Exploring the concept of ‘service user engagement' in specialist domestic abuse services, and how its use impacts service users and service delivery.

by

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ABSTRACT

When victims/survivors of domestic abuse access support from specialist domestic abuse services – and others – this is labelled ‘service user engagement’, a term also frequently used in the domestic abuse literature on specialist services, with the meaning and application often taken for granted. This study represents the first qualitative exploration of the concept of service user engagement within specialist domestic abuse services, which draws on workers’ perspectives on service user engagement, and on service users’ perspectives on interactions with services. It was funded by, and took place within the parameters of, the UCLan evaluation of the SafeLives/Women’s Aid Federation England ‘Roadmap for System Change’ Project. The study was completed using interpretive qualitative methodology in the form of semi-structured interviews with 15 service users and 16 workers across four specialist domestic abuse services in England. Interviews were analysed following a process of reflexive thematic analysis informed by the study’s theoretical frameworks of feminism and social constructionism. The study demonstrates that exploring the concept of engagement is important: it directly impacts whether service users receive a service, and potentially denies service users specialist support that they cannot access elsewhere due to other services’, family and friends’ lack of understanding of domestic abuse. Service user engagement was presented by workers as a multi-faceted, complex concept; yet in practice – and in the academic literature – it has been reduced to a binary: ‘engaged/not engaged’. The ecological model developed through this study demonstrates how workers conceptualise service user engagement, and the impact this has on service users. The model shows how specialist services are shaped by commissioning and national policy to deliver generic services that focus on the engagement of individual service users, without accounting for wider structural and intersectional inequalities that impact service users and their engagement. Neo-liberal narratives of personal responsibility and the need for public services to avoid ‘service user dependency’ have influenced how workers implement the feminist ethos of empowerment. Service users feel empowered through the non-judgemental, empathetic, and understanding approach taken by workers, and by the actions workers take on service users' behalf due to their greater power to enact change. Service users' lack of power, and lack of support elsewhere, can create a dependency on the specialist service despite workers' attempts to avoid this. But within 'engagement', workers require evidence that service users are being empowered through taking responsibility for actions, and often don't recognise the ways in which service users lack power compared with themselves and other services. This study has implications for the use of 'service user engagement' within the commissioning and delivery of specialist domestic abuse services, and academic research on such services, by highlighting the multi-faceted nature of the concept of engagement and the need to understand how it is experienced by service users.

CONTENTS

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Thank you to the service users and workers who participated in the research, for being so generous with their time and sharing their experiences and views. Thank you to my supervisory team who always kept me on track, supported me to overcome challenges, and gave praise when it was needed.

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CHAPTER 1: INTRODUCTION

Introduction

This chapter provides the background and context for this doctoral research project, followed by the research aim and questions, and then sets out definitions of the key terms used. At the end of the chapter, the thesis chapters are summarised.

Context to the study

This study was funded by the University of Central Lancashire and the 'Roadmap for System Change' commissioners SafeLives and Women's Aid Federation England, two national organisations in the domestic abuse sector in England. The project ran from 2016 to 2021, comprising eight domestic abuse interventions in five geographical areas, all funded by the National Lottery Community Fund Women and Girls Initiative. UCLan delivered an evaluation of the Roadmap Project, and described it as follows (Stanley et al., 2021, p. 1):

> *[The Roadmap Project] was designed to transform the lives of women and girls through systemic change to policy, practice and commissioning so promoting early intervention and reducing the prevalence, impact and tolerance of domestic violence and abuse (DVA). The Roadmap aimed to build evidence that can be used by frontline services, the community, commissioners, funders, and policy makers to support women and girls affected by DVA.*

This study was one of two part-time Studentships funded through the programme, each attached to one of the partners. This study involved the two SafeLives' commissioned 'Beacon' sites (SafeLives, no date-a). These services delivered the 'whole picture approach' co-developed by SafeLives, services, and domestic abuse survivors (SafeLives, 2018). For the first part of this study, which started in 2018, the Roadmap Project was ongoing, as well as the evaluation, which this study did not impact or contribute to at that time. They both ended in 2021, the same year data collection for this study commenced. Despite this study being completed after the end of the Project, and the publication of the evaluation, it remains relevant for the organisations and researchers involved.

Development of the research topic

In developing the research topic, I was guided by the Roadmap Project and my supervisors, to ensure the research complemented and added further knowledge to the Roadmap Project evaluation being delivered by UCLan. I was struck by the references to engagement within the Roadmap Project, including different uses of the concept. My observations resonated with my experience of working in the domestic abuse sector, and specifically my experiences chairing Domestic Homicide Reviews (Home Office, 2022), during which I frequently encountered 'engagement' being used by practitioners and services to describe victims'/survivors' interactions with services. In my experience, engagement was presented in ways that implicitly made victims/survivors wholly responsible for seeking and accepting help. The potential barriers they faced were rarely articulated, nor were the responsibilities held by systems and practitioners to enable victims/survivors to access the help they needed. Specifically, I had completed a Domestic Homicide Review for a woman named Donna Williamson (Safer Lewisham Partnership, 2018). Over the years prior to being murdered by her ex-partner, Donna had been in contact with, or referred to, 25 separate services. Professionals repeatedly recorded that Donna 'failed to engage' with services, or that she 'did not engage' when offered support. The responsibility for this 'engagement' seemed to rest almost entirely with Donna. Her engagement appeared to be based on her attending services, talking with them openly and honestly about her life, and accepting and complying with their advice. I felt strongly that the way Donna was viewed – as chaotic and unable to be helped – was because she was not able to meet the expectations of services. There was little evidence of professionals having discussions with Donna about what she felt she needed. When this did occur, such as when Donna asked for her door to be fixed – her ex-partner had damaged it, and it no longer locked – this was not attended to as none of the services were designed to respond to this type of request. Donna was described as a bright and articulate woman who worked well with some professionals but clearly found it difficult to trust people, which was understandable given her history of repeated and complex trauma (Herman, 1994). Yet she was expected to work with multiple services at once, and to engage with agencies continuously even when the professional changed, sometimes at short notice, with minimal handover and long delays in contact. When changes such as these prompted Donna to withdraw from contact with a service, she was labelled as 'non-engaging'.

In my reflections on 'service user engagement' in the Domestic Homicide Review, and in developing this research study, I felt that Donna's situation encapsulated the ways in which decisions about engagement are based on services' expectations of service users' behaviours and compliance. Such decisions do not account for the barriers created by services, or the complexity of what 'engagement' could involve for women such as Donna who faced challenges including alcohol use, past trauma and mental ill-health, and ongoing domestic abuse. Engagement is used by services to make decisions about who is, and is not, offered support, leaving women such as Donna to manage alone; but it not discussed as a concept or what influences it. Thus, in this study I aimed to explore the concept of engagement, its meanings in the literature, its meanings to workers, and how it impacted on, and was experienced by, women accessing services. My aim was for the study to produce findings that would benefit the sector by providing knowledge and understanding about this commonly used concept.

My work with domestic abuse victims/survivors, and support services, over the twelve years prior to starting the PhD in 2018, were – and continue to be – guided by my principles as a feminist. This has led to my focus on women's experiences of abuse from partners/ex-partners and family members: increasing their visibility across all public sector services, and ensuring they are responded to in appropriate ways by professionals. During my time working in the sector, which continued alongside the PhD, I conducted research with services and service users; these projects were primarily designed to inform services and other organisations of the impacts and outcomes of specialist domestic abuse services for victims/survivors. Within the PhD I therefore had to balance the roles and perspectives of being a researcher and being a practitioner. This produced benefits through opportunities to discuss my research with practitioners and others in the sector, which led to interesting discussions that informed the study's development. I also found it challenging, specifically in ensuring the theories important to this study – described in the Literature Review, Chapter 2 and the Methodology, Chapter 3 – informed and guided the focus on practice and policy.

Purpose of the study

The aims and research questions for this study were developed through reference to the Roadmap Project and a literature review on engagement (Chapter 2) and service users' experiences of specialist services. The process of developing the study is described earlier in this chapter.

The research aim for this study was: to explore the concept of service user engagement in relation to female victims' / survivors' interactions with specialist domestic abuse services and the facilitators and barriers to it.

This aim was underpinned by the following research questions:

1. What constitutes engagement in domestic abuse literature, including research and sector publications? What is missing from this, with reference to other fields?
2. What does engagement mean to women accessing specialist domestic abuse services? How does this meaning differ according to the differences between women (i.e., intersecting identities/characteristics, situations, and experiences)?
3. What does engagement mean for workers at specialist domestic abuse services?

4. What facilitators and barriers exist to service user engagement with specialist domestic abuse services?
5. To what extent, and in what ways, is the concept of engagement useful to develop more effective domestic abuse services?

These research questions are reviewed in the Conclusion (Chapter 8); however, it is important to highlight here that the approach to the questions was more specific than the wording suggests. That is, '*service user* engagement' was the focus of exploration, rather than other potential meanings of 'engagement'. The overall outcome aimed to present findings and analysis on how engagement is experienced by service users in specialist domestic abuse services in England and how engagement is conceptualised by workers within those same services. My study and research conclusions will be useful for researchers and services in their work in relation to service user engagement.

Domestic abuse

Domestic abuse is prevalent globally, and victims/survivors experience significant harm and overall negative impacts on their lives and well-being (Macy et al., 2021). As a result of this there is high demand for support from specialist domestic abuse services nationally and internationally. Victims'/survivors' experiences of domestic abuse and their consequent contact with the state and services are the focus of a significant amount of research. This section presents the English context to the study in relation to domestic abuse prevalence, impact, and the need for services.

Prevalence of domestic abuse

Domestic abuse is a global phenomenon, and a gendered one (European Institute for Gender Equality, 2017), in which "*30% of women have experienced physical and/or sexual violence by an intimate partner in their lifetime*" (WHO, 2019, p. 4). In England, where this research takes place, the Crime Survey of England and Wales estimated 1.4 million women, and 751,000 men had experienced domestic abuse in the previous year (ONS, 2023). Women are significantly more at risk of experiencing domestic abuse than men (Hester, 2013). They are also more likely to experience multiple "*incidents*" of abuse, and to be injured (Walby and Allen, 2004, p. vi). Walby et al. (2017) argued that standard violence measures render women's lived experiences of domestic abuse invisible, because "*the harm may be experienced as a continuous state of fear"* rather than "*repeated discrete incidents*" (p. 38). The continuous nature of domestic abuse thus makes it difficult to accurately measure when individual incidents are the focus (Walby, Towers and Francis, 2016). Such arguments build on the work of Evan Stark (2007) and others, who have argued for understandings of domestic abuse to "*appreciate the multi-dimensionality of oppression in [the victim's] personal life*" (p. 10). It is through that prism that this study approaches victims'/survivors' experiences of domestic abuse.

The impact of domestic abuse on victims/survivors

There is consensus in the literature on the negative impacts of domestic abuse on victims/survivors, including on their physical health, mental health, parenting and finances (Macy et al., 2021). Recognition of the multiple forms of abuse is now present in law, for example the statutory definition of domestic abuse contains economic or financial abuse (Domestic Abuse Act 2021) and in 2015 the offence of controlling and coercive behaviours was established. Despite this, many victims/survivors continue to find it difficult to articulate, or demonstrate, the impact of abuse on themselves (Williamson, 2010; Lohmann et al., 2024). Katz's research (2022) demonstrated how perpetrators' abuse "*dominates entire homes*", including children as well as adult victims/survivors (p. 78), emphasising that children are not passive witnesses but are victims/survivors in their own right, now recognised in the Domestic Abuse Act 2021. Equally, as Katz (2016) and Brooks-Hay, Saunders and Burman (2022) have highlighted, victims/survivors demonstrate resilience and effective coping and survival strategies in the face of perpetrators' abusive behaviours. Such strategies, arguably, are evident through the high demand for specialist domestic abuse services, as the next section demonstrates.

The need for specialist domestic abuse services

The serious and wide-ranging impacts of domestic abuse leads many victims/survivors to need specialist support services. Many victims/survivors seek help from family and friends, without ever contacting a specialist service (Gregory et al., 2021). Others have been isolated from such support by the perpetrator or require support in relation to criminal or civil justice processes, leading to contact with specialist domestic abuse services (Bates and Douglas, 2020). Research from the sector consistently suggests that services are unable to meet the high demand for support (Domestic Abuse Commissioner, 2022). Women's Aid Federation of England publishes an annual report on the demand and provision of specialist domestic abuse services. The most recent report highlighted that in 2022/23, approximately 61% of referrals to refuges, and 51% of referrals to community-based services, were rejected by those services. Rejections were primarily due to services' lack of capacity, or inability to meet individuals' specific needs (Women's Aid Federation of England, 2024). SafeLives' (2021) 'Practitioner Survey' reported that for the previous year, two-fifths of services who responded, "*felt that they were unable to keep up with demand*" (p. 4).

Domestic abuse national policy context

During the completion of this study, the Domestic Abuse Act 2021 was passed. Among several measures, the Act placed a statutory requirement on local authorities to provide support for victims/survivors in 'safe accommodation', and to subsequently commission appropriate services. This did not include specialist services provided to victims/survivors in the community, rather than in specialist accommodation such as refuges. The Government went on to publish 'Tackling Domestic Abuse Plan' (HM Government, 2022), setting out proposed actions relating to prevention, support for victims/survivors, and holding perpetrators to account.

In relation to specialist domestic abuse services such as those involved in this study, the Act and the Plan emphasised the approach of local areas identifying need and responding through coordinated commissioning and provision. The Domestic Abuse Act 2021 also provided a definition of domestic abuse, which placed in statute a gender-neutral approach to domestic abuse. The issue of gender inequality does feature in the Tackling Domestic Abuse Plan, which stated that domestic abuse is "*a gendered crime*" (2022, p. 60); this is primarily in the context of the statistical differences in which women are more likely to be victims, and men more likely to be perpetrators, as the above section describes. This is problematic in that it fails to recognise how women's – and men's – experiences of abuse are connected with gendered expectations (Stark 2007; Westmarland and Burrell, 2023), and with other forms of gendered inequalities such as caring responsibilities (Hester, Walker and Myhill, 2023).

Definitions and terminology

In this section, the core terms in use throughout the study are defined and discussed, including current debates within academic research and the domestic abuse sector.

Domestic abuse

This study uses the term 'domestic abuse' to describe the experiences of women accessing specialist services. The term 'domestic abuse' is used most frequently within the sector (Women's Aid Federation of England, https://www.womensaid.org.uk; National Domestic Abuse Helpline, https://www.nationaldahelpline.org.uk; SafeLives, https://safelives.org.uk). Academic research in England tends to use 'domestic abuse' and 'domestic violence' interchangeably (e.g., Domoney et al. 2019; Myhill and Hohl 2019), along with terms specific to the types of abuse being researched, such as 'intimate partner violence/abuse' (e.g., Barter and Stanley, 2016).

As discussed above, the concept of coercive control is core to this study's understanding of domestic abuse. However, neither a focus on coercive control, nor the use of the term 'abuse', should detract from the reality of physical violence victims/survivors are subject to (Stark, 2007; Aldridge, 2021). Rather, it aims to encompass all forms of violence and abuse perpetrators use, including more recently identified forms such as economic abuse (Sharp-Jeffs, 2021); and to emphasise the continuous nature of perpetrators' abuse, that requires a broader view than focusing on incidents of physical violence (Katz, 2016).

Victim/survivor

Alongside different terms to describe experiences of violence and abuse, there are also different ways of naming those who experience it. In England the most common terms are victim, survivor, or victim/survivor. Internationally, in particular in the USA, the term 'battered women' has been used (Messamore and Paxton, 2020). The term 'survivor' came to be important in opposition to terms such as victim, or battered woman, and in particular the linked concept of 'learned helplessness', in which women were perceived to be unable to resist or seek help for domestic abuse (Wiper and Lewis, 2020). Gondolf and Fisher (1988) argued women should be seen as "*survivors*" not "*victims*" due to their ability to survive in relationships with abusers (p. 3). But "*neither the image of the 'passive victim' nor of the 'active survivor' is sufficient to capture the range of victims' experiences*" (Dunn, 2005, p. 24): they can be "*both/and*" (Dunn and Powell Williams, 2007, p. 977). The perspective that women who experience domestic abuse should be named 'survivors' has largely prevailed, for example in Women's Aid Federation of England's Survivor's Handbook (no date-a). It is nevertheless important to note that not all women survive domestic abuse (Femicide Census, 2020) and are more likely to be killed by abusive partners than men are; 70% of domestic homicide victims between April 2022 and March 2023 were female (Office for National Statistics, 2024).

This study uses the term 'victim/survivor', as a way of recognising the tensions analysed here. When referred to in relation to their interactions with services, 'service users' is used to differentiate from those victims/survivors who do not seek help from services or have been prevented from doing so. The perception of victims/survivors as service users, or 'clients', is explored in the Literature Review (Chapter 2).

The study aimed to research the experiences of 'women'. At the time of developing the study and methodology I had not reflected on my conceptualisation of 'women', and whether this included trans women or non-binary people. As a feminist researcher I am concerned with lived experiences of inequality based on gender identity, with the perspective that structural gender inequalities in society disadvantage all women, including trans women, but that their experiences will differ. Ultimately, as the methodology – Chapter 3 – shows, the issue was not presented by the services or participants involved in the study; but this may be an area that warrants exploring in future research.

Specialist domestic abuse services

The term 'specialist domestic abuse services' is used in this study to identify services primarily, albeit not exclusively, in the voluntary sector whose primary role is to respond to victims/survivors of domestic abuse. Statutory Guidance accompanying the Domestic Abuse Act 2021 specified that "*support should be delivered by knowledgeable and/or experienced specialist providers, charities, and other voluntary organisations whose purpose is to provide support to victims of domestic abuse*" (Department for Levelling Up, Housing and Communities (2021). This study aligns with that definition of specialist services.

