good to the people you are supporting. (Sophia, support worker)

These comments from Janet and Sophia reflected the general opinion of the support workers with regard to the increased amount of paperwork. There were also concerns from support workers that the level of paperwork made the service feel more like a statutory services than a voluntary organisation:

But we are like on the borders of social work now, rather than where we should be at. There seems to be a big change in the whole ethos. (Zoe, support worker)

We are voluntary. This is why I think we work well with the client, because they don't see us as—well statutory—and they are not threatened by us and I think we probably get a lot more positive work done with clients because of that. (Lois, support worker)

The issue of providing voluntary sector support that was perceived as non-threatening was a concern for most of the support workers, because a service developed on a statutory model could prevent service users from fully engaging with the workers. Whether or not this was the case will be explored in the next Chapter.

To summarise, the combination of the ISPs and the DRS offered a system and process through which the voices of the service users could be heard, listened and paid attention to. This would have been beneficial on several levels:

- Women survivors could be the experts, determining their own support requirements;
- Effective support could be provided because the support providers would understand support needs from the perspective of the service users;
- The knowledge produced by listening to the voices of the service users could be used to develop effective services in the future;

- Women survivors would no longer have their lives shaped and defined through ineffective services (see Chapters 3 and 4);
- Services would no longer be part of the processes that enables men to abuse women they know; hence domestic abuse may be ameliorated if not eradicated.

However, the demands of the paperwork process, coupled with the ineffective management of change (discussed earlier in this Chapter) seems to have resulted in a process that could equally silence the voices of women survivors. Whether or not this was the case or not will be explored in the next Chapter.

5.8 Ceasing the Support

As we have discussed earlier, the ISPs were used to place a time limit on the support; once most of the objectives had been achieved the managers and support workers determined the finish date. The service user was usually informed two to four weeks in advance, but were not part of the decision making process—the impact of which will be discussed in the next Chapter. Of course, if the ISPs and DRS were used as intended, the service user would have been central, the expert, in the decision making process.

However, there is evidence to suggest there was friction within MH, with over half of the support workers feeling under pressure from their managers to cease support, as expressed by Janet and Amy:

Because we have obviously got a really long waiting list...she [manager] was giving me limits, timing me on each and every one, to tell me when I was to cease with them. (Janet, support worker)

But the feedback now that I get [from the manager] compared to when I first started [pre SP], is how quickly you can roll over clients because of

the pressures of showing that you are actually doing something. (Amy, support worker)

The pressure from the managers may have been a direct result of two of the funding criteria of SP, in that by supporting a larger number of users and cutting the waiting list, MH would appear to give greater value for money and prove its strategic relevant.

The managers were aware of the issues regarding the difficulty of ceasing support; however, it was widely considered that the support contract - of which the ISPs were part - facilitated a planned way of carrying this out:

There are certain outcomes we are looking for, certain outcomes of support and then that's gonna be it. (Chloe, high level manager)

This started from day one and was seen by the managers as 'protecting the support worker' with a structure that removed the personal element. However, this did not leave any space for support needs that may have become apparent at a later date. Once again the system relies on the service user's understanding what is on offer vis-à-vis her own needs, which requires the user to be able to hear her 'personal' voice. Furthermore, she then has to feel confident enough to express these needs, which as we have discussed in Chapter 4, may be difficult due to feelings of shame, humiliation and social stigma. The workers of MH then have to be willing to hear their voices and respond accordingly. This approach could be interpreted as fulfilling the needs of the organisation, but not necessarily those of the service users.

5.9 Measuring Success

All funding bodies specify criteria that recipients have to fulfil to be regarded as successful and hence worthy of funding. This is legitimate in terms of accountability,

but can be problematic in pushing organisations, groups and individuals towards short-term thinking with an emphasis on tangible, measurable outcomes. Thus, funding requirements inevitably impact on what people do, when they do it, and how they do it, despite the fact that a considerable amount of support work in many, if not all, arenas requires a long term perspective. For by definition, people who seek support have needs that are not restricted to the practical (material) sphere, but include such 'intangibles' as emotional or psychological. Indeed, it may be that these are more significant than material factors in terms of meaningful success - that which will lead to longer term improvement in the quality of service users' lives. The tension arises because of the dominance of assessment criteria that are rooted in a positivistic paradigm which prioritises quantifiable measures of 'success'.

Despite its emphasis on the needs of service users, the SPP requires organisations to meet specified standards of measurability, accountability, strategic relevance, and cost effectiveness, as laid down in their QAF (see Chapter 3). Assessment of organisations' performance in meeting these standards is done through (i) a desk top review carried out by managers in individual organisations and, (ii) an audit carried out by Supporting People. The Audit results in the award of a grade to the organisation - ranging from 'A' to 'D' - (see Chapter 3) and this affects subsequent funding. In the 2004 Audit, in the assessment of MH against the QAF the results were as follows:

Table 4. MH assessment against the QAF

(Supporting People, 2004a: 4)

QAF Code	Service Objectives	Self-assessment (MH)	Standard attained (SP)
C1.1	Needs Assessment and Support Planning	B	C
C1.2	Security, health and Safety	C	C
C1.3	Protection from abuse	C	C
C1.4	Fair Access, Diversity and Inclusion	B	C

The overall 'C' grade, means:

The service meets the required minimum standard but there is room for improvement. (ODPM, 2005b: 2)

MH was given a lower than expected grading because:

- The SP review team could not find enough evidence of up to date assessments of need in the files;
- There was a lack of clear links between the assessments and ISPs that were available;
- There was no demonstrable link between previous actions and the eventual outcome. (Supporting People, 2004a).

This clearly shows that the SP review located an area that required improvement, in the improvement plan that followed MH was given the following direction from SP regarding the use of ISPs:

All service users should have individual support plans which address the needs identified by the assessment process and the outcome they want to secure from the service. (Supporting People, 2004b: 9)

As we have already discussed, the use of the ISPs combined with an effective and efficient review system offers a structured process through which service users' voices can be heard and listened to. Thus, knowledge can be developed and paid

attention to as it becomes reflected in service provision and delivery. However, the problem lies in what is recorded on the ISPs, and hence used to measure the effectiveness of the service. In the QAF there is no indication that the ISPs actually reflect the needs of the service user or what they want from the service. What has become evident from this research is that the ISPs are more likely to reflect that which is measurable according to the needs of the funding requirements. Indeed, this comment from Chloe, a high level manager raises major concerns about the whole paperwork process:

So that we can actually evidence the things that we do, do the things that they're [SP] paying for those individuals. So it's stopped being for the benefit of the client and started being for the benefit of the organisation and Supporting People. (Chloe, high level manager)

This is in respect to the paperwork, yet it is through this system that the voices of the service users are supposed to be heard and paid attention to. In my opinion it would be a mistake to underestimate the importance of ISPs and DRS, because it is against these documents that the outcomes of the service are measured. As a high level manager, Chloe's comments are revealing, suggesting that support will continue to be delivered in a manner aimed at ensuring that MH meets the funding requirements of SP, regardless of the impact of this on the service users. Through the QAF, MH was measured as providing the minimum acceptable level of service, with room for improvement, a decision that was based on its accountability and measurability through the paperwork processes. This would be entirely appropriate if part of the measurement criteria ensured that the voices of the service users were at the centre of the process. However, the evidence so far indicates that the voices of service users were not represented in the process. Nor were any specific recommendations made by SP to ensure the service users would be at the heart of the support package in the future. The requirement of the SP was only that the completed ISPs et cetera were

present in the service users' files; their subjective content in relation to service user needs was not under scrutiny. A key question in the next Chapter is whether or not the service users felt the support had been successful, that is, were their personal voices heard, listened and paid attention to or were they silenced?

Within the review process, organisations were required to reflect the needs of the service users through service user participation, which, as discussed in Chapter 2, can be flawed by inequalities, and even at its technical best, may not succeed. This may be due to organisational 'deafness', due to the following factors:

- Poorly trained managers;
- Poor managerial practices that create a prevailing ethos of fear among the workers who then avoid support which is not measurable;
- Lack of domestic abuse training;
- An allegedly 'listening' organisation that does not hear the personal voices of its workers, so that they do not feel safe to engage in complex emotional support needs;
- A focus on funding requirements over and above the needs of the service users.

Therefore, as a result of processes and day-to-day practices, service user participation verged on the tokenistic, the impact of which on the service users will be analysed in the next Chapter. Suffice it to say that MH was required to meet the criteria of measurability and accountability so that the emphasis was on the quantifiable measures of success for nearly all the workers, as described by Angela and Lindsey:

The theory behind what we have been doing—that we can't measure what we have been doing at ground level, you can't measure what you are doing when they [service users] get emotional support, and further

up [the paperwork system] they [support workers] have to be showing the support on the ground is measurable. All the time you have a constant evaluation really. (Angela, manager)

I think you know that you have done a good job because you have seen the material results, you have re-housed someone, got them better decorations, the practical elements which make a big difference to a person's life, you can move a family into a better life. (Lindsey, support worker)

However, one support worker showed awareness of the limitations of practical measures:

That's a really difficult one [measuring success]. I might have covered all the practical things and left an emotional wreck in a heap! Looking from the outside means it could look fantastic but actually getting in there and to the nitty-gritty, nothing may have changed. (Amy, support worker)

The success of the service will be critically analysed from the perspectives of the service users in the next and subsequent Chapter.

5.10 Summary

In April 2003, the SPP went live, implementing a new funding strategy for housing support services. The central aim of this is to develop cost effective support services based on local need. These services have to be strategically relevant, measurable and accountable, and defined not only by the organisations involved but by the potential or current users. The users (in this case women survivors of domestic abuse) are to be placed at the centre of the development and delivery of the service through user participation. The aim of the SPP is to bring their voices into the public arena and to put them at the very 'heart' of the system (ODPM, 2003e). This is a crucial element for all users, but especially for women survivors, who, through the process of being heard, listened and paid attention to, potentially become the experts in defining their own support needs. This, in turn, can result in effective support that enables women

survivors to move on so that their lives are shaped and defined by positive outcomes (see Chapter 4).