Chapter summary

This thesis comprises eight chapters; this introduction is *Chapter 1*.

Chapter 2 presents the Literature Review, which provides the context and framing for the research study. The ways in which theories of feminism are relevant to the study are discussed, including how they are informed by the concept of intersectionality. The chapter describes a literature search and critique of what constitutes engagement in the domestic abuse literature, specifically, what is missing from the ways in which engagement is conceptualised. Other fields of research that have explored the concept of engagement are analysed where they inform this study's exploration of the concept. The history of specialist domestic abuse services is described, as it relates to engagement and the services involved in this study. Finally, the chapter sets out the current context for specialist services, the experiences of service users, and of workers, in relation to the concept of engagement.

Chapter 3 describes the development and delivery of the research methods for this study. The theoretical frameworks of feminism and social constructionism are described, including how they influenced decision-making relating to methods and data analysis. The study's ethical considerations are discussed, including how these were considered and implemented in practice. The plan relating to qualitative methods, participant recruitment, sampling and ethics is described, followed by a discussion of the changes in each of these areas once the data collection started, and how the research was delivered. The reflexive thematic analysis process for analysing the data is presented.

Chapter 4 introduces the findings that are analysed in the two subsequent chapters. The purpose of this chapter is to set the context for the findings and discussion by providing information on the services involved, and the participants in the study. This is necessary due to differences between the four services involved in the study, and to provide demographic information about participants which sets the context for discussions on intersectionality. The chapter also describes the development of the study's ecological model adapted from Bronfenbrenner's (1979) original model through the data analysis process.

Chapter 5 is the first findings chapter, presenting data on conceptualisations and experiences of 'engagement' in relation to interactions between service users and workers in specialist domestic abuse services. The findings are structured within the ecological model described in Chapter 4. The first level of the model shows how workers conceptualised engagement through their expectations of service users' behaviours and importantly, how this was experienced by service users. The second level concerns service users' immediate networks, and this is referenced throughout the chapter, not in a separate section, due to the ways in which it was woven through each of the other levels. The third level analyses how workers' ethos of empowerment shaped their understandings of engagement and expectations of service users. The fourth level presents the ways in which the design of specialist services influenced service users' experiences of those services and workers' conceptualisations of engagement. The fifth level analyses commissioners' and funders' influence on service design and thus engagement and service users' access to support. The final, sixth, level places the other levels in the context of national policy and wider attitudes to domestic abuse in England.

Chapter 6 is the second findings chapter, setting out the facilitators and barriers to engagement in the data, and is also presented using the ecological model. The chapter sets out the facilitators and barriers to engagement relating to individual service users, their immediate networks – children, perpetrators, family and friends, other services – workers, specialist services, commissioners and funders of specialist services, and national policy and attitudes to domestic abuse.

Chapter 7 contains the discussion and implications, bringing together the literature review and findings chapters and answering the research questions. The chapter discusses how this study makes a significant original contribution to knowledge in the field of domestic abuse research. This is the first qualitative exploration of the concept of engagement within specialist domestic abuse services, from the perspectives of service users and workers. The study shows how exploration of the concept of engagement is important: the ways in which engagement is conceptualised – and the influencing factors that shape it – directly impact service users, including whether they receive specialist support or not. This chapter sets out how the study can inform practice, policy and commissioning.

Chapter 8 is the conclusion of the thesis, including concluding thoughts on the study, its original contribution to knowledge as well as its limitations, and suggestions for future research.

CHAPTER 2: LITERATURE REVIEW

Introduction

This literature review provides the context and framing for the research study. The theories and concepts relevant to the research study are discussed. The literature search and critique on what constitutes engagement in domestic abuse literature are presented, specifically, what is missing from the ways in which engagement is conceptualised. Other fields of research that have explored the concept of engagement are analysed to inform this study's exploration of the concept. This study focused on the experiences of service users and workers in specialist domestic abuse services and therefore the history of specialist domestic abuse services is discussed. The current context for services, the experiences of service users and of workers, and how the exploration of the concept of engagement is relevant to them are presented and analysed.

Theoretical context

This study explored the concept of service user engagement, and the associated barriers and facilitators, in relation to women's interactions with specialist domestic abuse services. Women's experiences of accessing specialist services, and the ways in which services are designed, are located within theoretical frameworks (Buzawa, Buzawa and Stark, 2017). These frameworks are part of the history of awareness about, and services for, women subject to domestic abuse, and the varying approaches to how they should be responded to and supported. This section explores how feminist theories are pertinent to women's experiences of accessing specialist services and how they relate to the concept of engagement. These theories provide the context for, and inform, the research study.

Feminism

The history of feminist movements is characterised by multiple ideologies and priorities, with no single theory of 'feminism' but multiple 'feminisms' (Walby, 2011). The history has been described using the metaphor of 'waves': the 'first wave' is identified as the period in the late nineteenth and early twentieth centuries in Europe – and the USA – largely, although not exclusively, focused on legal changes such as property rights and the right to vote (Evans, 2015). The 'second wave' is seen as taking place from the 1960s onwards and included a focus on "*the importance of the personal and private sphere as a site of inequality*" (Evans, 2015, p. 5). This second wave comprised several, albeit overlapping and contested, strands of 'feminism' including radical, liberal, socialist and Black feminisms, with radical feminists such as Dobash and Dobash seen as the driver for challenges to men's violence against women including domestic abuse (DeKeseredy, 2021). Feminists argued that, rather than being an issue of individual psychology, dominant gender norms and structural inequalities lead to men's abuse of their female partners (Dobash and Dobash, 1992), and that gender and power must be taken into account to fully understand domestic abuse (Yllö, 1993). Statistically, women remain significantly more likely than men to experience domestic abuse from a partner (Myhill, 2015), are more likely to be injured, experience long term physical and mental health effects (Humphreys and Thiara, 2003; Ferrari et al., 2018), and more likely to be killed by a partner or ex-partner (UNODC, 2019). Amongst many others, Stark (2007) and Dobash and Dobash (2005) argued that men's perpetration of abuse against female partners is a direct result of, and sanctioned by, patriarchal societies in which men and women are taught gendered roles and the "*authority*" of men over women (Dobash and Dobash, 2005, p. 170).

DeKeseredy described how for researchers and activists like Dobash and Dobash the concept of patriarchy explained the "*hierarchical organization of social institutions and social relationships that allows men to maintain positions of power, privilege, and leadership in society*" (2020, p. 3). The disparity can be seen across English society, with women representing significantly smaller proportions than men in, for example Parliament, the judiciary and FTSE 100 companies (Fawcett Society, 2022); and the continued presence of a gender pay gap (Fawcett Society, 2023). The differences are even more pronounced for women from racialised minorities (Fawcett Society, 2022). DeKeseredy has argued that the concept of patriarchy, and the structural understanding that underpins it, have been "*marginalized*" in research on domestic abuse (DeKeseredy, 2021, p. 632). While it has not disappeared from understandings of men's use of violence and abuse entirely (Applin, Simpson and Curtis, 2023), and gender continues to be highlighted as relevant to understanding the experiences of all victims/survivors (Westmarland and Burrell, 2023), it has been rightly challenged as a single explanation for domestic abuse through research on the experiences of victims/survivors who are not heterosexual women.

Donovan and Barnes (2020, p. 8) challenged what they identified as the dominant 'public story' of domestic abuse, critiquing:

> *how the mainstream field of IPVA [intimate partner violence and abuse] has produced a heteronormative, cisnormative public story of DVA [domestic violence and abuse] … that has profound impacts on recognition and help-seeking amongst LGB [Lesbian, Gay, Bisexual] and/or T+ [Trans and other gender identities] people.*

They argued that it was important not to disregard feminist-derived gendered understandings of domestic abuse, but to expand them to incorporate the experiences of all victims/survivors, paying particular attention to sexual orientation, gender identity, and other characteristics of victims/survivors. Gender continues to be central to understanding perpetrators' use of coercive control (Stark, 2007; Downes, Kelly, Westmarland 2019; Barlow and Walklate, 2022). Understanding how victims'/survivors' 'space for action' is reduced by the perpetrator enables a broader view of domestic abuse behaviours and impacts (Kelly, 2003; Kelly, Sharp and Klein, 2014). Donovan and Barnes (2020) argued for recognition of the experiences of all victims/survivors; not focused on the "*micro*" level of individual people and their individual characteristics but locating victims/survivors in the "*macro*" level of their social context, incorporating experiences of discrimination and oppression such as homophobia and transphobia, alongside experiences of domestic abuse (p. 23).

This study drew on feminist theories of domestic abuse in relation to understanding gender inequality, while attending to the wider 'macro' factors present for victims/survivors in relation to their engagement with specialist services, primarily through attention to 'intersectionality', as described in the next section. The study also attends to how feminist theories and activism led to the development of those services; that history is discussed later in the chapter. This study also developed a new ecological model as a means of drawing attention to both the micro and the macro levels of service user engagement.

The work of Donovan and Barnes, cited above, built on the work of many other researchers and theorists to expand our understanding of domestic abuse through the concept of intersectionality, which informed the feminist approach to the research. The concept gained prominence as a challenge to the feminist movement against violence against women for ignoring the unique experiences of Black women (Crenshaw, 1989). Mirza (1997) argued that the concept demands recognition of "*other ways of knowing that challenge the normative discourse*" (p. 5, emphasis in original).

Despite being in use for over 30 years amongst researchers, the concept has taken time to be adopted in the UK in relation to policy and practice (Yuval-Davis, 2006; Day and Gill, 2020) and continues to have contested meanings and uses (Walby, Armstrong and Strid, 2012). Intersectional approaches present opportunities and challenges to responses to domestic abuse (Sokoloff and Dupont, 2005), not least the need to move beyond theoretical debates to speak to women's lived experiences (Chantler and Thiara, 2017). Chantler and Thiara (2017) argued that the concept of intersectionality had developed into a way of understanding "*diverse identities*" instead of its original purpose "*as an analytic tool to examine structural power and inequality*" (p. 85). Intersectionality offers an analysis that avoids the compartmentalisation of people into discrete categories. It places individual experiences within a wider structural understanding in which "*unequal social* *relations … remain central*” to our understanding (Walby, Armstrong and Strid, 2012, p. 230).

This study was mindful that the history of ‘intersectionality’ focused on highlighting the experiences of women from racialised minorities (Chantler and Thiara, 2017; Gangoli, Bates and Hester, 2020) and maintained a focus on ethnicity and minoritisation throughout the research. It was also important to attend to the diversity of identities and experiences service users presented with, including how gender, disability (Shah, Tsitsou and Woodin, 2016; Thiara and Bashall, 2021), socio-economic status (Ahmadabadi et al., 2017; Fahmy and Williamson, 2018; Skafida, Morrison and Devaney, 2022) and others such as Travelling communities (Yin-Har Lau and Ridge, 2011), intersected with each other and with service users’ experiences of domestic abuse.

The concept of service user engagement in the domestic abuse research field

At the start of the research study, targeted searches were conducted to establish what recent (2010-2018) research existed in the domestic abuse field relating to specialist domestic abuse services and the concept of service user engagement (search terms and outcomes in Appendix 11). This included searches for grey literature, which consisted primarily of reports produced by domestic abuse organisations. Following the initial searches, alerts were received for relevant publications, and towards the end of the study another search was conducted for research published since the date of the original search to the present (2018-2024); the process for this search is in Appendix 11. A further 28 relevant studies were identified that were relevant to this literature review. The table and detailed description of the search processes and outcomes is in Appendix 11.

Overview of engagement in the literature

The literature searches found the concept of engagement to be present in academic research on domestic abuse services and in use by organisations working in the specialist sector. Academic research presented the concept of engagement as relevant to women’s contact with services, but rarely with a definition, nor setting out any components of the concept (Goodman and Smyth, 2011; Howarth and Robinson, 2016; Rodgers et al., 2017; Backes et al., 2022; Green, Satyen and Toumbourou 2023). Studies involved qualitative and quantitative methods and explored women’s interactions with statutory services such as the criminal justice system (Hester and Lilley, 2017; Halford and Smith, 2022), health (Larkins et al., 2015; Williams et al., 2017; Berry et al., 2023), services for children (Keeling and Van Wormer, 2012; Domoney et al., 2019; Holt et al., 2023) as well as with specialist domestic abuse services. An example of one of the few definitions for engagement was from Tomkins et al. (2023, p. 4):

> *[We] create[d] a single dichotomous intervention-related variable: initial engagement with IPV [intimate partner violence] interventions. This variable indicated whether victims or aggressors, respectively, who were referred to specialist IPV support services attended at least one face-to-face meeting with the intervention provider during the 12-month follow up period.*

Tomkins et al. explored risk factors relating to repeat victimisation, rather than service involvement, yet their definition aligns with much of the research already cited. Wright et al. (2020) similarly created a “*dichotomous variable*” of engagement in which service users were categorised as either “*declined [the service]/never [been] reached … [or] engaged via usual care/outreach*” (p. 363), regardless of the level or quality of contact. These and other studies implicitly suggested the concept of engagement was uncomplicated, rarely in need of definition, and something that could be measured through a binary of engaged / not engaged. Engagement remained similarly undefined in the grey literature, for example:

> *Many women seek help a number of times before fleeing an abusive partner, and the most common reason that someone did not engage with the NWTA [No Woman Turned Away] project was that the survivor no longer wanted support (36.0%).* (Women’s Aid Federation of England, 2020a, p. 1)

Reports produced by the specialist domestic abuse sector are often designed as part of a wider campaigning strategy and to raise awareness of the challenges faced by women when seeking help for domestic abuse and do not define terms to the extent that academic research would be expected to. In the grey literature the most prominent component of engagement in relation to service delivery appeared to mean ‘any contact’ between a service user and a worker. Other inferred components included the relationship that is built between the worker and those accessing support, and services’/workers’ responsibilities to reach out to, or “*engage*”, with women to enable them to work with the service to collaboratively meet their needs (AVA, 2019, p. 11).

Across the academic and grey literature explorations of interactions between individuals seeking help and providers of support services were framed within the concept of engagement. Analysis identified commonly implied meanings or components: a victim/survivor making an initial contact to a specialist service; a service user having ongoing contact with a service; and evaluations in which service users adhered to the requirements of the service. The literature on each of these possible components of engagement is now presented and analysed.

Meanings of engagement in the literature: contact

The most frequently occurring use of engagement was to indicate when victims/survivors had made a first contact with a service. This included the initial contact to service only (Barret, Peirone and Cheung, 2020; MacLure and Jones, 2021), or initial contact plus the service user accepting help when offered by that service (Grillo et al., 2021; Fitts, Cullen and Barney, 2023). Howarth and Robinson (2016) analysed data gathered from individuals who had accessed support from seven Independent Domestic Violence Advocacy (IDVA) services in England. Data relating to 2,427 service users was gathered at their point of entry to the service. Less than half of that original sample had data collected at the second time point, which was either after three months if their contact had continued with the service, or at the closure of their ‘case’ if this had taken place within the three months. Howarth and Robinson stated “*[d]ata were not gathered on a second occasion if a woman had disengaged from the service and/or the IDVA had no recent contact* *with her*" (p. 45). Engagement appeared therefore to be conceptualised narrowly as 'ongoing contact with the service' rather than relating to the nature of that contact. Despite the lack of definition, the authors highlight the importance of understanding "*why a substantial proportion of women disengaged from the intervention altogether prior to the conclusion of their case*" (p. 56). In drawing this conclusion, Howarth and Robinson appeared to see disengagement as synonymous with an individual's case not reaching a service-agreed conclusion, which raises the question, who gets to decide when a 'case' is 'concluded'? A similar question was raised by Dheensa et al.'s (2020) research on a hospital-based specialist domestic abuse service in England in which specialist workers talked about they would 'flag' hospital patients who had disclosed being victims/survivors of abuse to their General Practitioners. The workers' purpose in doing this was to enhance the safeguarding of victims/survivors. It could be done, without consent, for those who didn't "*want to engage*" with the specialist worker, enabling workers to "*feel we are more effective*" (p. 9). The service facilitated actions to be taken by workers without service users' consent or knowledge, which placed services in a position of power over service users, whether they 'engaged' or not.

Another example of engagement being conceptualised as ongoing contact was Harris's (2016) evaluation of a project that sought to meet the needs of survivors of domestic and sexual violence and abuse who had "*complex needs*" (p. 3), which included mental ill health and drug and/or alcohol misuse. A measure of success for the service was "*engagement*" or "*irregular engagement*": the former comprised "*regular*" contact between the service user and worker, and the latter described service users whose contact was only when "*in crisis or on a needs basis*" (p. 15). This suggests that the service had specific expectations for the level of contact between service users and practitioners beyond crisis or based on service user need. Engagement was thus defined by the service and the evaluation, not from the perspective of service users. Harris also defined victims/survivors who "*did not engage*", as when they were "*uncontactable or unwilling […] to leave [the] perpetrator and request refuge*" (2016, p. 15). The service design was in the form of specialist refuge accommodation, which would not be appropriate for those who did not want accommodation-based support. Conceptualising victims/survivors as ‘non-engaging’ and ‘unwilling’ suggested it was the responsibility of service users to comply with service design, even if their needs were not addressed by that service. This allocation of responsibility for engagement to service users was found elsewhere in the literature, for example in Trabold et al.’s study (2020, p. 634):

> *IPV [intimate partner violence] interventions improve well-being, depression, and post-traumatic stress disorder (PTSD) symptoms and reduce reoccurrences of violence (Trabold et al., 2018); however, many women do not engage with these effective interventions, allowing the sequela of IPV to continue.*

Trabold et al. emphasised the responsibility of service users to engage; if they failed to do so, they were ‘allowing’ the domestic abuse to continue. Utilisations of ‘engagement’ such as this, alongside research such as Harris’s (2016) above, highlight the need for greater exploration of the concept, in that they suggest it is the responsibility of service users to engage in what are presented as effective services. Other studies, albeit limited in number, used engagement to refer to the actions of workers, or interchangeably the actions of service users and workers (Wood et al., 2020; Hope et al., 2021). For example, Wood et al.’s qualitative research in the USA referred to victim advocates being available to service users, to “*facilitate connection and engagement*” (p. 13, 2020); their study made clear that services and workers hold a responsibility for service user engagement. Yet in most research, engagement appeared to be conceptualised as something for which service users were responsible.

Meanings of engagement in the literature: meeting the aims of services

Implicit in Trabold et al.’s (2020) and Harris’s (2016) conceptualisations of engagement is service users’ adherence to, or compliance with, the design, aims, or requirements of the specialist service. This component was present or implied in other studies (Galvani, 2006; MacQueen and Norris, 2016; McConnell, 2020; Gilmore et al., 2021; Decker et al., 2022). These studies tended to focus on the views of workers through analysing case files and records about those accessing support, or interviewing workers about their service users. Their conceptualisation of engagement implied the design, aims and requirements of a service are the same as the needs of service users.

Stover et al.'s (2008) study explored service user 'engagement' with a police-led intervention in the USA in which a trained police officer and trained domestic abuse advocate conducted a follow-up visit subsequent to reports to police of a domestic abuse-related crime. Using quantitative data gathered by the advocates, the research identified whether specific variables relating to the service user – including their ethnicity, number of children, and whether they had been injured by the abuser – related to service users' 'engagement' with the home visit. Whether or not they were seen to have 'engaged' related to two outcome variables: "*[advocate] time spent with [the] victim*" and the "*number of DVHVI [intervention] services provided*" (pp. 1441-2). Engagement appeared to have been defined as taking place when the service user adhered to the aims of the intervention, suggesting those aims were always the same as the needs of service users. Such a conflation of service aims with service user needs potentially leads to a situation in which 'engagement' is only possible in those cases where service users act in ways that workers expect them to, and their needs align with what the service delivers. Therefore, if engagement was not achieved, responsibility lay with the service user, as seen in Harris's (2016) definition of non-engagement above.

Academic and grey literature has identified that the needs of service users can be different or additional to the goals or aims of the service they are accessing (Women's Aid Federation of England, 2022a). Hester and Lilley (2017) interviewed victims/survivors of sexual violence in addition to analysing criminal case files for rape cases in the criminal justice system. A successful outcome for the criminal justice system would usually be a prosecution. But for the participants in the research, the "*crucial*" part of their experience was the support provided by specialist sexual violence services and health services that had been accessed through, but were independent of, the criminal justice process (p. 187). These findings emphasise the importance of not conflating a service's design, aims or requirements with the needs or aims of service users.

Meanings of engagement in the literature: worker-service user relationships

In a small section of the literature, engagement appeared to be explored through the quality and nature of the relationships between service users and workers, highlighting what may be missing from narrower conceptualisations. Keeling and Van Wormer (2012) carried out qualitative interviews with seven victims/survivors who had engaged with children's social care, and Lea and Callaghan (2016) interviewed twelve women who had been supported by a specialist domestic abuse service. The studies sought to gain in-depth understandings of women's experiences of "*engagement with practitioners*" (Keeling and Van Wormer, 2012, p. 1366), in which service users' relationships with workers was the main factor. Their approach contrasts with the studies already mentioned here, which saw initial or ongoing contact as sufficient to define engagement. Important factors for participants were trust in practitioners, feeling validated by workers who "*facilitated [women's] informed decision-making*" and helped them to feel in control of the situation (Lea and Callaghan, 2016, p. 713).

The literature review presented in this section establishes that the concept of engagement is relevant and frequently used in the field of research on specialist domestic abuse services yet does not have an agreed definition or set of components. The lack of attention to the components of engagement is problematic given the range of different meanings that can be inferred from the literature, and the ways in which service users can be made responsible for their engagement. Research from other fields that have explored the concept of engagement is now presented to inform understanding of the concept's use in the domestic abuse sector and research field.

Concept of engagement in other research fields

To provide context to the literature on domestic abuse services, and to identify potential components of engagement that could be relevant, a literature search was carried out for ‘client engagement’ (see Appendix 11). The extent to which engagement as a concept had been explored across service areas varied. Many studies, similar to the domestic abuse literature, utilised the concept of engagement without definition, or defined it narrowly to mean initial or ongoing contact, or compliance with service or intervention requirements. This included health treatment services (e.g. Christopoulos, Conrad and Shukla, 2018), mental health services (e.g., Maraj et al., 2018), substance misuse services (e.g., Sorsa et al., 2023) and services for adult domestic abuse perpetrators (e.g. Meyer, 2018).

In the field of mental health, Henderson et al.’s (2020) systematic review and thematic synthesis of qualitative evidence asserted that despite ‘engagement’ being understood as central to mental health service users benefitting from treatment services, it “*lacks a clear definition … and the term is used inconsistently*” (p. 809). The review found that engagement had been conceptualised:

> *[In] a number of ways, including accessing services, retention within services, enthusiasm and self-management, service provision and the interaction between the patient and healthcare provider.* (p. 809)

These reflect the findings presented in the previous section, with the exception of ‘enthusiasm and self-management’, which was not present in definition of engagement in relation to specialist domestic abuse services.

Similarly, research on children’s social care services highlighted how ‘engagement’ is crucial to the delivery of positive outcomes for children within services (Damiani-Taraba et al., 2017; Mason, Taggart and Broadhurst, 2020), with varying ways in which ‘engagement’ is understood or defined (Damman et al, 2014; Moon et al., 2024). Central to research in the field of children’s social care is understanding the impact of social workers’ state-conferred powers relating to children, their parents, and other family members when working relationships are developed (Featherstone, White and Morris, 2014). This factor represents a key difference between children’s social care services and specialist domestic abuse services. Even if located within local authorities, domestic abuse services do not have the statutory powers of social care services. Yet in both services there is an emphasis on building relationships and 'engagement' by service users, hence this is a useful research field to explore.

Several studies in the field of children's social care (e.g., Damiani-Taraba et al., 2017; Akin et al., 2018) drew on the work of Yatchmenoff (2005) to explore or measure engagement in children's social care services. Yatchmenoff's USA-based study described the design and testing of a parental self-report measure of engagement in child welfare services. The development of the tool began by asking practitioners: "*How do you know the difference between a client who is just going through the motions and one who is positively involved in a helping process?*" (p. 86). The phrasing of the question suggests Yatchmenoff's initial understanding of engagement related to parents who were not only adhering to expectations regarding ongoing contact ('just going through the motions') but were 'involved' in the helping process in a 'positive' way; a distinction that was also important for this study to explore. Yatchmenoff also asked practitioners questions about their use of the term engagement. From an analysis of responses, Yatchmenoff developed components of engagement which were tested through interviews with parents in contact with child welfare services. The components were as follows, with 'expectancy' and 'investment' combined into one component labelled 'buy-in' (p. 87):

> *Receptivity: openness to receiving help, characterized by recognition of problems or circumstances that resulted in agency intervention and by a perceived need for help.*
> *Expectancy: the perception of benefit; a sense of being helped or the expectation of receiving help through the agency's involvement; a feeling that things are changing (or will change) for the better.*
> *Investment: commitment to the helping process, characterized by active participation in planning or services, goal ownership, and initiative in seeking and using help.*
> *Working relationship: interpersonal relationship with worker characterized by a sense of reciprocity or mutuality and good communication.*

> *Mistrust: the belief that the agency or worker is manipulative, malicious, or capricious, with intent to harm the client.*

Unlike many of the conceptualisations of engagement in the domestic abuse literature critiqued above, Yatchmenoff's final model can be seen to include elements of engagement that are the responsibility of service users, such as receptivity, and elements that are also within the responsibility of workers such as the working relationship and mistrust.

Mirick (2014) used Yatchmenoff's tool to measure the engagement of women accessing child welfare services in the USA, comparing domestic abuse victim-service users and non-victim-service users. Mirick found no statistically significant differences in engagement scores between the two groups, except higher levels of 'mistrust' were found among victims/survivors of domestic abuse. Mirick theorised this difference to be borne of previous negative experiences with services, which "*had resulted in punitive consequences for them*" in the context of "*mother-blaming*", making victims/survivor wary of trusting workers (p. 151). Wild's (2022) research found victims/survivors who are mothers often experience blame for the behaviours of their abusive partners. Children's social care services can often struggle to respond to domestic abuse (Featherstone, White and Morris 2014) due to contradictory and competing priorities between child protection, domestic abuse and child contact services, described by Hester (2011) as effectively operating on three separate "*planets*" (p. 838). A shortcoming of Mirick's analysis is that they made no distinction between those accessing the service voluntarily and those compelled to do so; albeit the distinction between 'voluntary' and 'non-voluntary' involvement with statutory services can be negligible (Conley, 2007). A fuller exploration of this element of victims'/survivors' engagement by Mirick would have been useful. The ways victims/survivors interact with children's social care, in the context of social workers' statutory powers and the need to comply, is relevant to this study. Specifically, whether the element of 'mistrust', which Mirick found to be important in their study, is also present in victims'/survivors' experiences of specialist domestic abuse services.

This section has analysed research in other fields that are relevant to explorations of engagement in relation to the delivery of specialist domestic abuse services. The literature review now moves on to explore research presenting how service users experience their engagement with specialist services.

Measurement and service user experiences of specialist services

This section reviews evaluations of specialist domestic abuse services, and the measurement tools that are used, to explore how they contribute to understandings of engagement. Evaluations can also provide insights into how service users experience specialist services, which can add to understanding service users' perspectives on engagement and the related facilitators and barriers.

Service evaluation measures

Some of the studies referred to in the section above on how engagement is present in the domestic abuse literature were evaluations of services that used 'engagement' as a measure that indicated services were 'successful' (Harris 2016; Howarth and Robinson, 2016; Wood et al. 2023). This is problematic when the concept of engagement has not been explored, and when the category of 'disengagement' may be used not to indicate a lack of success on the side of the service, but the responsibility or choice of the service user.

Multiple other measures are used in evaluations, sometimes alongside 'engagement', to assess specialist domestic abuse services or interventions (Carlisle et al., 2024). Rivas et al. (2015) conducted a systematic literature review of quantitative studies of healthcare-based advocacy interventions for intimate partner abuse. They defined 'advocacy' as interventions that "*engage with abused women to empower them and liaise them with community services*" (p. 10). Their definition suggested engagement did not just comprise 'any contact' between advocates and service users, but contact which empowered women and connected them with other workers. Despite Rivas et al.'s definition and implied meaning of engagement, none of the outcomes or measures used in the 13 eligible studies they found addressed such aspects of service provision (p. 22):

> *11 of the 13 studies measured some form of abuse (using eight different scales), six assessed quality of life outcomes (three scales), six measured depression (three scales), and three studies measured anxiety or psychological distress (three scales). There was little consistency across the trials in relation to the scales used to measure any of these outcomes.*

Like Rivas et al. (2015), Sprague et al.'s (2017) literature review found many studies evaluated service or intervention success through measures of the "*recurrence and severity*" of violence and abuse (p. 509). The interventions and services covered by the studies provided support for service users in managing their safety and addressing issues such as their mental or physical health. They therefore did not address the cause of the women's situation, which was the perpetrator; yet most outcomes were focused on behaviours only the perpetrator was responsible for. This may lead to an over-emphasis on women's responsibility for their situations (McInness, 2015), for example, through labelling them as 'non-engaging' in a way that places all the responsibility on the service user to adhere to a service's expectations.

The challenges of evaluating specialist domestic abuse service effectiveness are highlighted by Ragavan et al.'s (2018) systematic literature review, in which they argued domestic abuse services and researchers have "*worked largely in their own silos … at a great cost to survivors*" due to specialist services not having the benefit of "*rigorous evaluation*", and researchers lacking "*practitioner wisdom and survivors' lived experiences*" (p. 139). The authors suggested common measures such as changes in levels of service user mental health and well-being, or levels of abuse – while potentially important in evaluating interventions – do not tell us how women experienced the service or what it was about that intervention that made a difference to them. These are also measurements that are likely to be influenced by factors out of the women's and the services' control, such as the behaviour of abusers, or the availability of specialist mental health services. Therefore, they may not give a clear indication of how, and why, the service had an impact on the life and well-being of service users.

Feedback from survivors challenges the outcomes measured in studies found by Rivas et al. (2018) and Ragavan et al. (2018). Rather than service- or researcher-defined measures, survivors want "*tools that capture the attribution of change to the service/intervention*" (Clark et al., 2023, p. 7), so that when completing a tool they would know they were answering in relation to the service they had received. For example, for service users to rate the extent to which they "*feel more confident because of the intervention*", rather than simply assessing if they "*feel more confident*" (Clark et al., 2023, p. 7).

Clark et al.'s (2023) description of what service users would like to see in measurement and research tools underlines the need for services and evaluations to focus on what services and interventions can achieve for or with the service user – rather than assessing changes in the perpetrator's use of violence, over which the service and the service user have little or no control. Other evaluations may not have relied on such measures, but nevertheless showed a disconnect from service user experiences and needs. Many services and evaluations focus on improving survivor safety as an outcome demonstrating the success of the service (Macy et al., 2016 Taylor-Dunn and Erol, 2021), but this is often without an exploration of what 'safety' means for service users, compared with what it means for services. The most common service-defined measure for safety was a reduction in the abuse experienced by the service user. Thomas, Goodman and Putnins (2015) surveyed 301 survivors in the USA to understand how their experiences of seeking help impacted on their safety. Their prior literature review found studies that provided participants with a "*pre-determined list of needs*", asking service users to select those that apply. As a result, the ways in which service users "*weighed*" different needs against each other had not been explored (p. 172). Through interviews with survivors, Thomas, Goodman and Putnins found that "*safety-related trade-offs were common*"; in other words, to achieve safety, they had to "*give up*" something else, for example social support or social stability (pp. 174-5). Such findings are only possible when service users are involved in research, which, despite studies being conducted about service users' needs, often only involves workers (e.g., Kulkarni, Herman-Smith and Ross, 2015; Taylor-Dunn, 2016; Mengo et al., 2020).

The need to involve victims/survivors is further emphasised by Powell et al. (2022). In partnership with services and victims/survivors they developed a 'core outcome set' to measure the impact of specialist domestic abuse services. The final set of outcomes were (p. 8):

> *Child emotional health and well-being … feelings of [psychological and physical] safety for the non-abusive parent and child … caregiver emotional health and well-being … [quality of] family relationships … freedom to go about daily life.*

Powell et al. (2022) further underlined the point made by Thomas, Goodman and Putnins (2015) above, that measuring service success or outcomes for service users through single factors such as 'safety' is unhelpful and does not account for the complexity of the circumstances of victims/survivors. Aris, Hague and Mullender (2002) argued that services must understand how the support they offer "*can empower women … on their own terms*" (p. 149) through listening to victims/survivors. These arguments can be extended to measures of 'engagement'. When binary assessments of 'engaged/non-engaged' are used, a simplistic concept is implied rather than a complex one. Overall, such findings suggest the voices of those accessing services are often missed in the identification of service outcome measurement, and what is deemed to be successful service provision.

Service users' perspectives on services

While service users' voices may be absent in deciding service outcome measures, qualitative studies have explored their experiences of services and have identified common themes around what had been important to them in their contact with services. This area of research is relevant to this study as it provides evidence for how 'engagement' may be experienced by service users, and what facilitators and barriers may exist for them. Participants across several studies valued services that enabled them to feel in control of their situation and were responsive to their needs and goals (Zweig and Burt, 2007; Bacchus et al., 2010; Kulkarni, 2019; Wood et al., 2020). Service users placed importance on making "*meaningful connections*" with workers who were able to give them power and control over their situation, starting with asking them what they wanted (Lewis, Henriksen and Watts, 2015, p. 388). Coy and Kelly (2011) found most participants stated their positive experiences were shaped by advocates who were respectful, non-judgemental, supportive and very practical. Participants' positive experiences centred largely on the behaviour and attitudes of the advocates, in particular their interpersonal skills and supportive attitude and their ability to "*be respectful and knowledgeable*" about the shame service users felt about experiencing abuse (p. 81).

Often studies had small sample sizes, ranging from eight to thirty, which for individual studies can make generalisations challenging; but there was significant agreement between the studies on what service users found important in specialist domestic abuse services. One challenge is the extent to which these studies' samples were able to speak for the range of people accessing that intervention (Kulkarni et al., 2012). Madoc-Jones and Roscoe (2010) highlighted that their research sample was likely to have comprised "*women who had more extensive contact and investment in the safety service and believed they had something to say*" (2010, p. 163). This was evident across studies that involved service users who had 'engaged' with the service for a length of time, suggesting samples comprised self-selecting participants who had positive experiences of 'engagement' that they wanted to share with the researchers. Those who had not 'engaged' would not have been in contact with the service, and therefore not able to participate in the research. This is problematic when most research relating to or with victims/survivors uses data and/or participants drawn from specialist and other services (Weiss and Shulman, 2022). The focus on data from specialist services produces a findings bias towards the experiences of those who have accessed services, without exploring the experiences of those who have not accessed services. This limitation and bias are present in this research, which focuses on experiences of service users recruited through and by the services involved in the study.