Using semi-structured interviews to collect primary data and an interpretative approach to its analysis (see Chapter 2) I have endeavoured to locate the voices of the workers and the women survivors. What I hope to have achieved in this Chapter, is for the reader to hear the voices of the workers as they were spoken. In Chapter 6, these voices will be evaluated against those of the women survivors. Using a top down approach to the analysis, I have located the voices within the processes and day-to-day activities of MH. This approach is important because it is within the parameters of the processes and day-to-day activities and interactions that the individual actors are trying to be heard. That is, managers have to ensure that service delivery complies with the funding criteria in order for MH to continue to operate. This results in managers instigating changes that the support workers have to implement, and the service users have to accept in order to receive any form of support.

In this Chapter, the voices of the workers of MH have been brought to the fore in an attempt to understand:

- The impact of change on their day-to-day practices;
- Whether the changes enhance the ability of women survivors to make their voices heard;
- The possible sources of 'organisational 'deafness'', specifically, to ascertain whether the organisation was able to hear, listen, and pay attention to the voices. Of concern was whether the processes and day-to-day activities that

enabled MH to deliver support actually served to marginalise and silence the voices of women survivors, rather than paying attention to them and reflecting this through improved service provision.

What has become apparent is that there were three main sources of organisational 'deafness' that impacted on both the workers and the women survivors. These were: poor managerial practices, lack of training, and a prevailing ethos that operates for the benefit of SP rather than that of the service user:

- Poor managerial practices resulted in a working environment in which there was a lack of trust between the managers and the workers and therefore the support workers did not feel 'safe' to express their concerns and experiences with regard to the changes. The result was that the workers were inclined to undertake only 'safe' support that they were confident would not attract repercussions - that is, support that was measurable and accountable in accordance with funding requirements. Furthermore, because the managers did not promote an ethos in which the voices of the support workers could be expressed and listened to, they did not feel supported. As a consequence of not listening to the voices of the support workers, the managers did not understand the high levels of demand, and hence the high levels of stress, that the changes were creating for workers. Once again the result was that the support workers avoided complex support needs, such as domestic abuse, in an attempt to reduce their stress levels. It is likely that this will have resulted in the voices of women survivors being silenced;
- The problems caused by poor managerial practice were compounded by the managers' lack of training. This was despite the QAF detailing that change

had to be continuous and underpinned by robust and effective management (ODPM, 2002). A further element that is worthy of note is that all the support workers felt they needed more domestic abuse training to help them understand the needs of women survivors. The managers did not agree with this opinion (or perhaps did not listen to and pay attention to it) and therefore no further training was made available;

- The managers' focus on funding requirements over and above the needs of service users constitutes an organisational weakness.

What became evident to me in this research is that the SPP, in placing service users at the heart of the system, is a step in the right direction. Unfortunately, it was the policy processes and day-to-day interactions of the managers in MH that may have silenced the voices of women survivors (see Chapter 6). Therefore, the onus lies with the managers of MH to improve their service by supporting their workers through effective and robust managerial practices and training. Ultimately the onus lies with the SPP to ensure the rigorous application of the review process in order to ensure that organisations such as MH fully comply with funding requirements, and develop their services in accordance with the needs of service users.

Thus through user participation, service users' voices should be evident at both the macro level of policy processes and the micro level of day-to-day interaction, through the ISPs. It is through these voices that the success of support services need to be measured. Without this, service users' lives will continue to be shaped and defined by ineffective support services.

Chapter 6

Supporting People and Housing Support: the Impact on the Survivors of Domestic Abuse

I mean all I want to do now is gain some confidence, some self-esteem and stop feeling like death, for want of a better word. That's how I feel. I'll spend pounds on my hair and other things, and it's not actually externally, I feel bad inside. I'm starting to get so bad that I think I am ugly in this and that and it's getting frightening. Part of me knows that it's stupid but it is taking over because I feel so bad inside...The only defence you have is to survive. When I say survive, I have been surviving it, all these traumas, but at detriment to my health. I want to survive it and be happy. That's what they [the abusers] have taken away from me. (Suzie)

6.1 Introduction

In chapter 1, we discussed the focus of this research which was to explore the impact of the SPP on the women survivors of domestic abuse. The SPP aims to place users' views at the heart of the service to make them the 'experts'. This approach is particularly pertinent for women survivors because it is through their interactions with support services that their lives are defined and shaped (Hague *et al.*, 2003). Thus, if services do not hear, listen to or pay attention to the voices of women survivors they will continue to offer support that is ineffective, as a consequence of which survivors will be marginalised and silenced.

The aim of this chapter is to bring forward the voices of women survivors - the service users - in order to understand their experiences of the housing support offered by MH. These accounts are placed in the context of the SPP review criteria, the policy processes of the organisation and the day-to-day interactions with the workers. The aim of this is facilitate critical analysis of the women's voices relative to those of the workers (see Chapter 5) in order to establish the reliability and validity of their

accounts. For ease of comparison this chapter will follow the same structure as Chapter 5 and will use the same headings where appropriate. What will become apparent are the sources of organisational 'deafness' that prevented the survivors from being heard, listened to and paid attention to in and on their own terms.

To develop our understanding, and hence facilitate our ability to hear, listen to and pay attention to the survivors' voices in this chapter, I have clearly defined domestic abuse, and discussed how it takes place (see Chapter 1). I have also placed domestic abuse in both the historical and present day context of support services, to show how policy processes and the day-to-day actions of individuals shape and define women's lives, and thus our current understanding (see Chapter 3). In Chapter 4, I used my 'volcano model' to express new knowledge through imagery as well as the written word in order to explore how domestic abuse may 'feel' for women survivors. The aim was to highlight how policies, processes and actions take place that may prevent women from leaving abusive relationships. This is not necessarily in the physical sphere and what this chapter illustrates is that survivors can be fixed in an emotional maelstrom because their voices are not heard, listened to and paid attention to.

All the participants have been anonymised for the reasons discussed in chapter 2, and there is no connection between the support workers named in these accounts and those mentioned in chapter 5. The purpose of this is to ensure there would not be a 'blaming ethos' (Ramcharan and Cutcliffe, 2001). Also, what transpires from the data is that regardless of the individual worker, there were definite patterns of behaviour in MH vis-à-vis the importance of the funding requirements of the SPP, the actions of the workers, and the support provided.

6.2 The importance of Being Heard, Listened To and Paid Attention To

As we have discussed in Chapter 2 the sample base was small but the women survivors who took part in the research had a broad range of experiences. My first question was:

Can you say something about your history and how you came to be living here?

This question was not only asked to develop an understanding of their experiences in, and on, their own terms, it was also to provide a space in which the survivors could be heard, listened to and paid attention to. In other words, the research process hopefully became part of the processes that might help them to hear their personal voice and 'move on' with their lives. Indeed, as discussed in Chapter 2, feedback from the support workers was that over half of the women had found the interview process enlightening and that it had given them hope for the future.

The responses varied inasmuch as the participants explained their life experiences from different starting points; some began from early childhood, whilst others began at the point where they met their abusive partner. Their experiences were mixed but had two common denominators. They had all experienced physical and psychological abuse and over half of them had experienced sexual abuse in their relationships. The characteristics of the participants were:

- In all cases, the abusive relationship had lasted for longer than five years;
- A third had suffered severe physical injury requiring hospital attention at some point;
- Half had left the abusive relationship in the last twelve months;

- Two had left the relationship more than two years ago;
- One was still living with the abuser;
- Over half were still in contact with the abuser due to child contact arrangements.

Despite these differences there was a commonality amongst all the participants, which was a need to be heard and for their experiences to become known. It is worth noting at this point that there may be some direct correlations between their experiences of abuse - in terms of its severity and duration - and their view of support services. However, this research did not find any evidence of this, though it may be an issue worth further research in the future.

One striking feature was that the abuse, which was often very visible, was ignored by friends and family, as explained by Vyan:

It's like I'm still, like when I were going through it [domestic abuse] my mum and dad they could not understand me. I'm ringing 'em crying, pleading.....they're like 'sort it out its only a tiff'. I'm like 'its not a tiff, this is not a tiff', you know what I mean. I was getting pulled in front of a truck and trying to get me run over. (Vyan)

As we discussed in Chapter 4, family and friends are the source of the private voice, so that by not hearing and offering help, survivors are judged, silenced and isolated. This has a major impact on their lives when they leave the abusive relationship because without a support network, women survivors can become stuck in the phase of shock and disbelief (see section 4.7.1) and are unable to move on with their lives. Therefore, it is essential that support providers consider the impact of the survivors' isolation in this context, and develop processes through which they can be heard. The benefit of this is twofold:

- Through the actual process of being heard, women survivors can begin the healing and re-building process discussed in Chapter 4, and move on with their lives;
- Service providers can develop services that are based on the survivors' expert knowledge, and hence offer support that is effective and which shapes women's lives positively.

Andrea explained the importance of having somebody to talk to:

But I mean just talking to someone releases a lot of aggression and a lot of upset and whatever you're feeling...just knowing you've got someone there, that's what it all boils down to, just knowing you've got someone there that you can turn to and they're not gonna smack you on the nose...sympathy—everybody needs a sympathetic ear. (Andrea)

It is clear from these comments that through being heard, Andrea is able to hear and make sense of her personal, emotional voice which '*releases...whatever you're feeling*', helping her make sense of the abuse. Andrea refers to feeling safe enough to tell somebody about her experiences - somebody who is '*not gonna smack you on the nose*'. Taken one step further, this could apply to any interaction in which she was not judged and from which there were no repercussions. Interestingly, she uses the word 'everybody' when highlighting the need for a sympathetic ear. Hence being heard was presented as a basic need and not just a need of women survivors.

The issue of being safe from repercussions was raised by all the women survivors:

And talking to friends and family...you do feel like you are depressing people. You don't want to come across as this ...I am sick of being this victim type! You know four years on I don't want that. (Yvette).

All I knew was that I wanted somebody different to talk to about what happened. And erm, that was it really. I wanted somebody to talk to and because he was living with me at that point then as well...My friend, you know, I can't always turn to her as she was wondering what are you doing with him still, get rid of him. And I wanted somebody to hear me out, and then advise me on it all. (Sam)

Just being there, you know, having, knowing there's someone there. I know it sounds...knowing that you've got someone there that you can turn to, away from it all who has an idea of what's going on. (Suzie)

The fear of repercussions for Yvette was rooted in losing her friends and family '*you feel like you are depressing people*'; therefore she was silenced and emotionally isolated. Consequently, despite being 'sick' of being in her situation she may remain stuck, unable to move on in her life because her personal voice was not heard (see Chapter 4). The comments by Sam and Yvette raise a further point for consideration in that it was evident that they remained silent because of judgemental private voices '*My friend...I can't always turn to her as she was wondering what are you doing with him still, get rid of him*'. Here she was being judged because she remained in the abusive relationship. As we have discussed in Chapter 4, leaving the relationship and often the home means stepping 'outside' the constructed 'ideal' so that abused women are judged if they leave and judged if they don't. They are thus placed in an invidious position in which they can remain silent or face shame, humiliation, losing their self-esteem, their home, and their supposed chance of happiness et cetera.

Sam placed a very strong emphasis on the word 'me', she needed to be heard to make sense of her situation and move on (which she did physically, but at the point of this interview seemed emotionally confused). Yvette referred to someone who would listen who was not directly involved in her life: '*away from it all*', but made the point that they would need to understand the issues of domestic abuse. The question of relevant knowledge and training is therefore an important factor for support providers to consider.

What the women survivors wanted and needed was to be heard, listened to and paid attention to, (which might be why they took part in this study) so that they could

make sense of their own lives. It was clear that the private voices of friends, family and the abusive partner silenced the personal voices of the survivors. This made it difficult for the women survivors to be heard and their experiences understood, by themselves or wider society. The comments by Sam and Suzie highlight the problem:

I love him still that part hasn't gone. If he had a dirty pair of trousers on I want to get him in here there's a clean pair get them on. Erm but then I wondered would anyone understand why I felt like that? (Sam)

It's [the situation] just making me feel miserable and low in myself because I love him to bits and I can't express myself. I mean he nearly choked to death last August and just the thought of losing him. (Susie)

Both women had suffered physical and psychological abuse by their partners over a long period of time, had physically left the abusive relationship, but still had contact with their ex-partners due to child contact arrangements. It could be argued that the abuse had distorted Sam's and Susie's reality, had created confusion through a cacophony of voices, and that this made it difficult to hear their personal voices. Sam's confusion is evident in that she expresses love for her ex-partner, then wonders what other people think of that, that is to say, the formal, informal and private voices. Susie was feeling bad because she could not find her personal voice to express her feelings. In both cases, the need to have their voices heard seems essential to their ability to move on in life.

It is essential that services such as MH recognise the need to hear the voices of the survivors of domestic abuse if they are to support women survivors to move on in their lives, to become independent. Without this process of listening and paying attention to their personal voices, women survivors' experiences are unlikely to be understood and expert knowledge will not be developed. Without this expert knowledge, support services will continue to be ineffective and as a consequence, women's lives will continue to be shaped and defined through their interactions with

family, friends, support services and wider society. What will therefore come under scrutiny in the next section of this chapter is whether the workers of MH listened to the voices of the survivors in or whether these were silenced due to organisational 'deafness'.

6.3 Domestic Abuse Training

It would appear from Chapter 5 that a lack of training, especially domestic abuse training was a possible source of organisational 'deafness'. This was highlighted through the accounts of the workers in MH who felt they needed more domestic abuse training, but the managers disagreed. The managers' decision seems to have been at least partially influenced by the 'cost effective' criterion of the SPP. In this section, therefore, the voices of the women survivors will be heard in order to assess whether or not they felt that the support workers had the knowledge and skills to understand their experiences of domestic abuse. What will be explored is whether their voices were listened and paid attention to, and hence reflected in the support contract and documentation.

I asked each of the women survivors if their support worker had understood their experiences and offered effective support. None of them felt that the support was sufficient or that their situation was understood by their worker:

*No and that's why I ran away from domestic issues. Like I'm saying that I don't class them [MH] as support for that...I feel like I'm talking like I'm rushing, I'm talking and it's like 'yeah yeah yeah' **faster talk**, you know but I know that she's not understanding me. She's yeahing before I finish my sentence...If I'm giving a story, I'm telling you, you know, that this has happened, she's saying 'oh yeah that's not right'. It's just a dead end. (Sam)*

To me she didn't seem to know what she were on about half the time. I got more sense out of my dog than I did out of her, I really did, seriously. (Vyan)

It is evident from Sam's and Vyan's comments that they did not feel that their support workers understood their needs. Sam describes how she was silenced through the actions of the support worker: *'she was yeahing before I finish my sentence'*. Thus, despite the support worker apparently trying to give the impression that she was listening, Sam knew by the lack of response that she was not being heard: *'it's just a dead end'*. Despite this, Sam still tried to make her support worker listen to her:

I'd have to be honest and say 'yeah but Jean [support worker] you're not understanding me, this is how it is with him', and do you know I'd have to correct her because I felt, you know, this is how I were seeing it [the situation regarding the perpetrator]...And you're thinking why did I bother, I close then because I'm thinking they don't understand me. Then I'm thinking I'm confusing them so I better shut up. (Sam)

Sam had been supported by two different support workers from MH; however, their individual responses were the same:

I found with Jenny, it was, you know she was a bit more sickened by it [the domestic violence], which she should be, you know what I mean, dependent on what it was about and stuff, but she just closed there, there were no point. (Sam)

It is clear that it was not the Sam's inability or unwillingness to explain her situation, but the actions of the support worker - the formal voice - that silenced her. Jean, the support worker would not engage in conversation about domestic abuse and Jenny appeared to be *'sickened by it'*. This could have been for many reasons; however, it could be argued that with effective management and training the outcome may have been different. Thus we begin to see the impact of organisational 'deafness' on the women survivors.

It is interesting that Sam was concerned about how she was affecting Jean when she was discussing domestic abuse: *'I'm thinking I'm confusing them so I better shut up'*.

This was a common theme throughout the interviews, with a large proportion of the women survivors expressing concern about the impact that disclosure was having on their support workers. It may be that this was because the women survivors were paying attention to the formal voices, to keep themselves safe.

Not hearing, listening to or paying attention to the voices of women survivors not only silences them, but it also has the potential to be dangerous, even fatal. Vyan told her story of when she tried to leave the abusive relationship.

Her abusive partner would not allow Vyan out of the house with both her children, but always kept one child with him to prevent her from leaving (a form of control discussed in Chapter 4). However, Vyan managed to get her children away for the day and wanted assistance from her support worker to leave:

She [support worker] knew what I were going through...and I'd managed to get hold of her, and er, arranged to meet her, knowing he [the abuser] would ring this house and I wanted to get out, and I were pleading with her, I were crying, I were saying 'I don't want to go back I don't want to' she still ended up bringing me back here. Knowing that he was in this house...Only thing she [support worker] was saying to me was 'you'll have to go into a hostel'. I says 'why?'; she says 'I'd go into a hostel'.
(Vyan)

This shocking account clearly demonstrates how the support worker did not hear, listen to or pay attention to Vyan, despite the distress she was displaying. This again could have been due to a lack of training, but the lack of response to the physical distress suggests that the support worker was completely avoiding the situation. This could not have been due to an inability to recognise the signs of abuse, but might have been connected to personal experience or a lack of confidence to deal with a complex situation. It may also be related to the managerial practices and policy processes of MH, which, as we have discussed in Chapter 5, created an environment in which workers did not feel safe to take risks for fear of repercussions.

There is also some indication that the support worker did not understand Vyan's experiences: she was expected to go into a hostel, which she did not want to do; she wished to stay in her own home. As we have discussed in Chapter 4, staying in the home is often a key element for women survivors, because the home is not just a physical space, it is attached to the emotional sphere and is a place through which women's lives are defined. Furthermore, leaving the abusive relationship is fraught with many difficulties, as described through the Volcano model, but what Vyan initially wanted was safety away from the abuser.

The main point is that the support worker used her formal voice '*I'd go into a hostel*', which could have been informed by the formal voice of the state, or support services, the informal from myths, friends, colleagues or her private voice based on personal experiences. It is not clear why or how the support worker made this judgement; what is clear is that Vyan's personal voice was not paid attention to, even if it was heard and listened to. Vyan tried to explain to her support worker what she wanted her to do:

She should have done more than what she did. She could have got hold of the police and got him out of the house for me. But she didn't even do that. (Vyan)

Vyan was correct in her assessment of the situation, but still felt powerless to insist that the support worker followed her instructions, thus her life was shaped and defined through the day-to-day interactions with the worker. Shortly after this event Vyan refused further support from the service, perhaps because this was her only power. The managers of MH were not aware of the situation for two reasons:

- It was not recorded in the DRS in the manner described by Vyan, and therefore would not have been discussed in the JRM;
- Vyan decided that there was no point in lodging a complaint. It could be argued she had learned through her experience of the service that her voice would not be heard and that as a result she was silenced.

A further point to consider here is the role of the SPP. Through the review process organisations are audited to ensure they are accountable to both SP and the service users, and it is through this that the success of the service is measured. The QAF contains the review criteria, that have the potential to improve services for women survivors, but despite this it is clear the following QAF criterion was not fulfilled:

S3.2 The service is flexible, sensitive and responsive with the aim of maximising service users' dignity, independence, choice and control over their own lives. (ODPM, 2002: 30)

Indeed, the support failed for over half of the women survivors on every aspect of this criterion but the SP review did not highlight this. It could thus be argued that in funding services which did not meet QAF requirements, the SPP is directly responsible for marginalising and silencing women survivors.