Aris, Hague and Mullender (2002) argued workers often act as "*gatekeepers*" (p. 155) in relation to research recruitment, local consultation, or survivor involvement processes. While this is due to services attempting to protect victims/survivors perceived as "*in the experience*", the outcome is that they are silenced at a time when they may have valuable contributions to research (p. 150). In the context of research and evaluation, not only are outcomes skewed towards those with more positive experiences, they also potentially only involve those who are least in need of ongoing support – they are no longer 'in the experience'. There is also a hidden population of victims/survivors who are not in contact with services who may have something to contribute about how that service is delivered (Voth Schrag et al., 2021) and how 'engagement' is experienced.

Voth Schrag et al. (2021) highlighted this gap and set out to conduct research with victims/survivors of domestic abuse who had not accessed specialist services, highlighting that in the USA, there are a significant number who do not seek formal help. The study sought "*to shed light on the experiences and perceptions of survivors who have not fully engaged with voluntary IPV [intimate partner violence] services*" (p. 2316). They interviewed 36 health patients who had not sought help from a specialist service at all or had sought help and then left before 'fully' engaging, for example, they had called a hotline or visited a service once, but not continued their contact. The authors' definition of engagement – no contact, or initial contact only – aligned with the findings of the literature search presented earlier in this chapter. Voth Schrag et al. found many themes that were similar to those identified in studies with victims/survivors who remained 'engaged' with services. The findings differed in relation to victims'/survivors' negative interactions when they first sought help, such as a "*lack of compassion in response*" to their disclosures (p. 2327). The authors highlighted "*the specific damage that occurs when providers cannot meet the needs of survivors when they initially reach out for help*" (p. 2327). This finding related to victims'/survivors' attempts to seek help from or disclose to services such as police and health, rather than specialist domestic abuse services. Yet, Voth Schrag et al. argued, an initial positive response from any service is necessary for victims/survivors to go on to be 'engaged' with a specialist service, due to service users seeing all providers "*as a large monolith, with* *negative experiences in one sector generalizing to reflect the outlook or capacity to help of all potential services*" (p. 2327). My study explored any differences there may have been for service users in engaging with specialist domestic abuse services, compared with other, primarily statutory services.

This section has described research that provides insights into service users' experiences of specialist and other services, and how this is connected with conceptualisations of engagement in the literature. This chapter now moves on to explore the history and nature of the specialist services that service users engage with.

Specialist domestic abuse services: history

To understand the services involved in this study, it is important to locate them in the history of specialist domestic abuse services in England. This section discusses the origins in the feminist movement and the impact of national policies and laws on how services have developed, including in relation to engagement.

Origins in the feminist movement

Many existing services that support women who have experienced domestic abuse trace their development directly to the campaigning of women through the women's liberation movement or second wave feminism from the 1970s onwards (Dobash and Dobash, 1992). Services that have developed more recently, without the feminist background, can nevertheless be seen as owing their existence to that history (Mackay, 2014). As Nixon and Humphreys (2010, p. 140) argued:

> *Much of the success of the movement against domestic violence has been assisted by the feminist framing of domestic violence which reiterates an unambiguous and straightforward message that domestic violence is common, dangerous to women, and affects women of all social standings, effectively cutting across stratifications of ethnicity and socioeconomic status.*

Services in England started with “*women coming together*” to share their experiences (Turgoose, 2016, p. 111), and developed to respond directly to the needs of women who had no other means of escape from abuse due to a lack of provision from the state (Wiper and Lewis, 2020). At the core of the movement, and these early services, was a focus on ‘empowering’ victims/survivors in response to the disempowerment they experienced from perpetrators (Cattaneo and Goodman, 2015). Early refuges developed to form coalitions, including what is now the Women’s Aid Federation of England, in which national awareness raising, and equality focused campaigns, were important alongside meeting the needs of women experiencing or fleeing violence and abuse.

Partnership working and gender-neutral approaches

Services started and primarily remain in the voluntary sector, while working with state agencies to support and increase safety for service users, and increasingly being funded by the state in the form of local government grants (McMillan, 2007). The 1990s saw increasing emphasis on partnership or multi-agency working in local areas across multiple issues, including domestic abuse, in recognition of how victims/survivors access several different services to meet their needs (Cleaver et al., 2019) such as children’s social care (Wild, 2022), police (Barlow and Walklate, 2021), and local authority housing (https://www.dahalliance.org.uk). The national emphasis on multi-agency approaches led to increased partnership working by what had become a distinct domestic abuse ‘sector’ with statutory services such as police and social services (Welsh, 2005). Each multi-agency partnership was focused on its own local area, usually within local authority boundaries, which failed to recognise the journeys victims/survivors often undertook to reach safety (Bowstead, 2015).

Harvie and Manzi (2011) argued the development of multi-agency working resulted in activism – that had previously been a core part of specialist services – being “*marginalized*”, leading to “*a reduction in power of local women’s groups*” (p. 92). McMillan (2007) similarly argued that activism was seen to have been “*curtailed*” as services increasingly relied upon state funding from national or local government (p. 128). Organisations maintained an element of activism through their emphasis on empowering service users (Cattaneo and Goodman, 2015); and did not stop campaigning, but the specifically "*feminist voice on domestic violence*" was perceived as having been reduced or removed (Welsh, 2023, p. 33). Feminist messages that domestic abuse is "*based in gender inequality*" (Nixon and Humphries 2010, p. 138) had successfully brought women's experiences out of the private and into the public, but when responses became "*mainstream*", feminist understandings were minimised and replaced by "*so called 'gender neutral' stances to service provision*" (Nixon and Humphries 2010, p. 142). The emphasis on gender neutral service provision led to an increase in new organisations providing services, ones that did not have a background in the women's movement (Ishkanian, 2014), which risked losing the "*specialist knowledge, skills and experience in delivering*" domestic abuse services that had built from community-based support since the 1970s (Towers and Walby, 2012, p. 28).

While the aim of a gender-neutral approach was to meet the needs of all victims/survivors, the support offered tended towards a 'one-size fits all' approach (Messing et al., 2015), with the expectation that all victims/survivors would be able to engage with the same service. Challenging that perspective, Alderson et al. (2022) has argued services needs to be able to "*reach out*" to victims/survivors, not wait for them to feel safe and confident enough to "*reach in*" (p. 10). This echoes a similar point made by Turgoose (2016, p. 124):

> *An approach that simply stipulates that everyone is welcome here, does not mean that victims of all ages, genders, sexualities, race, faith, backgrounds, those in isolated rural areas, those with a disability and those with complex needs will suddenly feel able to walk through the door.*

Researchers have noted the gender-neutral narrative within policies on service provision had a particularly negative impact on support for marginalised women such as those from Black and racially minoritised communities. These communities have historically struggled to have their needs met even by specialist services (Messing et al., 2015; Kumar, 2019) as well as by state agencies perceived as systemically racist (Thiara and Roy, 2020). Additionally, challenges have been and continue to be made to mainstream services to recognise the needs of lesbian and/or trans women (Donovan and Hester, 2014) and men and trans men who are victims of domestic abuse (Martin, 2016).

Specialist services' focus on 'risk'

The multi-agency and gender-neutral approach to domestic abuse described so far developed in the 2000s to focus on identifying and responding to the 'risk' of harm to victims/survivors from perpetrators (Robinson, 2004). Victims/survivors who reported to services including police and specialist domestic abuse services were assessed using new tools and responded to through new multi-agency processes (Robinson, 2006; Almond et al., 2016). Risk became "*the legitimation for professional intervention, eclipsing the alternative framings of safety, self-determination or empowerment*" (Coy and Kelly, 2019, p. 159).

Although the purpose of risk assessment "*is frequently unclear*" (Barlow and Walklate, 2021, p. 889), across England if a victim/survivor is deemed to be at 'high risk' of serious harm or homicide from the abuser, specific multi-agency and information sharing processes are implemented (SafeLives, 2012). These often require victims/survivors to engage with an Independent Domestic Violence Advocate/Advisor (IDVA), and cooperate with the completion of a checklist that produces a risk 'score' (Barlow and Walklate, 2021, p. 890):

> *[The assumption is that] … the higher the risk score, the higher the chance of IPV [Intimate Partner Violence] becoming at least a repeat demand-led issue for policing responses, or in a worst-case scenario, becoming intimate partner homicide. … neither of these assumptions have been effectively evidenced or tested. Yet, they can and do inform practice.*

As indicated by Barlow and Walklate, researchers have challenged the efficacy of the tools and processes in responding effectively to victims/survivors and their needs (e.g., Robinson, Myhill and Wire, 2017; Turner, Medina and Brown, 2019). Nevertheless, risk-focused processes have become ubiquitous and embedded across England (Wire and Myhill, 2018).

Specialist domestic abuse services have consistently been seen as integral to risk processes, specifically the role of IDVAs: "*trained support workers who provide assistance and advice to victims of domestic violence*" (Robinson, 2009, p. 4). IDVAs represented a new role created alongside risk identification tools and multi-agency risk management processes. The purpose of IDVAs was to focus on the immediate needs of the victim/survivor and represent or connect them with other services in a coordinated way (Robinson, 2009). An assumption that the IDVA was the most appropriate support for 'high risk' victims quickly developed alongside training and qualifications, required for workers to be named as IDVAs (Robinson and Howarth, 2012). Focus on IDVAs somewhat sidelined the continued work and impact of specialist workers who were not IDVA-qualified, and the fact that, due to their short-term, crisis-focused role with only high-risk victims, IDVAs were "*but one point along a continuum of care*" (Howarth et al., 2009, p. 93; also Stanley and Humphreys, 2014). Despite this, IDVAs are now seen as the only workers sufficiently trained and qualified to deliver support for victims/survivors at 'high risk' (Howarth and Robinson, 2016; SafeLives 2024).

The influence of neoliberal policies: professionalisation and responsibilisation

The role of the IDVA cemented the professionalisation of specialist domestic abuse service workers, with the Home Office (2005) definition of IDVAs stating, "*the service involves supporting a survivor with a named caseworker. This requires training and is not naturally suited to be carried out by volunteers*" (p. 10). The shift towards support provided by paid professionals, not unpaid volunteers, was not new to discussions about specialist services (Dobash and Dobash, 1992). It was welcomed due to the message such professionalisation sent: that those providing support need specialist skills that should be adequately paid and recognised. It was also becoming challenging for volunteers to meet the level of demand from increasing numbers of victims/survivors and their children.

Walby (2011) and others (Stringer, 2014; Evans, 2015) have discussed the impact of neoliberalism on feminist theorising and activism around gender inequality. Ishkanian (2014) described how professionalisation was part of broader developments in the voluntary sector reflecting a national shift in which "*civil society is expected to professionalize*" (p. 338) within national moves towards neoliberal approaches to society. Neoliberalism in the UK can be traced to the influence on politicians and others from the mid-1970s onwards of writers including of Friedman and Hayek (Williams, 2024). In this study it is understood as a political, and wider, approach to society and the individuals within it that emphasises individual freedom, choice and responsibility, alongside competition within state funded services and minimal intervention by the state in the economy and individual lives (Harvey, 2005; Peck, 2010). In relation to specialist services, the push for professionalisation was an element of a wider development for statutory and voluntary sector services to be operated through "*markets*" – in relation to commissioning processes – seeing service users as "*consumers*", and "*managerialism*" in which services were structured and delivered along models established by the private sector (Harris, 2014, p. 8).

For Evans (2015), "*[p]erhaps the most prevalent and widely embraced value of neoliberalism is individualism*" (p. 45), impacting on feminism through, for example, explanations of the gender pay gap that focused on individual choices and actions rather than "*as a wider structural and cultural discrimination that nearly all women will at some point in their lives experience*" (Evans, 2015, p. 46). Neo-liberalist approaches maintain a focus on "*personal and individual freedom[s] … [in which] each individual is held responsible and accountable for his or her own actions and well-being*" (Harvey, 2005, p. 65). Hunnicutt (2019) and others (such as Yardley, 2020) argued that the influence of neoliberalism led to the perception that violence against women and girls (VAW), including domestic abuse, was an individual matter, unrelated to the structural inequalities that had historically been the focus of feminist activism and theorising. Hunnicutt (2019, p. 211) argued:

> *If VAW is framed as something that all self-determining individuals can avoid, and agency is the vehicle to ensure personal safety, then the experience of violence can be conceived of as a failure of the 'autonomous self,' rather than a result of social inequalities. … If victimization can be made to appear as an*

> *artifact of choice or personal responsibility, then political and social change is avoided.*

Such a focus can be seen in national narratives that emphasise the need for individuals to "*recognise the signs*" of domestic abuse (NHS, 2024) and having done so, to seek help. The focus on responsibility also connects with how academic studies described earlier in the chapter emphasised service users being responsible for engagement (Harris, 2016; Trabold et al., 2020).

Coy and Kelly (2019) noted how the responsibilisation of women for their experiences of domestic abuse was not a new development but had long been recognised in activism and research (Baker, 2010). They connected the contemporary dominance of responsibility narratives with the focus on 'risk' described in the previous section, which, they argued, shifted focus away from 'safety'. Coy and Kelly's (2019) research with professionals suggested this shift had embedded a focus on victims/survivors being responsible for the 'risks' they faced and the choices they made, framed within a focus on 'empowerment' that ignored the actions of the perpetrator (p. 153):

> *As a foundation for realising rights, being encouraged to actively manage one's own choices can be read as empowerment and self-determination. Abstracted from social context, however, this expectation can rather swiftly assign blame, couched as responsibility for not 'managing', onto individual personal inadequacy.*

Specialist services can be seen to continue a feminist ethos of being victim/survivor-focused through their emphasis on empowering service users. Yet as Coy and Kelly argued, that can also be seen to echo a neo-liberal choice-based narrative in which individuals are constructed as being "*empowered … to make their own choices – and must take responsibility for making the right ones*" (Needham, 2008, p. 192). In this context, empowerment is also a means of avoiding the neoliberal concept of a "*dependency culture*" through ensuring that when service users engage with services, they do not become dependent (Savigny and Scullion, 2019, p. 367).

Alongside being individually responsible for experiencing domestic abuse, as "*citizen-consumers*" (Clarke, 2007, p. 246), victims/survivors are also responsible for 'choosing' to seek and engage with help and to take appropriate actions to protect themselves (Clarke et al., 2007). Help-seeking is seen as empowering, with "*public disclosure*" of abuse as the route to empowerment, in contrast to "*choosing silence and secrecy … [despite these being] well-establish survival strategies*" (Parpart, 2009, p. 20). The idea that victims/survivors of domestic abuse make rational choices about their situation and about engaging with help has been problematised (Budgeon, 2015; Robbins et al., 2016), and identified as a component of responsibilisation, shifting focus away from the responsibility of abusers (Coy and Kelly, 2019; Renehan, Barlow and Walklate, 2023) and onto victims to speak up (Parpart, 2009). Individuals rarely 'choose' to access public services but are compelled to due to their needs (Fotaki, 2009). Within this narrative of personal responsibility and choice, some have argued that victims of domestic abuse are doubly victimised. First by the perpetrator and then by the state, which fails to meet their needs or protect them (Morrow Hankivsky Varcoe 2004; Sanders-McDonagh, Neville and Nolas 2016) and blames them for their "*bad choices*" (Coy and Kelly, 2019, p. 155).

Dwyer (2008) named the "*principle of <u>conditionality</u>*" inherent in individuals' relationships with public services, in which "*citizens who fail to behave in the prescribed responsible manner are likely to have their rights to public welfare reduced or even removed*" (pp. 199-200, emphasis in original). Neoliberal responsibilisation narratives are thus connected with the conceptualisations of engagement presented earlier in the chapter, in which service users appeared to be largely responsible for enacting 'engagement' within the expectations of services.

A further influence of neoliberal policies and narratives in the development towards a domestic abuse 'service sector' is the way in which services are required to focus on "*meeting the needs of individual survivors and possibly their children as if they lived in a vacuum, disregarding their attenuated social connections and the* *costs of isolation*" (Goodman et al., 2023, p. 2). The focus on individual service users was found in a literature review by Brooks and Burman (2017) on how professionals understood their roles as 'advocates' supporting sexual violence victims/survivors (p. 211):

> *Conceptions of advocacy situated at the level of individual support describe the role of victim advocates as providing information and advice, making referrals, explaining options and accompanying victims to police stations or medical examinations, and/or providing support during court and post-court processes (Parkinson, 2010). By contrast, some organizations define advocacy primarily in terms of political activism.*

The literature described earlier in this chapter in relation to engagement was focused on how individuals interacted with – 'engaged' with – services (Howarth and Robinson, 2016), emphasising how, as in Brooks and Burman cited above, services often operate at the 'level of individual support', rather than involving 'political activism'. While specialist services may engage in "*institutional advocacy*" (Coy and Kelly, 2011, p. 91), aiming to change responses for all victims/survivors, not just those accessing a specialist service, this can be "*fraught with tension for insecurely funded*" services (Coy and Kelly, 2011, p. 111). Burman and Brooks-Hay (2020) argued that it is not possible to separate "*individual rights and political advocacy … one cannot be advanced without the other*" (p. 152). While this reflects the feminist activist history of the domestic abuse sector, as Coy and Kelly (2011) highlighted, engaging in political advocacy can be challenging for specialist services when commissioning arrangements mean such advocacy involves challenging the organisations that fund them.

The lack of – and, since the 2010s, the reduction in – funding for specialist domestic abuse services has been highlighted repeatedly in research and by the sector itself (Government Equalities Office, 2011; Adisa et al., 2020; Women's Resource Centre, 2021). The negative impact of a shift from earlier grant funding towards competitive commissioning processes occurred across the voluntary sector and stemmed from the neoliberal focus on the 'market' as the most effective means to provide services (Penna and O'Brien, 2013). To enable them to support victims/survivors, services must participate in competitive tendering processes to gain funding in which service design is "*often determined by the funding source rather than the providers' values or gendered understandings*" (Barter et al., 2018, p. 54). It can also be determined by the amount of funding available, with services being asked to prove their cost-effectiveness and added value (Barter et al., 2018).