So far in this thesis, my research indicates that the voices of abused women need to be heard in order for them to move on in their lives and become independent, and that services need to pay attention to survivors' voices in order to develop effective service provision. The SPP aims to put users at the heart of the system through user participation which would enable women to be the experts about their own support and this would help services to be effective in shaping and defining women's lives positively. However, what has become apparent thus far is that organisational 'deafness', coupled with an ineffective review process, may silence those voices.

What will come under scrutiny in the next section is the impact on women survivors of organisational processes and day-to-day interactions.

6.4 The Referral Process

As we discussed in Chapter 5, the details held on the referral document, coupled with the ISP, form the basis of the formal contract between MH and the service user. These documents detail the support to be offered and the intended actions for each party, placed in an agreed time scale and used to measure the outcomes of the service (see Chapters 2, 3 and 5). Therefore, in order for support to be effective, it is crucial for the voices of the women survivors to be heard and paid attention to and recorded in the documents. The question addressed in the next part of this chapter is whether - according to the women survivors - this took place or whether their voices were silenced through policy processes and the day-to-day interactions with their support workers.

Managers used information from the referral and from the initial visit to decide when and if the support would take place. This process relied on the women survivors being able to express their personal voice; on it being heard and paid attention to, and, on it being recorded on the initial contract. This process did not take into account how difficult it is for women survivors to hear their personal voice above the cacophony of the formal, informal and private voices, as Sam describes:

I know how I would like to be but I can't put it into words...It's because I am so confused as well, cos one minute I'm feeling like this and then another I'm feeling like that. (Sam)

Sam's comment indicates that she was having difficulty understanding her feelings, which gives an indication that she could not hear her personal voice and was confused by the other voices. As a result, she found it very difficult to tell the support

worker what she needed and wanted from the support. This could have been for several reasons, for example, Sam did not fully understand the support package; she found it difficult to disclose to a complete stranger due to feelings of shame, humiliation, lack of self-esteem, and so on (see Chapter 4).

Sam's experience is not unusual: over half of the women survivors were confused about what support was on offer, and therefore did not know what they could ask for:

Although I spoke to my health visitor about it [domestic violence]...and obviously she'd mentioned it to the others [MH]. But it never occurred to me, it was never explained to me, so obviously I felt I can't talk to her [support worker] about that [domestic abuse]. (Yvette)

In Yvette's case, the health visitor made the referral, yet despite domestic abuse being recorded as a support issue on the referral form, Yvette did not realise she could ask for such support. Whilst the referral and the initial visit from the support worker was an essential part of the support process that enabled the managers of MH to judge if their service was appropriate and strictly adhered to, it may have prevented survivors receiving effective support.

A further point to consider regarding the initial contract is the role of the SPP. The QAF states:

S3.1 The provider has a coherent description of the support service/s to be provided, based on defined values, rights and the philosophy of support. (ODPM, 2002: 30)

Yet, at the initial contractual stage the women survivors were not clear about the support on offer, so that this funding requirement was not being fulfilled. The responsibility to ensure that their service reflects the needs of service users rests with the managers of MH. However, it is the responsibility of the SPP to ensure that this takes place.

The final part of the contract is the ISPs which are key documents that if used as intended could capture the voices of women survivors and thus place them at the centre of their own support package.

6.5 The ISPs

The ISPs are at the very centre of the support plan; they are designed to structure the support in accordance with the needs of the service users - the women survivors. Unfortunately, what became apparent in Chapter 5 was that almost none of the support workers used the ISPs to capture the voices of the service users. Often they would be completed by the workers at the beginning of the support process, and not reviewed, so support needs not recorded at this time would not be addressed in the future. Furthermore, Chloe, a high level manager of MH, stated that the ISPs were part of a paperwork process that was no longer for the benefit of service users, but that of SP. This raises two questions:

- Did the women survivors have a voice in their ISPs?
- What was the impact of the paperwork process on the women survivors?

As previously discussed in Chapter 5, the ISPs had set categories on them, yet despite being a high level need in the initial referral process (see Chapter 5), domestic abuse does not appear on the ISPs. It is thus unclear what type of support was on offer, which raises several concerns:

- Women survivors may think they will get emotional support because they have already disclosed their experiences;

- Women may be confused because domestic abuse does not appear on the ISP, and the support worker may not raise the subject;
- The lack of the category may enable support workers to avoid the complex emotional support issues associated with domestic abuse because they are difficult and not measurable (as discussed in Chapter 5).

Sam describes how she was silenced because she did not know what support she could request:

The incident [with the perpetrator] I probably if I knew that I could go to them and talk about it I would have told them from scratch. When something just happens I felt like, you know, all of a sudden I'd just break down, I'd be like what's brought this on, but if I would have known that they are there for incidents like this, what it was about [the support] I could do this I would of. (Sam)

Sam indicates that she would have been comfortable talking about her experiences to the support worker from the start. What is evident is that by not doing so she received ineffective support. She was not enabled to hear her personal voice in order to understand herself and was therefore overcome with emotion that she did not understand. Sam describes herself as feeling '*broken hearted*' and it could be argued that the support worker needed to take this into account so the recovery processes of loss and grief (see Chapter 4) could help Sam to understand her emotions. With appropriate support, this process could then have helped her to move on with her life. Sam did not feel able to raise the issue of domestic abuse with her support worker:

It's one of them [support workers] who should have asked that question [about domestic abuse] because for me to sort of tell her this [about her mixed up feelings]. (Sam)

In fact, the experience of all of the women survivors I interviewed was that domestic abuse was not spoken about, and did not appear on the ISP or the review. It is clear that Sam felt the onus was on the MH workers to ask about domestic abuse, and it

can be suggested that if this were done as a matter of good practice, it would enable women survivors to be heard and their experiences better understood. Sam explained how she would like to have dealt with the ISP, to feel more in control of her life:

If probably she'd [support worker] given me an Action Plan and I was to sit down, even though she could definitely look at it the next time...If she left it with me, I'm a person who loves that paperwork anyway so if anything I thought were an issue I'd write it down, it makes me feel better...cos everytime she asked me a question straight out, I was thinking what does she mean by that? (Sam)

Here Sam's explanation indicates that the process of filling in the ISP would have helped her not only to make more sense of it, but to feel more in control of her life. Furthermore, it is evident that it is the day-to-day interaction with her support worker that has the potential to silence her personal voice: *'she asked me a question straight out, I was thinking 'what does she mean by that?'* Therefore, it is not the actual paperwork system that silences women's voices, but the day-to-day processes involved. This points to the potential of the SPP, through its funding requirements (especially the ISPs) to place women survivors in control of their own lives.

However, there remains the concern about the lack of a domestic abuse section on the ISPs, which raises the question of why MH and SP use domestic abuse as a contractual and referral issue if it does not offer direct support. This leaves women unsupported and, furthermore, misrepresents the support that is available, leaves gaps in provision, and shapes and defines women's lives in the process. It could be argued that it is the role of the SPP to ensure that if domestic abuse is on the funding contract, then the support organisations should have to evidence that appropriate support is provided. After all, part of the contract is based on strategic relevance, that is, local need (ODPM, 2002; 2003; 2005) (see Chapter 3). SP has decided there is a need to provide support for abused women in the city. If this does not take place the

service becomes tokenistic and abused women are marginalised and silenced. This is another example of how the review criteria of the SPP were not being met by MH, yet they still received SP funding.

6.6 The DRS

As previously discussed in Chapter 5, the DRS is the document that records the day-to-day actions and interactions of support workers and the service users. The DRS is used in conjunction with the ISPs to present evidence of the support provided, and is thus part of accountability and measurability procedures. Used appropriately, the DRS therefore has the potential to place service users at the heart of the system. Furthermore, given that it is through the day-to-day interactions of support workers and women survivors that knowledge is produced, the DRS could be used to develop services.

However, the process relies on the women survivors knowing that they can discuss domestic abuse, having confidence in the actions of their support workers and being able to express themselves in order to describe their experiences. The process also relies on the ability and willingness of the support worker to hear, listen to and pay attention to the voices of the women survivors. What became apparent in Chapter 5, is that there were barriers in place that made this process difficult, including poor managerial practices and lack of training. In the next section the voices of the women survivors will be heard as they describe their experiences of the paperwork process.

In order to ensure that the service user has a voice in the process, she is required to read the DRS, make comments about its content, and then sign it. However, more

than half of the survivors I interviewed had not read the DRS, and all of them found the system intrusive:

I found that there's been a bit, like you were talking about, that [domestic violence] it would go on there as a bad thing...and that's why I stopped [talking about domestic violence] cos once I'd seen that [DRS]...she never explained that it's not that they're coming here judging you or anything. You just feel like 'well what's this about?' (Sam)

I thought she was writing down stuff like what she did with my house and all that sort of thing...like we went to housing and we went to court and this and that. We got further along with the housing—but it was just stuff about the kids...well when I found out what she was writing—it didn't help...I was really quite shocked at what she wrote down. But I didn't say anything...I was going to complain about her...but I thought it over afterwards. (Tracey)

Sam and Tracy did not understand the purpose of the DRS and they therefore felt the process was judgemental: 'it [domestic abuse] would go on there as a bad thing', and through this formal judgement, their personal voices were silenced. It could be argued that if domestic abuse had appeared on the ISP, Sam would have been able to request support accordingly. Tracey, on the other hand, considered complaining but decided not to because her voice would not be heard. Again, it is that not necessarily the DRS itself, but how it was used that is the problem; that is, the day-to-day interactions with the support workers that affected the support process. The workers did not explain the purpose of the DRS and the outcome of this for Tracey was that she exercised the only control she felt she had by declining any further support.