The shift to commissioning came alongside national policy emphasis on community-led provision – the 'Big Society' agenda – delivered at a local level rather than through national state responses; as well as, through the 2010s and beyond, 'austerity' measures that drastically reduced the funding to local areas to provide or fund public services (McRobie, 2013). As Ishkanian (2014, p. 335) argued:

> *[T]he Big Society agenda, coming alongside spending cuts [since 2010], is affecting the independence and ability of women's organisations to engage in progressive policy shaping.*

Recalling critiques of specialist services accepting state funding from the 1980s and 1990s, and the developments analysed in this section (Coy and Kelly, 2019), Ishkanian (2014) argued the changes of the 2010s accelerated the way in which "*a feminist ethos*" (p. 341) was neutralised through government funding. They quote interviews with specialist service providers who felt they were unable to "*appear to criticize government policy too vocally*" in case it impacted on the funding they received (p. 344). Similarly, McMillan (2007) argued that due to commissioning arrangements and the regulations that accompany them, the state has undue "*influence over anti-violence organisations*" (p. 136). One outcome of this displacement identified by Kumar (2019) was that funding prioritised mainstream – and often generic, 'gender-neutral' – services over specialist services for Black and racially minoritised women. The need for specialist 'by and for' services has been and continues to be a focus for some in the sector and researchers (Patel, 1997; Imkaan, 2018). Kumar (2019) further argued that, because of the reliance on state funding, and the emphasis on multi-agency working, there was no longer a violence against women and girls' "*movement*", but a "*sector … providing services for the government*" (p. 173). For Kumar, this leads to an inherent "*tension … between honouring women's autonomy and upholding 'safeguarding duties'*" and with a focus on workers reducing risk not meeting needs (p. 175). One area in which the feminist principles of solidarity and mutual support can be said to remain are in group work programmes (Hester and Westmarland, 2005), which bring victims/survivors together to support each other, possibly with a Groups Worker or facilitator. These interventions are less researched than individual support provided by workers; and may not take an explicitly feminist perspective. Yet they align with the feminist history of consciousness-raising and are effective in supporting victims/survivors (Stanley et al., 2021; Renner, Driessen and Lewis-Dmello, 2022).

Monitoring and evaluating specialist services

Research conducted for the Equality and Human Rights Commission (2012) found that within the developments already discussed, specialist services were increasingly focused on performance measures due to funders requiring evidence of services' outcomes, despite many doubting the measures "*fully represented their services' achievements*" (p. 40). Milbourne and Cushman (2013), writing about the lack of trust between local government commissioners and service providers, argued that the need for collecting and reporting on "*targets and performance indicators could be trust-based, if these were co-developed and agreed*" (p. 489). But, they argue, this is rarely the case, with commissioner-defined targets being imposed, and through this "*they structure discourse and define the categories of what is meaningful and what is marginal*" (p. 490).

As described in the sections above, measures of success for specialist domestic abuse services often include 'engagement', usually with a simplistic and binary conceptualisation of engagement/non-engagement. Bunce, Carlisle and Capelas Barbosa (2023) demonstrated the tensions of measurement for specialist services, in particular, that reporting on commissioner-defined outcomes can be required to ensure continued funding. The risk is that services are delivered in such a way as to comply with reporting, rather than shaped around the needs of victims/survivors.

The tension here was highlighted by Humphreys and Joseph (2004) in their analysis of how trauma has been responded to in relation to domestic abuse. They highlighted that in Herman's (1994) original and still influential work on trauma (p. 562):

> *[A]n essential aspect of the healing process lies not only in the individualised counselling but also in the reconnecting of traumatised individuals to their communities and a social movement which continues to bring testimony to their experience.*

They argued that these two essential elements of a trauma-informed approach – social connection and a social movement – had been side-lined within partnership approaches that focus on the engagement of individual service users. In Bates and Douglas' (2020) review of current service provision, they describe therapeutic interventions that remain focused on individual service users' understanding of domestic abuse and their own experiences; not on reconnecting them with their family, friends, and communities.

Humphreys and Joseph (2004) suggested that, while the campaigning role may have changed, specialist services nevertheless continued "*striving to keep the needs of survivors on the social and political agenda*" (p. 567). Yet, with service design and performance measurement often outside of their control, the extent to which services can prioritise the needs of service users while delivering commissioned services, can vary. For example, services may restrict what they offer in order to adapt to commissioners' demands, which consequently can limit the choices available to service users and thus the extent to which they can feel empowered (Nnawulezi et al., 2018; Gregory, Nnawulezi and Sullivan, 2021).

Despite the challenges described here, and the ways in which specialist domestic abuse services have had to change, they continue to be of central importance to significant numbers of victims/survivors. In their 2025 Annual Audit, Women's Aid Federation of England identified that, while there is no accurate measure of demand due to a “*national shortage of services*”, data gathered through the On Track system by Women’s Aid member services in England estimates:

> *11,305 women and 12,436 children were supported by refuge services and 112,866 women and 146,726 children were supported in community-based support services.* (Women’s Aid Federation of England, 2025, p. 4)

Many find informal support from family and friends to be beneficial (Gregory et al., 2021; Heron, Eisma and Browne, 2022), but others seek formal help and support in a context in which victim-blaming by family, friends and other services is still prevalent (Taccini and Mannarini, 2023). Such victim-blaming and absence of support continues in part due to a lack of understanding of non-physical violence forms of abuse such as controlling and coercive behaviours, both by the public (Vodafone, 2022; Lagdon et al., 2023; Strange et al., 2023) and professionals (Robinson, Myhill and Wire, 2017; Collinson and Kendall, 2024).

Demand for services consistently exceeds provision (Women’s Aid Federation of England, 2024). Some services maintain their feminist perspective while finding ways to work with male and trans victims/survivors, and those not in heterosexual relationships, albeit there are continuing barriers to these groups accessing support (Bates and Douglas, 2020; Hine, Wallace and Bates, 2022; Hine et al., 2023). Yet the disconnect between current provision and its roots in the feminist movement of the 1970s can still be seen (Nichols, 2013). Campbell (2021) interviewed workers from a range of sectors involved in responding to domestic abuse, for example from police, local authorities, and specialist domestic abuse services. They found that, while a gendered explanation of domestic abuse continued to be present in specialist service provision and elsewhere, it was not necessarily connected with a feminist-informed challenge to social inequality (p. 283, emphasis in original):

> *In marked difference to the feminist activists, however, all these informants – explicitly or implicitly – portrayed gender inequalities as incontestable givens. Their work focussed on ameliorating the violent effects of such inequalities. ...*

> *They did not see their work as tackling DV's [domestic violence] root causes in the gendered distribution of political, economic or psychological power.*

National organisations in England such as Women's Aid Federation of England, and SafeLives, can be seen to reflect Campbell's finding here. This is not through explicitly portraying domestic abuse as an 'incontestable given', but through their focus on the needs of individual service users; albeit not their exclusive focus, it does dominate. For example, at the time of writing this PhD (2024), Women's Aid's primary campaign was for national government to adequately fund specialist domestic abuse services, building on previous campaigns calling for funding for refuge accommodation. Similarly, the SafeLives focus was presented as responding to the actions of national government, and raising awareness of specific victims, such as those at risk of suicide. In England, only End Violence Against Women and Girls Coalition's campaigns appear to focus on how gender inequality leads to interpersonal violence and abuse (https://www.endviolenceagainstwomen.org.uk).

The embedding of neoliberal narratives described in this section demonstrates Berns' (2004) argument that "*[d]omestic violence has become a social problem about the victims*" rather than about the abusers, or about wider inequalities that cause abuse or exacerbate the impacts (p. 203, emphasis in original). While national campaigns may have developed in recent years focussing on the behaviours of perpetrators or the responsibilities of bystanders, such as the 'Enough' campaign (https://enough.campaign.gov.uk), a focus on perpetrators is not reflected in commissioning (Domestic Abuse Commissioner, 2022).

The ways in which services have developed since the 1970s, including the tensions described in this section, continue to be present in the current services that are the focus of this research. The current context, and what this means for how engagement is conceptualised within service provision, is discussed in the next section.

Current services' context and the experiences of service users and workers

The previous section discussed the history and development of the specialist domestic abuse services that exist today, including those involved in this study. This section continues with the areas of that development that continue to be relevant, with specific reference to the concept of engagement. This includes the professionalisation of workers who support victims/survivors, and the demand for services to adhere to and report on performance measures. This section also analyses research on the impact of the Covid-19 pandemic on specialist services, service users and workers, because most of the study's data collection took place during this time (2020-2021).

Continued multi-agency working and focus on risk

The emphasis on multi-agency working at a local level, which started in the 1990s, has been further embedded in domestic abuse responses through Part 4 of the Domestic Abuse Act 2021, which requires local authorities to "*[a]ppoint a multi-agency Domestic Abuse Local Partnership Board which it must consult as it performs certain specified functions*" (Domestic Abuse Act 2021 s.58). The Act requires Boards to contain membership from "*[a]t least one person appearing to the authority to represent the interests of charities and other voluntary organisations that work with victims of domestic abuse in its area*" (Domestic Abuse Act 2021 s.58). The Domestic Abuse Act 2021 also, arguably, further embedded a gender-neutral approach at a national policy level, through the introduction of a gender-neutral statutory definition of domestic abuse (Aldridge, 2021).

Services continue to function largely – but not exclusively – with state funding, provided through commissioning and contract-management processes with local authorities. The sector continues to campaign for more adequate resources to meet the level of need (Domestic Abuse Commissioner, 2022). Whether they identify as feminist or not, specialist services maintain the core feminist ethos of empowerment (Wells et al., 2024), but this is challenged by the continued emphasis on 'risk'. Services are commissioned and designed to support victims based on whether they are identified at 'high', 'medium', or 'standard' risk of serious harm or homicide. In the context of limited funding, an emphasis on high-risk victims has developed, with "*provision … increasingly skewed*" to services that focus on this group of victims/survivors. This is despite such "*short term interventions … not [being] the same as either stopping violence or empowering women to the extent that they are able to take more control over their lives and safety*" (Coy and Kelly, 2011, p. 29; also Barlow and Walklate, 2021).

'Victims', 'survivors' or neo-liberal 'clients'

Neoliberal narratives emphasise victims'/survivors' own responsibility for their experiences. In services, a responsibilisation narrative has combined with feminist challenges to the conceptualising of victimhood as defined by "*passivity, helplessness, dependence and innocence*" (Stringer, 2014, p. 5); this has developed into a framing of 'victimhood' as something those using specialist services must wish to move on from, to become 'survivors'. In this narrative, survivorhood is constructed as the opposite of victimhood, but with a continuation of the sense of individual, personalised responsibility for being free of their partners' abuse, and the impacts of it. It is also constructed as a linear process that service users move through, contrary to research findings that the recovery process continues over the life course (Flasch, Murray and Crowe, 2017) and can be challenged by perpetrators continued presence in service users' lives (Crawford, Liebling-Kalifani and Hill, 2009).

Bumiller (2008), writing in the USA but with arguments relevant to the English context (Munro, 2016), argued that the ways in which specialist services have developed has led to their "*primary objective*" now being to "*turn women who have experienced the traumas of violence into successful survivors.*" This "*generally involves 'retraining' women to protect themselves from future violence as well as to seek help from professionals who can guide them through the process of psychological recovery*" (p. 64). For Bumiller, this involves workers having specialist knowledge of domestic abuse that service users must learn, embedding a power dynamic through "*expert language [that] has characterized women and defined their problem*" (p. 69).

The ways in which victims/survivors are expected to take responsibility for what has happened to them, and for reframing their experiences to meet services' expectations as highlighted by Bumiller above, was evidenced in research by Sweet (2019). Sweet's life story interviews with survivors of domestic violence in the USA led to their identification of the "*labor – both narrative and performative*" that women must carry out "*in order to become recognizable and credible*" as victims to state agencies (p. 417). They are supported to do this by specialist services who "*are adept at helping survivors 'pitch' their narratives of victimization*" (p. 417). A core part of this process is how victims/survivors are encouraged, or compelled, to tell their story about domestic abuse in such a way that separates it from other aspects of their lives, histories, and social circumstances. Sweet also identified that participants performed their 'survivorhood', an identity that some may accept but others may not (Flasch, Murray and Crowe (2017). For Sweet (2019), the performance of survivorhood incorporated the language of self-esteem and depression in which, while the responsibility of the abuser is acknowledged, it was victims who needed "*to do the psychological self-work*" of recovery and becoming survivors (p. 241).

Warner (2023) explicitly asked, in qualitative interviews with women who had experienced sexual violence, how they viewed themselves in relation to the terms 'victim' and 'survivor'. Participants rejected being seen as victims but also found the term survivor problematic, indicating that for them, this is someone who had 'moved on' from their experiences entirely. Warner found that "*[m]ost participants described themselves as stuck between two archetypes: the broken victim and the strong, morally worthy survivor*" (p. 13), indicating that they understood themselves within the language and expectations set out by specialist service narratives around being a victim or being a survivor. Another term was proposed by Heywood, Sammut and Bradbury-Jones (2019), of "*thrivership*" (p. 2), an identity that can follow being a survivor if individuals are provided with support not just to psychologically recover from abuse, but to reconnect with their communities, an area of provision not generally incorporated in specialist services, as this chapter has demonstrated (Humphreys and Joseph, 2004). The expectations specialist services may place on service users to be 'victims' – who want to be helped – or ‘survivors’ – who have accepted that help – are important to understanding engagement in this study.

The experiences of workers

It is important for this study to understand the experiences of workers in specialist domestic abuse services. Research on the experiences of workers builds on a longer history of research with social workers in statutory services, and therapists/counsellors (McCann and Pearlman, 1990), through which concepts such as burnout, secondary traumatic stress, vicarious trauma and compassion fatigue have been developed. Research with specialist domestic abuse service workers has emphasised the emotional and psychological toll of working with victims of violence and abuse, and how workers can be supported to mitigate negative impacts (Frey et al., 2017; Bromley et al., 2023; Ferreira, Figueiredo and Santos, 2023). An important factor in the research on domestic abuse service workers is recognition that many are also survivors (Gilbert, 2020; Crann and Barata, 2021). Disclosure by workers that they are survivors is generally not sanctioned by services, but workers report doing so to enhance relationship building (Gilbert, 2024).

Researchers have highlighted how workers supporting victims/survivors deliver a unique role, offering emotional support to those in dangerous situations and working to improve their safety and overall life situation and well-being (Duggan, 2020; Szoke, Lancaster and Hazlett-Stevens, 2023). As Walsh et al. (2020, p. 242) described:

> *Employees are often involved in intense interpersonal encounters, and the success of their work relies heavily on their ability to invest in and understand the personal trauma of survivors.*

‘Engagement’ can be conceptualised as a relationship built between the worker and the victim/survivor-service user; therefore, the ways in which workers manage their own roles in those relationships, are relevant to a full exploration of the concept. In exploring how workers manage the impact on themselves of the work they do, several researchers have drawn on Hochschild’s (1979) concept of ‘emotional labour’ to deepen understanding (e.g., Grandey and Gabriel, 2015; Adisa, Gbadamosi and Osabutey 2017; Baines, Dulhunty and Charlesworth, 2021).

Hochschild (2003) defined emotional labour as “*the management of feeling to create a publicly observable facial and bodily display; emotional labor is sold for a wage and therefore has exchange value*” (p. 7, emphasis in original). Since those supporting victims/survivors in specialist domestic abuse services became paid employees, rather than volunteers, the concept of emotional labour becomes relevant to understanding their relationships with service users. Hochschild (1979) argued for the need to ask questions about any public-facing role, and what “*conventions of feeling*” and unwritten “*feeling rules*” influence those workers and their interactions with people using their services (p. 572).

Researchers have highlighted how the personal values of workers, combined with workplace factors such as caseloads and the availability of supervision, can support workers in their roles (Wachter, Voth Schrag and Wood, 2020). In their research with employees of specialist domestic abuse services, Walsh et al. (2020) found that potential negative impacts of the work could be mitigated when workers felt they were “*living out their calling*”; in other words, when workers saw their roles in specialist services as driven by a “*personal characteristic*”, that not everybody has (p. 243). Walsh et al. found that when workers perceived themselves to be enacting this ‘calling’ in working with victims/survivors, they were better able to continue to deliver their challenging roles over time. Gilbert (2020) and Crann and Barata (2021) found a similar framing in their research with survivor-workers, in that participants felt they needed to help others who had been through similar experiences as part of their recovery from their own victimisation. Bemiller and Williams (2011, p. 89) quoted a worker they interviewed outlining the perspective that they had a unique ability to deliver the role:

> *‘Not everyone is cut out to do work like this. It takes a very compassionate, strong person to do what we do. That is why we are all here.’ (Shelter advocate, 2007).*

As indicated by the participant quote above, Bemiller and Williams identified a similar theme to the 'calling' in their research with employees of specialist domestic abuse services. Their concept of "*good soldiering*" (p. 92) extends the idea of a 'calling' beyond a personal characteristic, identifying how workers adapt to the roles they perform, taking on a mentality that enables them to stay working in specialist services despite high stress, high risk and high demands, low resources and few external rewards. Not all workers are able to manage such situations, and the turnover of staff can be high (Taylor-Dunn and Erol, 2021).