Interestingly, of the small number of service users who read their DRS, half stated that despite telling their support worker that they disagreed with the content and/or accuracy of the information recorded, no corrections were made, nor was the objection recorded:

What she [support worker] wrote in them was a pile of nonsense half of the time. (Vyan)

When asked to elaborate:

Well she wrote in it I mean she was saying stuff that I'd been telling her and she were like making it out that I wanted him [the perpetrator] here when I didn't want him here, when he was here. You know, things like that. (Vyan)

When I asked if she had told the support worker, she replied:

Yeah all the time... Well we went through what we'd discussed and I'd say it may be what you've discussed but it's not what you've discussed with me. (Vyan)

The DRS was never altered nor were Vyan's concerns recorded. Once again it could be argued that this is a formal judgement enforced through the day-to-day interactions with the support worker. This may be due to lack of training, personal experience or a fear of repercussions. As we discussed in Chapter 5 there were several sources of organisational 'deafness' that influenced the actions and interactions of the workers: ineffective managerial practices, lack of training and the demands of the SPP. All of these had the potential to prevent women's voices from being heard, listened and paid attention to. The QAF has a requirement that is designed to ensure that service users do have a voice in their support, both on a day-to-day level and on a service development level:

SI.2 Service users are consulted about the services provided and are offered opportunities to be involved in their running. (ODPM 2002: 28)

Clearly, this was not happening in MH because at the ground level the support workers were not listening to the voices of the women survivors to give them the opportunity to be involved in the running of their support, or to create knowledge that could be used to develop the service. The QAF also states:

SI.3 There is a commitment to empowering the service users and supporting their independence. (ODPM, 2002: 28)

Far from empowering the service users the support processes were experienced as oppressive, as explained by Vyan and Sam:

But she would write every little thing, as soon as she walked into the room...I didn't want to share...I don't like social workers and that's what I thought she were acting like—a social worker. (Vyan)

It frightened me [disclosing ongoing domestic violence] because there was like, not that there were any issues with my children with him, but it frightened me because you know she [support worker] said er, child protection and stuff like that. So I was always afraid if, I didn't know, I thought it was a housing issue so I thought that if by telling her...my children's gonna be taken away from me. (Sam)

This can also create barriers as many abused women worry about the role of social services being judgmental especially with regard to child protection issues (see Chapter 3). According to the policy and practice documents of the organisation, child protection issues need to be discussed and clearly explained to the client. However, if the organisation 'feels' statutory because of the processes it adopts, women may not disclose and become silent because of their fear of having their children removed, a threat that may have been used against them by the perpetrator (see Chapters 3 and 4). Due to the trauma experienced by the survivors of domestic abuse, it can be argued that organisational responses that 'feel' like a statutory agency will silence survivors' voices and hence fail to provide user-led support.

As we have already discussed in this chapter involving service users in the development of their support package from the outset and through day-to-day interactions with the workers can help them to feel empowered. However, it is evident is that this was not taking place in MH. This was not due to the reticence of the women survivors or their inability to try to make their voices heard; it was because of the sources of organisational 'deafness':

- Ineffective managerial practices that fail to develop a prevailing ethos in which workers feel safe to experiment and deal with change;
- Workers not being supported by their managers, and therefore feeling unsafe in the workplace. The consensus of opinion that there will be repercussions for any mistakes made can lead workers to provide only support that is measurable;
- Lack of training that prevents workers hearing, listening to and paying attention to the voice of women survivors;
- Demands of the SPP that require organisations to focus on meeting the funding criteria above all else;
- Apparent lack of commitment by SP to ensuring that funding requirements are fulfilled, so that service users being at the heart of the system is an illusion.

Notwithstanding the paperwork system, over half of the women survivors interviewed tried to direct the type of support they required. These women had previous experience of support from a wide range of formal agencies as well as MH, so had knowledge of effective and non-effective services, and the processes and day-to-day interactions that could silence their personal voices. However, for many service users the quality of service can be a matter of 'pot luck'. This situation is not unique to MH; for instance, in evaluating a domestic abuse project, Bell and Stanley (2005) found that many of their participants had similar experiences.

My focus here is not on analysing organisational policies and practices (this was discussed in Chapters 3 and 4) but on the impact that individuals' attitudes can have on women survivors:

I don't , feel er probably that support has not been there with the police either...I think that the police, if I'd got raped on the street I would of got more [support]. (Sam)

That is the place [refuge] where I believe there isn't the support and you need that in a refuge. That should be the place where we should go in there and say 'in't it good' being in there, you know, positiveness, you know, putting positivenesss into our lives. And if anything it makes the women cry and go back [to the perpetrator]...So although you'd left one life and have to come to another life, but then basically they [the refuge staff] were controllng our lives. You know it was hard for a lot of women. That's why a lot of women went back home cos they couldn't deal with what was going on in there. (Yvette)

It's like even being here with my doctor's, I've been going for the last how many months telling them that I've had scary feelings and I've tried to take my life about a month ago. (Yvette)

You can't go to your doctor's and say 'I can't cope'. You daren't say anything and then I start getting worse, more anxious. (Susie)

Andrea sums up the effect of her experiences of support services:

You watch what you say, you watch what you do, you avoid situations, you daren't openly speak. If you don't agree with someone you daren't openly speak about it, you're like 'no shut up and put up for a bit'. Erm I'm shaking now. (Andrea)

It is clear that the women survivors have attempted to access support from a wide range of agencies, and yet by doing so many are silenced by services that often fail to deliver effective support.

The paperwork system and processes are designed to meet the funding requirements of the SPP specifically for the support service to be accountable and measurable. SP is designed to be transparent to enable the service users to understand what is taking place and to be part of the decision making process. That is to ensure that their voices are heard and listened to through service user participation (see chapter 3) and paid attention to through service development. The aim is to place them at the 'heart' of the service (Supporting People 2002), giving them control over their own lives and

shaping and defining them accordingly. However, what this study shows is that nearly all of women survivor interviewed were unaware of the processes and did not understand the rationale and did not feel part of it. This is of concern because it is through the contract, the ISPs and the DRS that the point at which the support ends (ceasing) is decided and the success of the support measured.

6.7 Ceasing the Support

This is a particularly important part of the support for women survivors of domestic abuse because controlling when the support ceases provides an opportunity to experience being in control over their own lives. This may be the point at which they feel heard and listened to, their experiences are validated, and hence self-esteem and confidence increases. Of concern is the impact on the women survivors who have not been heard, or who were able to hear and express their personal voices, were not ready to move on in their lives and yet the support was ended.

MH used a formal judgement to end support which is based on processes that do not necessarily reflect the needs of the women survivors. In Chapter 5 it was noted that using the ISPs, the support workers and managers were the ones who decided when the support should end. Unfortunately, what has become evident in this chapter is that some support needs are not always recorded on the ISPs, so that the support may end before it has become effective. This is how Susie and Andrea feel when they are notified that their support is to cease within two weeks:

Then I feel gutted when she goes I know I will. That's how vulnerable I feel and then when I get stressed in my bad days I don't know what to do.
(Susie)

I suppose you feel a little bit frightened of just saying goodbye, because you have nobody then. You just say 'no you can't do that, you can't leave me. (Andrea)

Ending the support prematurely can have far reaching consequences for women survivors because their lives are once again shaped and defined by a formal organisation which judges that they no longer required support. Their lives may have improved and practical problems been solved, but the emotional sphere - how things felt may not have improved - so that the women survivors may remain fixed in a sense of confusion (see Chapter 4).

6.8 Measuring Success

In Chapter 5 it became evident that the success of the support was measured in relation to meeting the funding requirements of the SPP. This involved MH being accountable and measurable, so that the focus was on practical measurable elements. Practical support is, of course, essential, but so, too, is emotional support and there is a danger that issues in the emotional sphere may be overlooked or avoided, despite the fact that it is these that can keep women survivors fixed in their lives (see Chapter 4). What will be explored in this final section is how the women survivors measure the success of the support.

For some service users practical measures are obviously essential and useful:

It's like, one of the things she's (support worker) done is actually helped me to go and get paint, and like helped me to go and get flexifunds so I can go and get my boys bikes, so we can get outside and get to know the area. (Yvette)

For Yvette, the practical support was clearly effective and it helped her to develop her home and relationships with her sons. However, as a stand alone element practical support is not sufficient to enable survivors of domestic abuse to hear and

understand themselves and make sense of their lives (see Chapter 4). To focus mainly on practical help would remove from the support the one element all the survivors stated would be the most beneficial, that is someone to talk to, which is crucial if the support is to be a success. This was highlighted in Chapter 4, in which the process of loss and grief was discussed. Ignoring the emotional element of the support may also create a barrier that may hinder effective service user participation because the survivors are not heard and therefore their views are not fed into the system to develop effective user-led support.

Interestingly, none of the women survivors felt that any slight improvements in their lives could be attributed solely to the support they had received, with half of them expressing a level of confusion about the support:

No I would say that some of the support, erm, yeah, has been useful but erm, yeah. Nothing that they have done hasn't been useful, but I just know that I could be getting a little more from them that would have been useful. (Sam)

I feel sorry for her going away because she's been a rock, she's done everything she needs to but she has said herself if only she had those skills. (Susie)

Sam's statement about getting more from the support workers was not in relation to practical, but emotional elements, and she consistently said that she wanted to be heard and listened to. Susie has rationalised the lack of emotional support with '*if only she had those skills*', and yet hearing, listening and paying attention to women survivors could be done through the paperwork processes if they were used to their full capacity and required to be evidenced as such in the SP audits. Susie had received support for ten months and all the practical tasks on her ISP had been completed, but it was Susie's experiences that were discussed at the beginning of this chapter where she describes herself as looking fine on the outside, but feeling 'bad'

and 'frightened' on the inside. This suggests that organisational 'deafness' had silenced Susie because her emotional support needs had *not* been met and she was *unable to move on* but through the organisational measure of success, her life was shaped and defined.

A small number of the women survivors were unhappy about the service saying that it was unhelpful because the support worker did not understand their needs and were judgmental. All the survivors were clear about the support they wanted but they could not achieve it with their support workers:

Yeah I wanted her to help me break free from isolation that I'd suffered for the last four years and get a new life, she didn't do any of that I had to do it myself, handle it myself...I just wanted advice and help and support basically, and I didn't get the support and help I needed. (Vyan)

Vyan's voice was not heard and she chose not to complain about the service because she did not think that she would be listened to. As a result, she removed herself from the support service. However, the QAF indicates that Vyan and of course, all the other service users were entitled to the type of support she required:

SI.4 Service users are empowered in their engagement in the wider community and the development of social networks. (ODPM, 2002: 28)

Once again this was not picked up in the review because the needs were not recorded on the ISP, but this could have been addressed if SP looked at the subjective content of the ISPs and questioned why particular types and levels of support were missing from the documents.

I include this last section because it highlights the hopes and aspirations of the women survivors, all of whom shared similar hopes that they would be happy one day when they were part of a non-abusive intimate relationship:

But I think, well one day, God willing, when my Mr Right comes, you know I will be happy. (Yvette)

I feel gutted now. I feel that all—I don't mean ALL—I ever wanted, but I just wish I'd had a partner and it would have worked. That's all I ever wanted and I can't understand why I can't manage to do it and I'm starting to look at friends and family and wonder if it's me. (Susie)

Yvette refers to Mr Right coming along, whereas Susie seemed to be more confused, assessing her own self worth against her ability to form a non-abusive relationship. This is an important point because as we have discussed in Chapter 4, women want a relationship but they do not want the abuse and once they are safe it is this hope and vision of happiness that drives them on (see the Volcano Model). It could be argued, therefore, that women survivors engage with support services to make sense of their lives to move on and be happy. Thus it is in this emotional context that support providers need to consider the support needs of women survivors if they are to offer effective, successful support.

6.9 Summary

In this chapter I have brought forward the voices of women survivors of domestic abuse in order for them to be heard and their experiences understood. Their accounts have been critically analysed against those of the workers in Chapter 5 and the SPP, specifically the QAF. What becomes evident is that the women want to be heard and listened to so that they can begin to make sense of their lives and their experiences. But through the processes and day-to-day interactions with support workers the women's personal voices were silenced.

The paperwork processes of the ISPs and the DRS have the potential to place the women's voices at the heart of the service; however organisational 'deafness' may have prevented this from happening. It is not clear whether their voices were heard

and not listened to, but it is clear is that their voices were not paid attention to because they were not evident in the documentation or the development processes of the service.

Furthermore, it became evident that the review process, specifically the QAF, was not stringent, failing to acknowledge that some requirements were not achieved, including empowerment, engagement, consultation and independence, These are the central themes for effective user participation that improves the lives of service users rather than improving the service from the funders' and providers' perspectives (see Chapter 3). This suggests that user participation is tokenistic at all levels - everyday, organisational and SP.

This is a disappointment, because in theory the SPP initiative has the potential to enable the voices of women survivors' to be heard, listened to and paid attention to. The processes are in place. However, by continuing to fund services which are not meeting core funding requirements, the SPP must accept ultimate responsibility for marginalising and silencing women survivors.

Chapter 7

The Research and its Implications

7.1 Introduction

In this Chapter, I discuss the key findings from this research that highlight the problems faced by the SPP and housing support service providers as they endeavour to develop effective services. I also suggest potential solutions to these problems which have emerged out of the voices of the women survivors of domestic abuse who took part in this study. However, it must be remembered that these findings are based on a small sample and therefore have limited generalizability. My three main concepts for discussion are:

- Organisational 'deafness'
- Loss and grief
- The 'Volcano' model.

Finally, I make suggestions for further research.

7.2 The research

Domestic abuse has been ascending the political agenda and is now recognised as a cross government priority (Home Office, 2007). As discussed in Chapter 1, it is a difficult and complex phenomenon to understand, yet without this understanding women survivors will continue to have their lives shaped and defined by state policies, support services, the cultural sphere, family, friends and abusers. It is therefore essential that women survivors' voices are heard, listened and paid attention to in order for their experiences to be known - in and on their own terms - and that this informs the current body of knowledge.

The SPP aims to achieve this by placing the service users at the 'heart' of the service through user participation to ensure that the services are effective (ODPM, 2001; 2003a) - see Chapters 2 and 3. The aim of this research was to explore if this was taking place or whether women's voices were silenced through ineffective policies and practices. Therefore, the main research question was:

What is the impact of the Supporting People Programme on women who have experienced domestic abuse?

Service user participation is observed by most scholars and service providers as an exercise which is mainly undertaken in groups separate from the daily support activities (see for example: Hague *et al.*, 2003; Hague and Malos 1998; Grant, 1997; Mullender, 1996; Servian, 1996). In addition, research by Hague, Mullender and Aris (2003) shows that this approach to user participation is fraught with many difficulties which prevent it from taking place, such as: time, organisation, accessibility, power and so on - see Chapter 3. Indeed, in an SPP review of fifty nine AAs only one showed any level of user participation (ODPM, 2004a; Allen, 2005).

This was the situation in the organisation in the case study; therefore I chose to research user participation from a different perspective. Using the epistemological and ontological stance that knowledge is produced between people in relation to each other I chose to define user participation as the day-to-day activities and interactions that occurred between the managers, front-line workers and the women survivors in relation to one another. This is an unusual approach which, when applied to the SPP, MH and women survivors, enabled me to locate the potential barriers to user participation and hence the possible sources of organisational 'deafness'. My

challenge was to develop a research design that enabled me to capture the different voices in relation to each other and in relation to the system in which they were being used, but first I had to define domestic abuse.

Insofar as domestic abuse is understood there are many definitions to draw upon. I chose one to underpin my research that was developed by Mullender *et al.* (1998) because it encapsulated many of the contributing factors such as: power, control, escalation, social collusion and women being the more likely to be abused, all of which were missing in the government definition – see Chapter 1. This was a crucial element of the research because without a clear definition the results could be confusing and potentially damaging to the vulnerable people involved.

My next task was to develop an appropriate methodology; this initially consisted of document analysis of the policies and practices of the SPP and MH - see Chapter 2. What became evident in this analysis was that there were systems in place that could be effectively harnessed for user participation on a daily basis. However, they were not being utilised and why this was the case had to be explored through further investigation. For this I used semi-structured, multi-layered, one-to-one interviews which enabled me to capture and compare the different voices of the managers, support workers and the women survivors. These interviews were transcribed verbatim and analysed using a combination of thematic coding and VRM. Whilst none of these methods were unusual it was the unique combination which was underpinned with reflexivity - see Chapter 2 - that enabled me to capture the voices in relation to one another. This gave an insight into the day-to-day actions and interactions of all the participants and enabled me to explore the individual

interpretations of those events. Thus I was able to locate the possible reasons that the participants were un/able to engage with the complexities of domestic abuse and hence locate the possible sources of organisational 'deafness', as discussed below.

7.3 Organisational 'deafness'

What became evident in this study was that despite the systems that were in place in MH and the SPP there were problems that affected communication and hence effective service development - see Chapters 3 and 5. I chose to examine this by using management theories such as those postulated by Handy (1993), Kanter (1989) and Fedor and Herold (2004). Whilst these theories are not new, their combination with my approach to service user participation *is*, and as such, I have used this to underpin my new concept of organisational 'deafness'. I define organisational 'deafness' as that which prevents organisations from hearing, listening or paying attention to the service users.

Thus in its application to organisations that support survivors of domestic abuse, the concept of organisational 'deafness' may highlight the barriers that prevent effective service development and delivery on a micro, interactional level. This is crucial because, regardless of operational systems, it is ultimately the individual who will choose to hear and listen to the voices of women survivors without which they cannot be paid attention to and reflected in service development. This concept could be applied to many organisations but it is particularly relevant to those that purport to place users at the heart of the service such as the SPP and others discussed in Chapter 3.

It became evident through the accounts from the different voices in MH – see Chapter 5 and the voices of the women survivors - see Chapter 6, that there were several sources of organisational 'deafness' that prevented the voices of the women survivors being heard. These were:

- Ineffective managerial practices;
- Lack of training;
- The ineffective review process of the SPP.

7.3.1 Ineffective managerial practices

The SPP requires organisations to develop a '*culture of continuous improvement*' which is to be achieved through '*sound support, management and development of all people*' (ODPM, 2002: 31). However, this research shows that the managers of MH were failing to create an environment in which change could effectively take place. This was based on the three main elements that Kanter (1989) refers to of curiosity, forgiveness and trust, none of which were evident. Indeed, all the support workers felt unsafe and unwilling to meet difficult support needs because they were fearful of repercussions should they make mistakes – see Chapter 5. Furthermore, the managers did not appear to take into account the impact of the changes on individual workers which, according to Fedor and Herold (2004), is a crucial consideration when managing and implementing change. And, it could be argued, that it was a lack of consideration that resulted in the workers feeling unsupported, insecure, and stressed.

There was a further division between the managers and the support workers because the managers focused on the funding requirements of SPP whilst the support workers focused on the support service that they had to provide on a daily basis. This caused

tensions and divided the organisation creating an environment in which there was little effective communication between managers and support workers. The result of this was that the support workers did not feel that they had a voice in MH because high-level managers made decisions about the workers' day-to-day activities without any consultation.

Whilst the problems of managing change created difficulties and tensions for the workers of MH the consequences for women survivors were even more serious. This study shows that as a result of ineffective managerial practices, support workers avoided the high demand, complex support needs created by domestic abuse, preferring to focus on measurable, practical tasks. As a result the voices of the women survivors were silenced through the day-to-day interactions with their support workers, whose voices - as we have discussed earlier - were silenced through the day-to-day interactions and activities with their managers. Consequently, women survivors' voices were not reflected in policy and practice development, that is, they were not at the 'heart' of the service. I argue that ineffectual managerial practices (Fedor and Herold, 2004) created a missed opportunity to develop an effective service and potentially move towards the amelioration of domestic abuse. As a result, the policies and practices in the support service silenced the voices of the women survivors and reinforced the structures that shape and define women survivors' lives as they failed to move on free from abusive relationships.