Kolb (2014), in his study of a specialist service in Canada during which he spent time sitting in the service, observing meetings and speaking with staff, identified a 'moral identity' constructed by workers, similar to the ideas of a 'calling' (Walsh et al., 2020) and of 'good soldiering' (Bemiller and Williams, 2011). Kolb described it as follows (p. 22, emphasis in original):

> *By helping women in need, they were able to see themselves as caring and compassionate people ... This sense of satisfaction that they were living up to the demands of their moral identity code, and positive feelings that come with it, added up to something that not all jobs offer: <u>moral wages</u>. … As long as they could feel good about their work and their mission, they could withstand the stress and fatigue [of the work].*

Kolb further highlighted that the 'caring' aspect of the roles in specialist domestic abuse services has traditionally been seen as an inherently female trait, and therefore less worthy of attention or respect, which he cited as one of the stressors of the roles that workers were able to tolerate due to the 'moral wages' they earned. Additionally recalling Bemiller and Williams (2011) above, workers felt they were performing roles that others could not, specifically in relation to their ability to empathise with victims/survivors. Demonstrating empathy towards victims/survivors could therefore be seen as one of the 'conventions' or 'rules' of emotion display described by Hochschild: an expectation that a worker will display empathy, and feel it, becomes inherent to the role (Kolb, 2014).

The connection with a wider cause (or ‘calling’) helped workers manage the negative elements and impacts of the work; core to this was an ‘empowerment’ ethos and practice, characterised by “*helping them [victims/survivors] in such a way that one day they could eventually help themselves – even if it meant watching their clients make mistakes*” (Kolb, 2014, p. 54). Importantly, workers’ “*moral identity was wrapped up in the idea that they did not tell abused women what to do*” (Kolb, 2014, p. 54). Powell-Williams, Dale White and Powell-Williams (2013) reached a similar conclusion (p. 259):

> *Relying on field research and interviews with 32 VAs [Victim Advocates], this study reveals that advocacy work is a particularly taxing form of emotion work given the incongruity between maintaining a victim-centered approach – respecting and adhering to the choices of their clients – and their own role expectations – helping women live free from abuse.*

Kolb, and Powell-Williams, Dale White and Powell-Williams, highlighted a tension at the heart of specialist domestic abuse workers’ ‘calling’, which is that they aim to both empower victims/survivors through not being directive, and aim to keep them safe, which they may not be able to do if the victims/survivors do not follow their guidance. Powell-Williams, Dale White and Powell-Williams (2013) found workers could struggle to maintain their empathy with service users (pp. 268-9):

> *[T]hough the victim-centred approach assumes that advocates should prioritize what the victim wants, it appears that advocates assume that victims are wanting the kind of help that advocates expect them to want: to leave an abuser.*

As a result of the disconnect, advocates adapted their way of working, moving away from perceiving themselves as ‘saving’ victims/survivors and towards a role that involved giving options for victims/survivors to choose for themselves. In the context of the ways in which this literature review has shown ‘engagement’ to be conceptualised, these findings challenge meanings that place responsibility onto the service user to ‘engage’ with a service. Workers, through their emotion work and expectations of service users, have a significant part to play in the dynamic. The ways in which workers adapted to the challenges of service users not meeting their expectations is captured in the following quote from one of the participants in Powell-Williams, Dale White and Powell-Williams (2013) study (p. 269, ellipses in original):

> *When I began I was all gung ho, and ‘‘oh we are going to save the world!’’ and now. … I help the ones that want to be helped and the ones that don’t, I provide them information and I don’t let it ... I used to let it really get me down… (Bev, VA in State Attorney’s Office).*

Powell-Williams, Dale White and Powell-Williams found that workers were able to move from ‘saviour’ to ‘option-giver’ through establishing boundaries between themselves and the victims/survivors they supported. The aim of these ‘professional’ boundaries was to develop an emotional distance between themselves and service users. This could be challenging to maintain, and the authors identified in their participants’ responses “*the distinction Hochschild (1983) makes between ‘surface acting,’ that controls what clients see, and ‘deep acting’ that changes how the advocate feels*” (p. 268). Workers were adept at hiding their true emotional reactions from service users but were unable to change those emotions.

Kolb (2014) found that the workers involved in his research were able to minimise such frustrations through framing service users’ “*difficult*” behaviours, such as “*lying, expressing anger, skipping appointments, breaking rules, and even returning to abusers*”, as “*part of the healing experience*” (p. 85). Kolb identified that, while workers saw themselves as part of a wider movement against domestic abuse that rejected notions of the ‘ideal victim’, there were limits to what they were able to accept in the behaviours of service users (p. 101):

> *From their perspective, sympathizing with clients and hiding any frustration kept clients close and safe. If clients thought staff members were angry or*

> *disappointed in them, they might return out of shame – putting themselves at risk. However, if they believed a client's difficult behavior … was getting to be too much, they reserved the right to cut her off in order to preserve the reputation of the staff, the organization, and the wider movement.*

Kolb, like Powell-Williams, Dale White and Powell-Williams, found that alongside their empathetic and empowerment-based approach, workers held expectations of service user behaviours, which, when not met, impacted workers' interactions with them. In Kolb's research, this clearly caused workers a level of discomfort, but was overridden by the need to be able to manage the impact on themselves so that they could continue providing support. Burman, Robinson and Crowley (2018) argued it was necessary to openly accept the potential negative impacts of working in "*environments that are often trauma saturated*", to ensure workers' desire to support victims/survivors did not lead to vicarious traumatisation (2018, p. 5). These studies demonstrate that the requirement to 'engage' service users can have impacts on workers as well as on service users.

The impact of Covid-19

This section analyses the ways in which specialist services, service users and workers were impacted by Covid-19 pandemic and the consequent restrictions on movement and gatherings in England, which occurred during this study. Lockdowns and the limited movement available to individuals during these times increased the levels of control abusers had over victims/survivors (Brooks-Hay, Saunders and Burman, 2022; Brodie et al., 2023), and led to situations in which victims/survivors felt less safe (Wood et al., 2022). Services reported an increase in victims/survivors reporting and seeking help from specialist services (Bradbury-Jones and Isham, 2020), albeit not necessarily an increase in domestic abuse overall (Williamson, Lombard and Brooks-Hay, 2020). During this increase in demand, restrictions on movement led to specialist services being limited to offering support only over the telephone. In some cases the changes increased the flexibility of service provision to the benefit of service users, who were able to access support from home, which previously would have required travel, and possibly childcare, to attend an in person appointment. The same changes increased barriers for others, for example those whose English language abilities were limited, or who were living with an abuser and unable to access any support safely (Williams et al., 2021; Alderson et al., 2022). The emotional toll of the work, discussed above, increased for many workers during this time (Burd et al., 2022).

The pandemic led to new ways of working including remote, online and hybrid, which have continued since the end of the restrictions (Alderson et al., 2022). Richardson Foster et al. (2022) identified both positive and negative outcomes for victims/survivors in relation to remote service provision, concluding further research is required to identify the benefits and opportunities, as well as challenges and barriers that resulted from remote working (p. 421):

> *In the longer term, the experience of sustaining DVA [domestic violence and abuse] services during the pandemic has demonstrated the potential for remote service delivery to become an integrated part of DVA provision, however consideration is required to ensure that remote options are acceptable and feasible especially in respect of children.*

Thiara and Roy (2022) identified specific barriers for Black and racially minoritised survivors relating to the apparent intersecting impacts of the pandemic and domestic abuse, including the disproportionate impact of both on women and Black and minoritised groups. For Thiara and Roy, the disproportionate impact on Black and racially minoritised women resulted in part from the lack of commissioning of or funding for ‘by and for’ services: those provided by minoritised groups, for victims/survivors from those groups. Due to this study’s data collection taking place during and immediately after pandemic restrictions, it was possible to explore how these impacted on ‘engagement’ from the perspective of service users and workers.

Conclusion

This literature review provided the context and framing for the research study. The chapter discussed how intersectional feminist theories are relevant to and inform the study. The limitations of conceptualisations of service user engagement in domestic abuse literature on victims'/survivors' interactions with specialist domestic abuse services were critiqued, highlighting that the concept of service user engagement is often reduced to a binary (engaged/not engaged) that explicitly or implicitly makes service users responsible for 'being engaged'. The chapter further argued that the use of 'service user engagement' as a measure of services' success is problematic when there is no agreed definition of the concept. This study aims to address both of these gaps in the literature.

The history and current context of specialist domestic abuse services including those involved in this study were described, in particular the origins of services in the feminist movement. The influence of national policy and neo-liberal narratives were discussed, and the ways in which they have shaped the relationship between 'workers' and 'service users', contextualising the centrality of 'engagement' to service delivery and evaluation. The literature analysed in this chapter also informed the methodology that will be set out in the next chapter, including the importance of feminist and intersectional theoretical approaches to the research.

CHAPTER 3: METHODOLOGY

Introduction

This chapter sets out the design and delivery of the research methods for this study, which followed the development of the topic, discussed in the Introduction (Chapter 1). The theoretical framework is described, including how it influenced decision-making relating to methods and data analysis. The study's ethical considerations are presented, including how these were considered and implemented in practice. The plan relating to methods, recruitment, sampling and ethics is described, followed by a description of the changes in each of these areas once the data collection started. The data analysis process is discussed, with reference to the theoretical framework and the presentation of findings in the thesis.

Theoretical framework

Several theoretical frameworks were drawn on in this study, informing the topic of the research and the methods selected. All of these were underpinned by a constructionist ontology that "*is principally concerned with explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live*" (Gergen, 1985, p. 266). Additionally, the study draws on interpretivist epistemology that "*respects the differences between people and the objects*" to be studied, requiring "*the social scientist to grasp the subjective meaning of social action*" (Bryman, 2016, p. 26).

The following sections present how the theoretical frameworks of feminism and social constructionism informed the methodological approach to the research, the methods adopted, and the data analysis. While they are presented separately, this study drew on the frameworks in an integrated way, reflecting Stanley and Wise's (2002 p. 192) description of feminist epistemology as:

> *[R]ooted … in a feminist ontology; that is, a feminism rooted in the acknowledgment that all social knowledge is generated as a part and a product of human social experience. … [T]here is nothing separate from social life and experience, nor which exists outside it.*

While recognising that feminist research is not, and should not be, confined to qualitative approaches (Burns and Chantler, 2011), this study adopted a qualitative approach to foreground women's experiences in their own words. This study approached the concept of engagement as a product of the interactions between service users and worker/services and others, a concept that could most appropriately be explored through research with those directly involved. Informed by social constructionist approaches, the study aimed to explore how the concept was created and maintained through service user-worker interactions; equally, the study recognised that engagement was more than a concept, and something that had real impacts on the lives of those involved.

Feminist research approaches

In the same way that there has never been a single 'feminism' (Walby, 2011), there isn't, and has never been, a single 'feminist methodology' or 'feminist epistemology' (Stanley and Wise, 2002). The debates, assertions and challenges made over the decades have developed into a wide range of approaches and theories, including propositions that there may not be a distinct category of 'feminist methodology' (Stanley and Wise, 1990). Many authors refer to feminist methodologies or epistemologies in the plural, reflecting the reality of a multiplicity of approaches and perspectives (Ramazanoglu and Holland 2002; Skinner, Hester and Malos 2005; Burns and Chantler 2011; Ackerly and True, 2020). Rather than prescriptive directions for feminist research, most have attempted to set out underlying principles, values, or components that all feminist research should have in common. These include the need to prioritise the voices and experiences of women in their own words, and to acknowledge that the role of the researcher is not neutral and must be recognised through a practice of reflexivity.

A feminist methodological principle relevant to this study was the recognition of women's stories as having value as a research focus (Alcoff and Potter, 1993; Letherby, 2003) and the grounding of the study in "*women's material realities*" (Stanley and Wise, 1990, p. 25). This principle was evident through the qualitative interviewing approach and thematic data analysis that foregrounded women's stories in their own words. A second principle evident in the study was reflexivity, which is the requirement to recognise that the researcher is not neutral or objective within the research process (Harding, 1987; Stanley, 1990; Ackerly and True, 2020). This is demonstrated through the development of the research topic, the research method selected, and the data analysis approach.

Skinner, Hester and Malos (2005) argued that research must enable the voices of women and other marginalised groups to be heard, and their experiences valued; and that the focus should be gender and gender inequality, not just 'women', which is the approach taken in the data analysis for this study. This study reflected that focus, recognising that not all women have the same experiences of abuse, or of services, due to their marginalised identities. This study also sees feminist research as inherently politically active and emancipatory, that is, research should seek to create change, as described by Kelly, Burton and Regan (1994, p. 28):

> *Feminism for us is both a theory and a practice, a framework which informs our lives. … Our position as feminist researchers, therefore, is one in which we are part of the process of discovery and understanding and also responsible for attempting to create change.*

This study aligned with the aim of creating change through drawing on women's experiences to expand knowledge of the concept of engagement, and the facilitators and barriers to women's involvement with specialist domestic abuse services, ideally to inform service design and commissioning.

The literature review chapter demonstrated the relevance of intersectionality (Crenshaw, 1989) to women's experiences of engagement with specialist domestic abuse services. The concept also applies to the methodology of this study, through recognition of the different ‘identities’ or ‘characteristics’ individual people have, and connecting these with wider societal structures, and the relative privilege or discrimination people experience because of these (Yuval-Davis, 2006). Hill Collins (2015) described how the concept of intersectionality “*references the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but rather as reciprocally constructing phenomena*” (p. 1). This study attended to this through specific questions to service users and workers, followed by a data analysis process that sought to identify responses that related to their identities and experiences of discrimination.

A challenge in applying the concept of intersectionality to research involves the attempt to maintain focus both on the “*[s]ocial divisions*” that involve “*macro axes of social power*” and “*actual, concrete people*” (Yuval-Davis, 2006, p. 198). Sokoloff and Dupont (2005, p. 59) described this challenge in relation to research on domestic abuse which, they found, tended to focus on intersectionality as being held within the person, not relating to unequal or oppressive structures:

> *Much of the new domestic violence literature focuses on the differences between battered women … which may unwittingly undermine structural analyses. … All too often, this perspective seems to regard race, class, and gender as individual identity characteristics, not as interlocking social structures that perpetuate inequality.*

This study was informed by the concept of intersectionality within the feminist theoretical approach to the analysis of interview data through asking worker participants about their experiences of working with service users from different backgrounds, and with different protected characteristics such as age, ethnicity, disability, and socio-economic status. I planned to use responses to this question as opportunities to explore the differing experiences of service users and workers, relating experiences to wider structural inequalities; and to respond to service users’ responses concerning their own differing experiences with follow-up questions.

Social constructionism

Feminist methodologies often foreground the perspective that research must explore the world and question the status quo of inequality (Letherby, 2003). As a result a social constructionist approach, which questions taken-for-granted assumptions (Gergen, 2015), has long been present within feminist research methodologies (Gergen, 1985). While there may be no single articulation of social constructionism on which all would agree (Best, 2007), a social constructionist perspective enables research to question taken for granted concepts, including what counts as knowledge, and to recognise that we all approach and experience the world in different ways (Gergen, 2015). Feminism and social constructionism were combined in this study through a methodological approach that aimed to explore the taken for granted concept of 'engagement' and identify which conceptualisations may be dominant, and what impacts on participants' conceptualisations.

Best (2007), in outlining how social constructionist thinking developed through the work of Berger and Luckmann, highlighted their focus "*on how meanings are created through social interaction*" (p. 42). This study's feminist and intersectional theoretical framework takes this approach, viewing social interactions and relationships as central to the construction and maintenance of the concept of engagement. Interviewing service users and workers about their interactions is also important, to develop our understanding of their interactions, use and experience of engagement, and the social inequalities that frame these.

Berns (2004) and Loseke (1992) are important social constructionist authors who influenced the methodological approach in this study. They critiqued the perception of domestic abuse, and by extension victims/survivors as 'social problems'. Loseke (2017) argued that "*what we call 'social problems' is not a stable category*" (p. 4, emphasis in original) but a social construct that has developed in such a way as to frame domestic abuse as a problem of individual victims rather than of perpetrators, the state, or wider societal structures. This study took the stance that, while for service users and workers, engagement is a real, lived experience, with real impacts on both, the concept of engagement is not a 'stable category'. Rather, it is influenced by the different ways in which domestic abuse is constructed within unequal gendered societal structures.

The questioning of researchers' own views through reflexivity is also encompassed by the social constructionist requirement on researchers not to "*privilege their own assumptions*" (Best, 2007, p. 47). Combined with the feminist approach of reflexivity, a social constructionist approach prompted this research to evidence transparency in relation to the decisions made and the researcher's relative power compared with participants, while still progressing the development of knowledge. The ethical considerations and processes described later in this section demonstrate where this approach was followed.

Research design

Collectively, the theoretical framework supported the need for a qualitative methodological approach. The focus of the research was to explore the concept of engagement; hence it was important to hear from participants in their own words, aiming for "*rich*" data for analysis through a qualitative approach (Clark et al., 2021, p. 373). Many feminist methodologies foreground the principle of hearing from women directly, and in their own words. Additionally, through a social constructionist perspective, it was important to facilitate open exploration of different conceptualisations of engagement. Finally, in my experience of undertaking research in and with the domestic abuse sector I had conducted many interviews with survivors to gain their views for an evaluation or needs assessment. The challenge for me was to ensure that, while drawing on these experiences, I also developed a rigorous and academic approach to interview methods, as outlined in the next section.