7.3.2 Lack of training

What became evident in this study was that there was a lack of managerial expertise and thus further training was required; however, there was a shortage of training

available throughout the organisation. Once again there were tensions between the different levels of management and the support workers. Middle level managers felt they needed more training to develop their managerial skills whilst support workers wanted more training in the area of domestic abuse – see Chapter 5. However, the high level managers did not consider either of these issues to be necessary and therefore did not make any provision for training in either sphere.

The training dilemma was exacerbated by the ‘value for money’ criterion of the SPP which resulted in a demand for significant cuts in the running costs of MH - whose response was to increase the number of service users per support worker and to *cut* the training budget. Thus support workers were under *more* pressure to deliver support according to the requirements of the SPP but were given *less* support and training to do so. This intensified the already high levels of stress and frustration among support workers and increased their tendency to restrict the support offered to ‘safe’ measurable, practical issues. A potential solution that would not involve any extra cost might be to encourage curiosity in a safe environment (Fedor and Herold, 2004). This would create an ethos in which individuals would feel safe to interact on a daily basis to develop new knowledge on which to base service development.

To summarise thus far it could be argued that ineffective managerial practices, coupled with a lack of training, created an environment in which change and development were difficult to achieve. Hence the service did not represent the needs of the users. These findings are supported by Rosengard and Laing’s (2007) report on support organisations whose service users had multiple and complex needs, which highlighted the problems of inadequate training and negative organisational ethos,

culture and values. Rosengard and Laing conclude that these two factors make the successful delivery of creative, individual/person centred services impossible.

It would seem, then, that MH was failing in its responsibility to deliver effective services; however, it is here that I question the role of the SPP in the review of service providers. The SPP has set the criteria to be used in the review process to measure the success of services to ensure that they meet the required standards – see Chapter 2. Services that fail to meet the standards are de-commissioned; therefore, I argue that it is the responsibility of SP to ensure that only effective services are funded. This was arguably not the case in relation to MH.

7.3.3 The ineffective review process of the SPP

The third source of organisational 'deafness' was the review process of the service provider. The QAF (ODPM, 2002a) detailed shared information, consultation empowerment, and independence to be key elements of the service provision coupled with following recent criteria released in July 2007. Service users are to:

Achieve economic wellbeing;

Enjoy and achieve;

Be healthy;

Stay safe;

Make a positive contribution.
(Supporting People, 2007: 4).

These are the full criteria against which the success of the service is measured and the results of which determined their future funding. Yet, as we have just discussed, perhaps linked to poor managerial practices and a lack of training, women survivors' voices were not paid attention to and therefore were not present in the

documentation, specifically, the ISPs which were central to the review process. Indeed this research shows the support needs that were considered fulfilled by MH and SP did not necessarily represent the needs of the service users. In reality, many of the women survivors interviewed did not think that the service had been effective because, whilst some of their practical needs had been met, their emotional ones had not – see Chapter 6. Yet, despite these failings, MH continued to be funded by the SPP. This suggests that the SPP measures only that which is easily measurable, i.e. practical tasks, but ignores those that do not readily lend themselves to measurement, such as emotional support. As such, it could be argued to be failing to recognise a major support need, as will be discussed later in this Chapter.

Whilst there is no doubt that it is a difficult task to ensure that the service users' voices are represented in the review process, my concept of organisational 'deafness' does suggest some solutions. I argue that by focusing on user participation as a daily activity, rather than a stand alone group activity, there is the potential to include all service users. If this is coupled with good managerial practices that encourage change and progression, effective services may be developed. Furthermore, the SPP had introduced systems of accountability and measurability that had the potential to improve support services for women survivors and thus to shape and define their lives in a way that enabled them to move on. However, the system was not used to this effect, so that the answer to my original research question is that the impact of the SPP - in the organisation researched - was that it marginalised and silenced the voices of women survivors through an ineffective review process.

7.4 Potential Solutions: Loss and Grief and the Volcano Model

What transpired from this research was that despite some improvements, gaps were still evident in support provision. Furthermore, it would seem that the day-to-day interactions of the individual workers helped to create barriers that prevented service users from accessing effective support. According to the women survivors in this study there was a lack of understanding about domestic abuse - what they needed was to be understood in terms of how domestic abuse *feels*. This is where theories of loss and grief can be applied and it is out of this that the Volcano model was developed – see Chapter 4 and 6.

7.4.1 Loss and grief

The loss of their abusive partner and the grief and confusion it created was a central theme that ran through all the interviews with all the women survivors, yet it is a predominantly neglected area of concern in both the academic literature and in service provision. The current body of knowledge generally focuses on how to survive an abusive relationship and ultimately to re-build a life free from abuse. The assumption (and implication) is that once the abuser has physically left the relationship/home then a survivor will be able to move on with her life because she is no longer subject to abuse. This research suggests that this is frequently not the case. All the women survivors interviewed expressed confusion about their feelings because they were grieving for the loss of an abusive partner - and this did not feel logical to them. Many of the women were reluctant to explain their feelings to family, friends or support service providers because of their confusion and fear of being stigmatised; hence they remained silenced and therefore fixed in their situation – see Chapter 6. Consequently, I suggest that if the issues of loss and grief are not

taken into account, current theory and practice become part of the structure that enables domestic abuse to occur.

To understand loss and grief I adopted theories of family therapy developed by scholars such as Rich and Schwartz (1999), Schwartz and Kaslow (1997) and Sprenkle and Gonzalez-Doup (1996). The theories are not new, and are usually applied to divorce and separation; however, to the best of my knowledge these have not been applied to understanding what prevents women survivors of domestic abuse from moving on with their lives.

As we have discussed in Chapter 4 Rich and Schwartz (1999); Schwartz and Kaslow (1997) state there are four stages to the process of loss and grief that most individuals who have experienced separation or the loss of a partner will go through. Each stage needs to be completed before moving onto the next. The stages are:

- Shock and disbelief
- Initial adjustment
- Active reorganisation
- Life re-formation.

It became apparent in this research that the women survivors were often fixed at, or missed out, the second stage, which is when, in theory, they should have been enabled to express their emotions to make sense of their experiences. This was an essential point in their lives when they needed to be heard in order to move on to develop a new and different life.

Many abused women experience the first stage of loss and grief when the abusive incident occurs, but it is at this point that their experience can appear to be very different to a non-abusive partnership because:

- Their partner was abusive - therefore they are often not expected to feel anything other than relief;
- Due to the explosive and dangerous nature of domestic abuse they may have to find emergency accommodation and yet despite their situation it may appear that they are moving on. This is the third phase of 'active reorganisation' when people re-define themselves as they come to terms with their separation. I argue that it is at this point that many women survivors encounter support services and become defined through these interactions (Hague *et al*, 2003) rather than through their own therapeutic processes;
- Parting from the abuser may also leave the woman survivor with sole responsibility for children who may have to be moved to new nurseries, schools, doctors, dentists and other services; hence she will appear to be in phase four of life re-formation. This is the point at which individuals decide who to keep in their lives and who to reject and form new relationships.

These actions can give the impression that the survivor has moved on when what has actually happened is that she is stuck at phase two - confused and unheard and unable to make sense of her emotions. This was the situation for all the women survivors who took part in this research - they had all moved into new homes and had established themselves in their communities yet they described themselves as 'feeling bad', 'being stuck'. Hence, they were still experiencing feelings of loss and

grief regardless of the length of time since the separation. Indeed, when we consider the whole process, especially phase four, the lack of being heard may go some way towards explaining why some women survivors decide to return to the abusive relationship or become involved in a new one.

The application of family therapy theories to the complexities of domestic abuse strongly suggests that support providers need to listen to the voices of the women survivors. This is not only in order to reflect their views in service development but also so that the service becomes part of the therapeutic process which enables women to move on with their lives. On this basis, it is essential that the state and service providers consider the levels of support needed in the emotional sphere, rather than just the practical one if they are to be effective.

Moreover, using this understanding of loss and grief illustrates the enormous impact of organisational 'deafness' on women survivors. Indeed, it could be argued that in failing to address the sources of organisational 'deafness' the state and service providers are potentially preventing women from moving on with their lives.

7.4.2 The Volcano model – see page 133

Loss and grief are central to this model not only because it represents the voices of the women survivors who took part in this research but also because it is with these emotions that the women have had to face many of the complex problems created by abusive relationships highlighted in the model, hence how domestic abuse *feels* has become the main focus of the accompanying explanations.

The main aim of the 'Volcano' model is an attempt to offer a visual image that captures the complexities of domestic abuse, particularly the emotions involved - see Chapter 4. The symbolic meaning is of a volcano that is explosive and unpredictable: what can be seen above ground does not always indicate what is happening beneath the surface - it is the unknown. This not only represents how abusers and abusive relationships work, but it also represents the current body of knowledge specifically what is not yet understood.

The headings I have used on the model are not new; neither are the theories which I have used to underpin our understanding of the issues. However, I have used the theories to explore not only the practical problems created by domestic abuse but also the emotions that may come with the problems for example:

- Sibley (1995); Vaness (1992) and Williams (1987) postulate that women are defined through the symbolic meaning of the home and the construction of the family, so that when they leave they are stigmatised as 'other'. Thus, they face feelings of failure, social stigma and loss of self-identity as well as the loss of a home;
- Sen (1993) argues that poverty is defined by the life a person wants and values. When applied to domestic abuse this means that many women may want the relationship and lifestyle but not the abuse. As a consequence women who leave abusers give up their lifestyle and become impoverished both economically and emotionally;
- Warrington (2001) explored the experiences of women survivors who have to move into a refuge, highlighting the massive implications for women who are

often isolated from their friends and family, not only geographically but also emotionally because they have spoken out about the abuse.

What is also new about this model is how the problems are understood in relation to one another. The model is designed to offer a horizontal understanding of the simultaneity and multi-dimensionality of the issues that women survivors have to face when trying to break free from an abusive partner. What I am saying is that none of the problems happen in isolation - they intersect and interact to add to the emotional trauma experienced by abused women.

The model also shows that there are positive goals to achieve, such as happiness, peace, hope and safety which will encourage women survivors to go through the extremely stressful process of breaking free and moving on. Indeed, this was evident in the lives of all the women survivors in this research.

Thus, the Volcano model offers a new way of understanding domestic abuse which could compliment those already in use by the academic community and support service providers. It has the potential to form a basis for new approaches to analysing domestic abuse and developing innovative teaching and training programmes to deal with it.

To summarise: the Volcano model is designed to encapsulate the destructive and damaging impact of domestic abuse and the effect this has on women survivors, specifically focusing on their emotions of loss and grief. It is this sphere which adds to the current body of knowledge and one that this research has shown needs to be

taken into account and reflected in policy and practice provision by both the state and service providers if they are to succeed in providing support that enables women to move on with their lives.

7.5 Recommendations for Further Research

Domestic abuse is a complex issue, and this research – albeit on a small scale - has revealed many different experiences and levels of abuse that may contribute to the support requirements of women survivors.

Furthermore, domestic abuse knows no boundaries, and as we have discussed in Chapters 1, 2 and 3, there are many further complexities and considerations to take into account. For example, there may be specific issues facing BME women, the elderly, lesbian, working class and disabled women – see Chapter 4. These issues were too extensive to be covered in this study but require further research because they are part of women survivors' cultural backgrounds and identities which need to be considered by service providers in developing effective services. Indeed, dealing effectively with domestic abuse may become even more challenging in such areas due to the increased migration and settlement arising from an enlarged European Union.

I have developed my concept of organisational 'deafness' and loss and grief, both of which underpin the Volcano model, in an attempt to increasing our understanding of domestic abuse. However, I feel that there is a need for further research in this area in order to inform the development of more effective accredited training.

My focus in this study was on service user participation through day-to-day activities and interactions. My suggestion is that by focusing on the everyday, it is possible to develop effective user participation without having to implement potentially expensive and time consuming systems. Furthermore, this has the potential include *all* service users and not just those who think they have a valuable contribution to make. I am not suggesting that user participation on this level would be without difficulties, but rather that there is scope for further research and development in the area.

When I started this research I was, not surprisingly, fired with enthusiasm - and still am. However, what I did not realise was the enormity of my research task. The scale of domestic abuse is similar to the volcano because you only see what is above the ground level (reported) whilst the bulk of abuse is below the earth (unreported). For the fact is that women are being killed on average, at the rate of two per week by their current or former partners (Home Office, 2007).

In the light of personal experience I now know what an enormous task, expressed in terms of commitment, time and money this was but it was undoubtedly worth the effort. I have shared the highs and lows of domestic abuse with abused women and service workers and to some extent the stress of their situation but I firmly conclude this is priceless experience. My plan is to use my experiences and knowledge to carry out further research in order to try to make improvements to the situations faced by abused women.

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Appendix I: Workers' Interview Schedule

Introduction

As you know I am involved in researching support services offered to women who have or are experiencing domestic violence from men they know. The aim is to find out what works and what does not. This interview is part of that research.

Anything you say will be treated as entirely confidential between us and information you give will only be used for the purposes of this research. No one from your support provider will know what you say in interview and no one else will listen to the recording. You may have a copy of the tape to comment on and correct if you wish.

If you agree to take part you may still change your mind at any time, decline to answer certain questions or talk about certain topics, or pull out all together. Whatever you do will not affect the support you receive from your provider.

Is that OK?

Are you willing to agree to the interview remembering you can change your mind at any point?

If I want to use some of the things you say in a report I will ask for your permission first and you can decide at the time whether or not to give it, remembering that you will still remain anonymous of course.

Is that OK?

Then I will proceed with the interview

1. Position in company.
2. Professional history:
[employment]
[why working in the sector?]
[what inspired it?]
3. Name 3 changes in the last 12 months in the organisation which you feel have been significant:
[what are they?]
[are they an improvement?]
[are they for the worst?]
4. How does it feel to work/ operate with the changes?
5. If there are any difficulties with these changes do you seek support from your manager?
6. How do these changes impact upon your work?
7. How often do you receive a job appraisal review?
8. How do these feel, do you feel supported?
9. When are ISP's completed?
10. Who completes them?
11. When are the ISP's reviewed?
12. Are they used as a reference tool?
13. When are daily record sheets completed?
14. Who completes them?
15. When are they signed by the client?
16. How does it feel for the client to sign the daily record sheets?
17. Does the client read them?

18. Do you use person centred planning (PCP)?
19. If so when?
20. Does (PCP) feel comfortable?
21. Is PCP useful?
22. Which of the changes works/doesn't?
23. What is your understanding of Supporting People (SP)?
24. How does SP fit into your work place?
25. What domestic abuse (DA) training have you received?
26. When did this take place?
27. Would you like more DA training?
28. If so what training format would you find the most useful?
29. What percentage of your case load has DA historically or in the present?
30. Do you deal with DA as a specific issue or is it just part of the work?
31. What type of help is requested by clients in the main emotional or practical?
32. Which are you most comfortable doing and why?
33. How does DA impact on the type of support given?
34. How many other agencies are involved with the client?
35. If DA is in clients past do you think it impacts upon the type of support required now?
36. If so how?
37. Do you feel able / willing to deal with issues around DA?
38. What do you think the issues are?
39. How can these issues impact upon your work?
40. Do you feel women who have been in a hostel have different needs to those who have stayed in their own homes?

42. If so why?
43. How do you know if support has been successful?
44. If you have a difficult case do you feel you have enough support to deal with it?
45. Where is this support received from?
46. Ceasing- is there a way you think it could be done differently?
47. Do you like how it is currently done?
48. Do you think there is scope for follow up visits?
49. Is there anything you would like to add which you feel I have overlooked?

I would like to thank you for taking part in this interview. I would like to remind you it is totally anonymous and should I wish to use anything you have said in the report I will ask for your permission first.

Appendix II. Service Users' Interview Schedule

Introduction

As you know I am involved in researching support services offered to women who have or are experiencing domestic violence from men they know. The aim is to find out what works and what does not. This interview is part of that research.

Anything you say will be treated as entirely confidential between us and information you give will only be used for the purposes of this research. No one from your support provider will know what you say in interview and no one else will listen to the recording. You may have a copy of the tape to comment on and correct if you wish.

If you agree to take part you may still change your mind at any time, decline to answer certain questions or talk about certain topics, or pull out all together. Whatever you do will not affect the support you receive from your provider.

Is that OK?

Are you willing to agree to the interview remembering you can change your mind at any point?

If I want to use some of the things you say in a report I will ask for your permission first and you can decide at the time whether or not to give it, remembering that you will still remain anonymous of course.

Is that OK?

Then I will proceed with the interview

1. Can you say something about your history and how you came to be living here?

[why this house/flat for example?]

[was there any choice]

[specific history/experience of domestic violence. Do you think your past experiences affect you now? If so how? i.e. practical, emotional, children et cetera]

2. What is it like living here?

[Quiet, secure, good neighbours et cetera?]

[do you like it]

[does where you live play a part in whether you remain separated from the perpetrator? (if appropriate)]

3. Did you want a support worker?

[how did you get a support worker i.e. who made the referral? what does support mean to you?]

4. Have you had support in the past? How did it work out?

5. What do you personally want from the support?

[are there specific goals and outcomes? Particular things you might want to or are expected to achieve?]

[what about practical help?]

[what about emotional help?]

[in terms of domestic violence do you think you need any specific help? If so what? how would this be useful?]

6. How will you know whether support has been successful- whether it has worked for you?

[how do you want to be in a few months time?]

7. Are you always clear about the work your support worker can do/did and the sort of support she can provide?

[how have ISP,s worked? Daily record sheets? PCP if used?]

[do you take part in the completion of any of the above?]

[if so how and when?]

[are they useful? If so how?]

[if not useful why not?]

[do you feel you can ask your support worker for the type of support you require?]

[do you feel your support worker is able to give the type of support/understanding you require?]

8. Thinking about the work your support worker is doing/did with you, what do you think is the most helpful?

[do you refer regularly to the support plan and update it?]

[if so is this useful?]

[how often and when does it take place?]

9. Are/were there things that are/were unhelpful or that should be taking place?

[if so what]

[Are there particular problems which the support worker is unable to help with]

10. What do you think could be done better?

11. If other workers are involved is it clear who is doing what?

[Are meetings arranged regularly to make sure everybody knows what they are doing and for an update? Do you want this sort of liaison?]

12. Do you think you are given sufficient time by your support worker?

[Do you know how long support can be provided for?]

[how frequent?]

[for how long per visit/week]

13. What do you want your ultimate outcome from the support to be?

14. Do you get support and companionship from other people?

[friends or/and family]

['official people' other agencies]

[would you want them to work with your support worker?]

[or mind their own business?]

15. Do you think loneliness can be a problem?

[especially if fleeing from a violent partner]

[do you think your support worker could help with loneliness? If so how?]

16. How do you think you will manage when (or now) support has finished?

[have you discussed this with your support worker?]

[do you understand when this is likely to be?]

[how do you feel about support ceasing]

[If ceased do you feel you would refer to support service in the future if problems arise?]

[If ceased what plans do you have now?]

17. Looking back do you feel more or less confident about your life?

[have you got to where you want to be at this stage in your life?]

[how much of this is to do with your support worker?]

[how much more support do you think you will need?]

18. Is there anything you would like to add which you feel I have overlooked?

I would like to thank you for taking part in this interview. I would like to remind you it is totally anonymous and should I wish to use anything you have said in the report I will ask for your permission first.