Qualitative interviews

In choosing to gather data through qualitative interviews, this study drew on the perspective that such interviews can, according to Miller and Glassner (2016, p. 52):

> *[P]rovide us access to social worlds, as evidence both of 'what happens' within them and of how individuals make sense of themselves, their experiences and their place within these social worlds.*

The exploratory nature of the research required an interview approach that was not fully structured, as this risked limiting the responses of participants (Clark et al., 2021). Yet a fully unstructured interview that allowed participants to talk about whatever they wanted (Clark et al., 2021) risked not gathering relevant data in relation to the study's research questions. Thus, a semi-structured approach was adopted: interview schedules were used to prompt responses that provided data for the research questions to be answered, while not being prescriptive or directive. The need to be flexible and responsive to the stories participants wanted to tell was particularly important given participants' experiences of domestic abuse, situations in which they were likely to have been controlled and silenced (Williamson, 2010).

The original research method plan was to conduct one-to-one in person interviews with service users and workers. One-to-one interviews were sought so that each participant could provide their own responses and reflections, providing more data than might be possible through group interviews. The additional option of group interviews with service users was prompted by the existence in the two original research sites of ongoing group work programmes. These offered a convenient opportunity to meet with groups of service users who had already been working together; and aimed to make the research more inclusive for those who may not want to participate in a one-to-one interview. It was hoped that this would remove the need for a group dynamic to be developed, as is necessary in focus groups (Stewart, Shamdasani and Rook, 2014), while offering a potentially more convenient way for them to participate. This original design of in-person interviews was amended before recruitment started, due to the impact of the Covid-19 pandemic; this is discussed in the section below on data collection.

Developing interview schedules

Interview schedules are an important component of qualitative interviewing, enabling the researcher to collect data to answer research questions, while being flexible in response to how participants respond (Moronez, 2014). Schedules were developed for service users (see Appendices 8 and 9) and for workers (see Appendix 10) based on the research questions and informed by the literature review. Topics in the service user interview schedule covered service users' experiences of seeking support for domestic abuse, including but not limited to the specialist service; what service users' contact was like with workers, including positives and negatives; anything that helped them stay in contact with the service, or could have prevented that contact; and the difference the specialist service had made to their lives. The same topics were covered in the worker interview schedule, and in addition, workers were asked specifically about their perceptions of 'service user engagement'.

In developing the schedules, I was focused on questions that would enable an analysis of the concept of service user engagement, and service users' interactions with workers and services more broadly. When analysing the data – discussed later in this chapter – I came to realise that, in my focus on exploring engagement in the data collection, I had to some extent lost sight of the gender equality framework that was important to me as a feminist researcher. In other words, I had centred my interview schedules on the practice and policy of specialist services and how service users experienced this, without asking questions that enabled a broader view of service delivery in the context of gender. I reflect on the impact of this later in the chapter.

During development the schedules were tested in a pilot phase with two service users from one specialist service, and two workers from two other specialist domestic abuse services. Conducting a pilot phase of interviews is often recommended for qualitative and other research methods (Roberts, 2020; Clark et al., 2021) as an opportunity to experience the process from recruitment through to the practicalities of interviewing, and the questions and prompts in the interview guide. It was also an opportunity for me to reflect on my experience of interviewing and gain participants' feedback on the process.

Encouragingly, the service users and workers were willing to participate in the pilot and were interested in my research project. My reflections were that the interview schedules contained too many questions, and that the questions were too long; hearing participants' responses helped refine the schedules by providing a focus on what data was needed for the research. Questions about engagement were thought provoking for the workers, and they reflected it was not something they'd explored before, but felt it was worthwhile to do so. For the service users, engagement was a term they neither used nor related to. As a result, I amended the interview schedule with service users to not ask about the term engagement directly. The semi-structured nature of the interview schedules meant that, were a service user to talk about engagement, I could follow this up with further questions and prompts (Bryman, 2016), for example about what the term meant to them, or how they had experienced its use. The service users interviewed in the pilot phase emphasised the importance of the relationships they developed with workers, confirming this as an important topic to explore. During the main research interviews, the term engagement was only used by one service user, and I asked follow-up questions on the meaning of the concept to her. In hindsight, it would have been helpful to include a question on engagement with service users, to establish service user-participants' understanding – or lack – of the concept and add this data to workers' conceptualisations.

Once the pilot interviews ended, I asked participants for feedback on me as an interviewer. The responses were positive about my overall approach, how I responded within the interviews, and the empathy I demonstrated. Specifically – and reflecting common themes in academic methodological guidance – they appreciated that I did not interrupt, that I was encouraging of their responses through non-verbal communication, and that my follow up questions demonstrated I had understood their responses (Morgan, 2015; Hardesty, Haselschwerdt & Crossman, 2019). The feedback encouraged my confidence as a researcher, evidencing the importance of such skills in putting methods into practice (Watts, 2014).

Sampling framework

In qualitative research the aim is rarely generalisability, and therefore no sample can aim at being representative of, in this case, domestic abuse specialist service workers or service users (Mason, 2018). The use of semi-structured qualitative interviews, in the context of a PhD study, also made a large sample size impractical, even if higher numbers could claim to lead to representative findings. Rather, the goal was to ensure the sampling could enable realistic data collection that enabled research questions to be answered (Silverman, 2020).

As with other areas of the research project, sampling was shaped by the study originating from the Roadmap Project; the two Roadmap SafeLives 'Beacon' sites (SafeLives, no date-a) had been selected for the study. I took time to understand the composition of the services and the interventions they offered, to ensure sampling was directed appropriately. The relevant interventions for this study were: the Community Independent Domestic Violence Advisors; the Complex Needs intervention; the Step Down and Recovery group work; and the Peer Support programme. Mason's (2018) 'theoretical sampling' is the selection of "*groups or categories to study on the basis of their relevance to your research questions*" (p. 93). Adopting this approach meant the sample did not originally plan to include members of staff whose roles were not concerned with the 'engagement' of adult women in the service, for example, the administrator, those working exclusively with children, or those working exclusively with perpetrators. In practice, workers delivering interventions with children had extensive contact with mothers, and as a result they were included in the sample.

As discussed in the Introduction (Chapter 1), at the start of the study, and up to the point of recruitment, I had not defined what I meant by 'women' as research participants. The information provided to services and service users did not specify what was meant by 'women'; and during data collection, services did not question the category. It is not possible to know whether this meant they were not working with any trans women or people with other gender identities, or that they did not think they would be included and therefore did not raise their inclusion with me as the researcher. Prior to interviews, all participants were asked about their gender identity, and all identified with a cisgender identity (that is, a person whose gender identity aligns with their registered sex at birth), and so further reflection and action was not required. Trans women are likely to have unique experiences different from, but potentially overlapping with the experiences of those who are ‘cisgender’, which further research could explore.

Being mindful of the potential for research fatigue (Clark, 2008) recruitment of service users explicitly excluded any participants in the UCLan Roadmap Project evaluation. The aim was to interview approximately sixteen to twenty adult female service users across the two sites (eight to ten from each). The unique situations of service user participants in relation to the potential for ongoing risk of violence and abuse require specific ethical considerations in recruitment (Clark and Walker, 2011). From this ethical perspective, workers were asked not to attempt to recruit service users if they were perceived to be at ongoing risk of abuse from the perpetrator, or workers felt the individual’s well-being could be negatively impacted through the interview process. Due to recruitment moving to remote contact – explained in the section below – safety considerations were enhanced, as telephone-only contact raised concerns over who may have been nearby, or listening in, that the worker or researcher could not see (Gregory, Williamson and Barnes, 2020).

The sampling aimed for an equal number of worker and service user participants; it was important for the study to avoid privileging one group over another. A range of different ethnicities and ages among the service user participants was also aimed for. It did not feel appropriate to be prescriptive with workers, as this may have limited the numbers they attempted to recruit; but they were encouraged to identify women with different identities and/or backgrounds. Table 3.1 provides a summary of the planned sample for service users and a summary of the planned sample for workers.

Table 3.1

Research Site	Sample of Service Users	Sample of Workers

1	8-10	8-10
2	8-10	8-10
TOTAL	16-20	16-20

Ethical framework

Ethical approval for research is essential (British Sociological Association, 2017). Approval was granted by UCLan Ethics Review Panel for Business, Arts, Humanities, and Social Sciences (BAHSS; reference number BAHSS2 0108), as part of which I underwent the UCLan safeguarding training and ethical approval training. To ensure the ethical nature of the whole study, not just the approval process (Nyklová, Dana Moree and Kubala, 2023), it is important to consider the safety and well-being of victim/survivor participants, in light of their traumatic experiences (Clark and Walker, 2011; Cromer and Newman, 2011).

It is essential to be aware that the experience of participating in research can be re-traumatising or distressing for victims/survivors (Burgess-Proctor, 2015); but equally, that assumptions about participants' potential vulnerability should not be used to exclude them, provided the ethical approach is robust (Downes, Kelly and Westmarland, 2014). Additionally, proponents of feminist research methodologies have argued that it can be empowering for women to be involved in research, and that participants can gain positive benefits (Snyder, 2016). Service users and workers can be motivated to participate by their belief that their involvement will help improve services for victims/survivors (Logan et al., 2008). Choice and informed consent were essential in light of this and the fact that positive outcomes or benefits from participation could not be assured (Patai, 1991). As indicated in the Women's Aid Research Integrity Framework (2020b), the safety and well-being of potential participants was considered throughout the development of the method, including sampling, as described above. Women's Aid's Framework (2020b) requires an ethical premise of "*do no harm*" (p. 5), and this connects with the framework of trauma informed approaches to research (Alessi and Kahn (2023), which are integrated into the explanations in this section on the ethical approach to the study. Beckett and Warrington (2024, p. 2) argued that the narrative of ‘do no harm’ can be problematic:

> *Assuring no harm befall participants is not, however, a plausible reality in abuse-focused research with children, or indeed any social research. Such research is by its very nature unpredictable and dynamic, influenced by elements outside of the researcher’s control.*

While Beckett and Warrington’s argument focuses on child participants, I was mindful of their argument that it is not possible for researchers to “*predict every potential eventuality that may occur*” during or following research, including dissemination and thus cannot “*assure we have eradicated all associated risks of harm*” (2024, p. 2). My experience of working in the domestic abuse sector, including support for victims/survivors, and the families of homicide victims involved in Domestic Homicide Reviews, and the associated trauma informed approaches training I have completed, supported me in responding empathetically to participants.

Informed consent, safeguarding and confidentiality

To support the safety and well-being of participants I gained informed, voluntary consent through a consent form that was explained in an information sheet. Consent was provided through forms signed by hand or electronically and sent to me via email. While informed consent was sought from both workers (see Appendix 6) and service users (see Appendix 2), and the below approach applied to both, this was particularly important for service users (Burgess-Proctor, 2015).

I discussed the consent form with potential participants, or for service users this was done by workers during recruitment. Information sheets for service users (see Appendices 4 and 5) stated that involvement/non-involvement in, or withdrawal from, the research, would not impact on their receipt of the support service they were accessing. Recognising the importance “*for ethical researchers not only to establish relationships of trust with participants, but to take care to honour that trust*” (Morgan, 2015, p. 52) consent was not seen as a ‘one-off’, completed at the point of recruitment. Before starting interviews, I went through the consent form again, including informing participants of their right to end the interview at any point, and/or withdraw up to the stated deadline of four weeks post-interview. I selected this timeframe to allow a period of reflection for participants, with the aim that they wouldn't feel rushed to make a decision if they felt they wanted to withdraw. I also checked that service users understood their involvement in the research was in no way connected with the service they received from the organisation they were recruited through. Workers were informed that their interviews would not be shared with their employers. The information sheets contained the contact details for the study's Director of Studies and the UCLan Research Governance Unit, to enable participants to raise concerns about the research.

While recognising that "*no matter how hard one tries to eliminate a hierarchical relationship between researcher and participant, at the end of the interview it is the researcher who walks away with the data*" (Morgan, 2015, p. 52), I attempted to reduce the imbalance of power through being clear with participants their right to withdraw their consent and participation. Information on how they could withdraw was included in the consent form and reiterated before interviews. One-to-one interview participants were informed that should they decide to withdraw, all their data would be deleted, including interview recordings and transcripts. Service user group interview participants were informed of the same, with the exception that the audio recording in which they spoke could not be deleted, because it contained data from other participants. In the group interview, I asked participants to inform me if they chose to leave, but if they felt they had to leave without informing me, they could do so, and I would follow up to check on their well-being. No participants withdrew at any stage in the study.

It was important that participants only discussed topics they felt safe and comfortable with (Phoenix, 2009), and therefore they were given an overview of the research topic in the information sheet. I informed participants before the interview started that they did not have to share anything that they do not wish to, and if they did not want to answer a question, they could tell me. I reiterated this during interviews, specifically during probing questions, for example checking that participants agreed to talk in more detail about something they had mentioned.

Acknowledging the importance of maintaining control of their own stories, as well as their safety from the perpetrator (Hardesty, Haselschwerdt & Crossman, 2019), before starting each interview, I carefully explained the confidentiality of the research to participants, reiterating what was included in the consent form and information sheet. Identifying personal information would not be included in transcripts, the thesis, nor any other ways in which the research would be written up or presented. This included participants' names, their children's names and details, and where they lived. For workers, I explained prior to interviews there was a limit to confidentiality in that the connection with SafeLives commissioned services would be referred to in the research, which meant there was the potential for workers at those services to be identified if a reader were aware of the Roadmap Project. To mitigate this, I confirmed that I would use generic job titles rather than the workers' specific job titles.

An additional limit to confidentiality was if during an interview a participant revealed something that meant they, or someone else, was at immediate risk of harm. If that were to occur, the service they had been recruited through would be informed, as well as the research Director of Studies, and a course of action would be decided with reference to the service's and UCLan's safeguarding policies. There were no instances during the research when this action had to be taken.

Telephone interviews raised additional ethical issues in relation to participant safety, due to my not necessarily knowing where participants were when the interviews took place (Gregory, Williamson and Barnes, 2020). Safety and well-being were discussed with service users at the start of interviews: checking in that they were safe, for example that they were not at immediate risk from the perpetrator; and that they felt comfortable and safe where they were, in order to speak freely (Hardesty, Haselschwerdt & Crossman, 2019). It was important for me to remain alert during interviews to ensure that if there were a need, I could check in on participants' well-being (Dempsey et al, 2016), including asking if they needed a break or to stop the interview. The section below on conducting one-to-one interviews describes how this happened on one occasion, and what the outcome was. Safety and well-being were also explored during debriefs after interviews ended, and the support of their existing service provider was offered if service users needed to talk to someone after the interview. Depending on what had been disclosed, their permission would have been sought to speak with the service to ensure support was provided, but this was not needed.

Zoom© was selected for online interviews as it was the most accessible video interviewing platform available at that time: it was safe and confidential, with the meeting only accessible through a link shared by the meeting organiser (Halliday et al., 2021). The platform was free for participants to download, and able to be accessed via computer, laptop or mobile telephone without having to create a login (Halliday et al., 2021; Howlett, 2022). The services involved in the research had moved their services online as a result of the impact of the Covid-19 pandemic and were accessed by service users on the telephone or on Zoom©, increasing the chance that participants would already be familiar with the platform.

The study involved the lawful processing of ‘personal data’, including ‘special category data’ as defined by General Data Protection Regulations (Data Protection Act, 2018). The data gathered has been presented anonymously, and not used in a way that will have an adverse effect on individuals. Participants were fully informed of how their data would be used and had the option not to provide data or to have their data deleted. Participants were informed how their information and data would be stored, protected, and kept confidential. During recruitment, participants were ascribed a code, and this was used in all documentation, recordings, and transcripts for that individual. All documentation and data was stored on the UCLan server, accessed via my password protected home computer, as per General Data Protection Regulations (GDPR) requirements. An encrypted GDPR-compliant audio recorder was used for interviews, which I conducted from my home. Once transferred to the server, the recordings were deleted from the audio recorder. No paper-based records were held at any time. In line with UCLan Data Protection guidance the data will be destroyed five years after the research ends.

Recording and transcription

All remote/online interviews were recorded on an encrypted GDPR-compliant audio recorder and were transcribed through repeated listening. Interviews that took place over Zoom© were only audio recorded. Prior to transcription I decided not to complete verbatim transcripts that would have included all pauses, inflections, accents, and non-speech sounds such as 'umm'. This decision was taken due to the data analysis method adopted of reflexive thematic analysis (Braun and Clarke, 2022), in which the content of interviews was paramount, not participants' ways of talking (Maynard and Purvis, 1994). Transcripts nevertheless included every word spoken, including grammatical errors, false starts, self-corrections, stutters, and specific ways of pronouncing words e.g., 'gonna' rather than 'going to'. In this way, participants' words were transcribed how they had been spoken, not overly "*clean[ed] up*" (DeVault, 1990, p. 105). The purpose of this approach was to be able to present, as far as possible, participants' own voices, which as a feminist researcher for me was important (Hesse-Biber, 2007); this is reflected in the quotes used in this thesis, which are presented as spoken by participants.

An offer to participants to read the transcript of their interview was made in the information sheet only; no follow up offer was made. It is important to reflect on what the aim is in sharing data in this way (Varpio et al., 2016), and to consider the implications of doing so (Rowlands, 2021). Providing a transcript can be seen as a way of involving participants in the data production; but can lead to an illusion of power balance (Stacey, 1991) because ultimately it is the researcher that has "*intellectual responsibilities*" (Patai, 1991, p. 147) to produce the research. The offer was made in the information sheet, so that, if a participant wished to see the transcript, they could request to do so. The purpose of this was to help participants feel involved in the research, and assuage any confidentiality concerns they may have had. No participants asked to see the transcript. An offer to provide a summary of the research outcomes was also made, and this offer was accepted by most participants.

'Thank you' vouchers

I provided 'thank you' vouchers to service user participants, and these were sent following the completion of interviews. While it was ethically important for me to compensate service users for their participation (McGregor, Taylor and Oakley, 2023), it was necessary not to incentivise participation through the offer of vouchers. I did not want to inadvertently encourage service uses to participate when they otherwise would not have done, or for service users to feel coerced into participating due to their financial situation (McGregor, Taylor and Oakley, 2023). To avoid creating an incentive, information about vouchers was not included during initial recruitment: they were not mentioned in the information sheets, and workers were asked not to mention the vouchers during their first conversations with potential participants. Once a service user had expressed an interest in the research, vouchers could then be explained as a thank you for participants' time, not as payment or reward for participation. Thus, vouchers would be provided regardless of whether participants completed interviews or subsequently withdrew, and participants were informed of this.

Reflection on my role as researcher

Service users and workers may have perceived an imbalance of power between themselves and me as the researcher; in fact, given the methods adopted, some power imbalance was inevitable (Karnieli-Miller Strier Pessach, 2009). My role as a researcher asking questions of them placed me in a position of power over participants, despite my position as a student. Equally, it was important to be aware of the possibility that how participants perceived my ethnicity, education level or other factors may have led to them feeling in a less powerful position (Liamputtong, 2010). The actions described in this section so far were attempts, where possible, to rebalance power dynamics through emphasising participants' choice, consent, and anonymity. Additionally, when getting to know the services and when contacting participants directly I asked about any concerns they may have had about the research, and addressed these as they arose with transparency and honesty. For example, providing more detail on what a PhD was, what the thesis would contain, and where it would be published. During debriefs following interviews I offered to share updates about the research as it progressed, if participants consented to be contacted again. While it is never possible to be certain, there was no clear evidence that participants felt uncomfortable as a result of possible power dynamics.

While it was necessary during interviews to monitor participants' responses to ensure they were providing the data needed for the research, I was also aware of the need to demonstrate empathy and understanding of participants' experiences, to support them to feel comfortable in completing the interview (Hardesty, Haselschwerdt & Crossman, 2019). As interviews progressed, I reflected that my role in some ways reflected the relationships between service users and workers. They needed to develop mutual trust, but this was one sided: service users were open and honest about their experiences and needs, but workers did not necessarily share their own personal stories, with a focus on maintaining 'professional boundaries'. Similarly, I needed to maintain a research boundary in order to foreground participants' responses, not my views, but to balance this with some openness in order to build rapport (Abell et al., 2006; Dickson-Swift et al., 2009). Some participants asked questions about my experience in working with domestic abuse, and the scope of the research; I answered these questions honestly and transparently, providing personal information about myself to a limit I felt comfortable with and while maintaining a focus on them as participants (Abell et al., 2006).

Hesse-Biber (2007, p. 129) defined reflexivity as "*the process through which a researcher recognizes, examines, and understands how his or her own social background and assumptions can intervene in the research process.*" During data collection, I was aware of the fact that my role as a freelance consultant working within the specialist domestic abuse sector shaped my approach and responses. As Westmarland and Bows (2018) have highlighted, the combination of the roles can bring complications, but can also bring positives. Specifically, I bring a unique perspective on the concept of service user engagement from both within and outside of the domestic abuse sector. For example, I was able within interviews to reassure worker and service user participants that I understood the services they were discussing, which meant that they did not have to enter into descriptions of those services, detracting from the responses they wanted to share. One potential negative aspect of my combined practitioner-researcher role was that, during data analysis and writing up the thesis, I became aware that my understanding of, and close connection to, the sector and workers within services, meant that I held back on what felt like criticism or being overly negative. I understood the efforts workers and services went to, often with little and restricted funding, to meet the needs of the women who approached them. As a result, I tried to strike a balance between identifying where practice may have fallen short, and explaining why this might be the case due to how the sector operated and the influencing factor. This in part led to the development of the ecological model, set out in Chapter 4.

I had considered the effects of the interviews on myself as the researcher but found that I was not negatively impacted by the interviews. At the time of data collection (2020-21), I had worked for over 14 years in the domestic abuse field and was aware of the emotional impact the work can have such as vicarious trauma, impacts which I discuss in the literature review in relation to workers in the sector. I was aware that conducting interviews in the context of PhD research may be a different experience from interviewing or interacting with service users in a professional capacity (Dickson-Swift et al., 2009) Williamson et al. (2020) highlighted how carrying out research in this area is done with awareness of the potential "*negative impact*", describing how researchers utilise "*a range of healthy and unhealthy coping strategies*" to manage the impacts (p. 67). Yet, they argued, an essential component to managing the impacts was the knowledge that a choice to conduct such research is "*because we want to make social change*" (p. 67), which was important for me as a feminist researcher and in the context of my history working in the field. I was confident in my ability to manage any impacts and drew on support from my supervisors as needed, recognising their essential role in supporting me and scrutinising my research from an ethical perspective (Beckett and Warrington, 2024). I had also developed coping strategies over the years of working on domestic abuse such as taking breaks, taking annual leave, and spending time with family and friends. Further reflections are included in the next section, which discusses the experience of conducting the research.

Conducting the research

This section describes and critiques how the above approaches in relation to recruitment, sampling, ethics and interviewing took place once the research began.

Changes during the research

Significant changes occurred to my research from March 2020 due to the impact of the Covid-19 pandemic. From March to June 2020, and then again from January to March 2021, England was in "*national lockdown*", during which people were ordered to stay at home and only allowed to go out for "*essential purposes such as buying food or for medical reasons*" (Brown and Kirk-Wade, 2021). In between those times, and up to July 2021, varying levels of restrictions were in place. The restrictions had a significant impact on victims/survivors and on specialist domestic abuse services (Brooks-Hay, Saunders and Burman, 2022; Richardson Foster et al., 2022). For example, specialist domestic abuse services, located in the voluntary sector, were not deemed to be 'essential services' and thus no exceptions were made for meeting with service users face to face, and all support moved to be remote – telephone and online (Women's Aid Federation of England, 2020c). For victims/survivors confined to their homes, routes to support were limited or removed, and many experienced an escalation in abuse, specifically controlling and coercive behaviours, from perpetrators (Usher et al., 2020). The move to remote provision created opportunities for services, in being able to work more flexibly and reach more service users; it also created challenges, particularly for service users who did not have the means to access support online (Richardson Foster et al., 2022). The impact on workers is discussed in the literature review, Chapter 2.

The pandemic restrictions meant in-person research was not possible (Nind, Coverdale and Meckin, 2023). I had planned to visit the research sites, meet with managers and staff, carry out recruitment, and hold interviews in person and at locations convenient and suitable for participants. Interviews could have been remote if requested, but my aim was to do everything in person. Lockdowns, restrictions on movement, and social distancing requirements meant I was unable to do this and had to move entirely to remote/online recruitment and data collection.

Prior to and since the pandemic there has been debate over the efficacy of remote or telephone qualitative interviews when compared with in-person interviews; the frequent conclusion has been that in-person interviews where possible should be the preferred method (Johnson et al., 2019). Conducting interviews online, or via the telephone, is perceived as impacting negatively on the rapport between interviewer and interviewee, and to create ethical issues through the researcher not being alert to the interviewee's non-verbal cues (Lo Iacono, Symonds and Brown, 2016). Nevertheless, remote or telephone interviews are seen as a viable alternative where in-person interviews are not possible (Johnson et al., 2019; Archibald et al., 2019). An alternative perspective is that telephone interviews create a more relaxed environment for participants, leading to richer data (Novick, 2007; Howlett, 2021). These perspectives reflect the findings of research with service users during the pandemic, in which some found remote access made it easier and more comfortable for them to access support, and others found it to be a barrier to getting the support they needed (Alderson et al., 2022; Richardson Foster et al., 2022).

With all interviews in this study taking place remotely – on the telephone or online – there is no comparison point, thus it is not possible to assess whether moving to remote interviewing did, or did not, impact on data collection. A rapid evidence review conducted on research that had been impacted by the pandemic found that when interviews had to be moved online, they nevertheless were seen as generating rich data (Nind, Coverdale and Meckin, 2021). Interviews in this study were largely carried out in 2021, a year into the pandemic, when services had adjusted to remote working themselves and were able to reflect on this journey and how things had changed. Service user participants had also experienced a long period of accessing support remotely, and so being interviewed in this way was not necessarily a significant change for them. From an ethical perspective, specific impacts of remote/online interviews were incorporated into the preparation and delivery of interviews, for example through discussing with participants what would happen if the call cut out, or the quality of the Zoom© call dropped (Seitz, 2016).

An additional significant change that occurred at the start of data collection that required me to adapt my research was that one of the research sites withdrew from the study after only one interview had taken place, with a worker. The manager informed me that, due to uncertainties over funding and thus the continuation of the service, and the impact this had on workers, they felt they could not ask them to also participate in the research. Their withdrawal immediately halved the potential sample, and therefore an additional site had to be identified, and ethical approval gained to involve the new service. Due to low numbers recruited from that new site, another additional site was later identified and approached. This is covered below in the section on the sample.

Recruitment

The first stage of recruitment was to meet remotely with service managers one-to-one. The research was introduced with a description of what was being asked of from the service and answering service managers' questions. Following this, virtual team meetings with the sites were attended to introduce the research to workers. Their own participation was requested, as well as requests to workers that they recruit service users to the research. Prior to the team meetings, the information sheet and consent form relating to worker interviews had been shared via email (see Appendices 6 and 7), and questions were invited about these. Workers responded positively to the research, and the questions centred on timeframes for their own interviews, and for recruiting service users. Following the meeting, the separate information sheets and consent forms relating to service user interviews were shared via email (see Appendices 2-5), along with a one-page description of the research for workers to use when discussing participation with their service users (see Appendix 1). Contact was invited from workers to ask questions or raise any issues on behalf of service users who faced barriers in participating; no barriers were raised for any participants.

Moving to remote contact meant the recruitment of service users relied wholly on workers speaking with service users and asking them to be involved. This was a great deal to ask of the workers, who had important roles to carry out in supporting service users' well-being and safety. Information and support were provided for workers in carrying out this task including the one-page summary of the research, and their questions in meetings and via email were answered. One outcome of this means of recruitment was that it increased the workers' role as gatekeepers (Ramazanoğlu and Holland, 2002). Their perspectives on service users' safety and well-being were likely to have limited their selection of potential participants to protect victims/survivors perceived as "*in the experience*" that "*paradoxically, acts to silence them*" (Aris, Hague and Mullender, 2002, p. 150). The outcome of this is described in the section below on the sample and is also addressed in the findings chapters.

Sample

This section presents the samples of the final study, comparing this with what was planned and providing detail on the samples.

Service user participant characteristics were as follows:

- All identified as female/women.
- Eight identified their ethnicity as White British; of the remaining seven, three identified as White European/Other; one as British Asian; one as other Asian background; and two as Black Other.
- The age range of participants was 26 to 55 years old; most were aged 30-40.

Worker participant characteristics were as follows:

- All identified as female/women.
- 13 identified their ethnicity as White British; one as White British/Irish, one as Mixed White/Black British and one as Black African.
- Five had worked in domestic abuse services prior to the role they were in when interviewed. Of the remaining eleven, nine stated that their previous role involved some level of response to domestic abuse, and two had never worked in relation to domestic abuse before.

The tables below compare the participant numbers with the planned sample numbers that were presented earlier in the chapter (see Table 3.1). Table 3.2 presents service user participants and Table 3.3 presents worker participants.

Table 3.2

Research Site	Service User Sample Number	Service User Participants
1	8-10	One-to-one interviews: 7 Group interview attendees: 5*
2	8-10	0
3	2-6	0
4	2-6	One-to-one interviews: 3
TOTAL	16-20	15

* There was an additional attendee to the group interview who had to leave shortly after the start; she then requested a one-to-one interview which was arranged. She is not included in the number of group interview attendees, only the one-to-one interview participants.

Table 3.3

Research Site	Worker Sample Number	Worker Participants
1	8-10	10
2	8-10	1
3	2-4	3
4	2-4	2
TOTAL	16-20	16

The original research site that remained involved recruited service users, as well as all relevant workers being willing to participate. It transpired that some workers had moved roles while within the service, and therefore workers who were not originally in the sample, for example those working directly with perpetrators, were included, with interviews focused on their previous roles with adult women. Prior to the withdrawal of the second research site – as described in a previous section – one worker had been interviewed, and no service users had been recruited. Few specialist services operate in exactly the same way as these research sites, that is, offering several interventions and working with the whole family including children and perpetrators. It was therefore not possible to identify an additional site that worked in exactly the same way. The additional service that was approached first had been involved with the Roadmap Project through employing some of the workers in one site, and hence they were already aware of the Project and evaluation. The same approach in relation to ethics and recruitment described in this section was taken with the new site.

The new service was much smaller than the Roadmap sites, and all workers who directly supported adult women were interviewed. Despite several follow ups, no service users were recruited. To ensure the target sample numbers were met, another additional site was identified, using contacts at UCLan to facilitate their involvement, with the same ethics approved processes followed. A small number of workers who directly supported adult women were interviewed, due to the sampling number having almost been reached. They were also asked to recruit service users, aiming to reach the planned sample number. Due to the length of time this process took, Covid-19 related restrictions on movement and social contact had ended; but due to the long travel distance, and the fact that all other interviews had taken place remotely/online, these interviews were also conducted in this way.

As can be seen from Tables 3.2 and 3.3, there was a difference in the number of participants from each service, with Service 1 representing the largest part of the whole sample. Despite this disparity, when the data analysis took place (see below), the identified themes were present across all services.

As described above, service users were recruited exclusively through workers, who selected those service users they thought were in the most appropriate place to participate in research. All the service users who participated in the research were deemed by workers to be physically safe from the perpetrator, and to be in a place in which workers perceived their well-being to be positive enough to not experience negative impacts from the research. This was positive from an ethical stance in that it decreased the likelihood of service users experiencing negative outcomes from their participation. The limitation it produced for the sample was that all service users had been able to ‘engage’ in the services and had remained ‘engaged’ for long enough that workers could access their safety and well-being and invite their participation in the research. All service users who participated had been able to ‘engage’ in some way, and this somewhat limited the findings, as described in the Conclusion (Chapter 8).

Workers whose roles primarily involved the support of children and young people were asked to focus on their contact with and support for mothers. There were times when follow up questions were asked to ensure they talked about their work with mothers because some responses reflected a focus on their work with children and young people. Responses that focused on children and young people were minimal, and were not included in the findings.

Workers from Services 1 and 2 seemed to see their participation in this study as an extension of their involvement in the UCLan Roadmap Project evaluation. As a result, despite my communicating their participation was voluntary, they may not have felt this was the case. I worked to emphasise in all communication with workers that this study was separate to the evaluation. Workers in Services 3 and 4 were fortunately able to see the benefit of the research to the sector overall, in terms of learning more about how services operate and how they are experienced by service users. On the whole, service users who participated reflected that they wanted to share their positive experiences of help and support, and/or for their experiences to lead to more effective services for others.

Qualitative one-to-one interviews

Interviews with workers were arranged via email, and all took place over the telephone at times of their choosing. They signed consent forms and emailed these to me prior to the interview taking place. When workers identified a service user who wished to participate, they emailed the signed consent form and contact details to me. Following this I contacted potential participants by email, telephone, or text depending on their stated preference, and interviews were conducted over the telephone or Zoom© at times of their choosing. Not all participants responded to my contacts at this stage. They were followed up twice, each contact three weeks apart. In the final follow up they were informed that there would be no further contact, but that they could contact at any time if they wished to participate.

With telephone and on-line interviews, I made sure my internet or telephone connection was as stable as possible and that I was in a room alone and would not be interrupted (Seitz, 2015). I described where I was to participants, and we discussed what would happen if the connection cut out, or if they were interrupted. This varied from participant to participant: some stated they had made sure they were alone at home, and that there would be no interruptions; others were in a room alone, but their children were elsewhere in the home. In all interviews, as well as having sent a text the day before to check the timing was still convenient, I asked at the start of the call if it was still a good time to speak. I emphasised my flexibility to meet or speak with participants at a time that was best for them (Dempsey et al., 2016). With telephone interviews, I made sure to verbally indicate that I was listening, for example saying ‘uh-huh’, ‘yes’, or asking a question that repeated what had been said, to check my understanding (Hesse-Biber, 2007). In online interviews I used these verbal cues as well as non-verbal cues such as nodding and smiling.

To ensure interviews were partly structured, the interview schedule was used, but with flexibility at those times when participants started to speak about other things: they were provided with space to respond in ways that they wished to, without interruption or asking to change the subject, to ensure they felt heard and that their stories were valued (Maynard and Purvis, 1994; Dragiewicz et al, 2023). This allowed participants to share their stories in their own way, while the interview schedule ensured the interview moved on when participants were clear they had finished speaking.

Having worked for many years in the field of domestic abuse, hearing participants' stories was not a new experience for me, and I was accustomed to doing the "*emotion management*" required (Dickson-Swift et al., 2009, p. 67). During data collection and following it, I was alert to negative impacts on myself and any need to seek support but found that the strategies I had already established through working in the sector were sufficient.

As discussed already in the chapter, locating myself in the role of researcher, through reflexivity, was an important component of developing and completing the study. During data collection, I found the practical act of reflection on the data to be challenging. In part this was because I was balancing data collection, and the PhD, with self-employed work and a family. On completing interviews, there was little time to stop and reflect, as there was always something I needed to move on to. In hindsight, I can also see that I struggled to step back from the interview schedules and the completed interviews, which could have enabled an analytical perspective within my reflections.

I found the data analysis process presented an opportunity for the reflection I had found difficult during data collection. Specifically, I was able to identify areas that I would have liked to ask participants more about; frustratingly, these reflections would have benefited data collection at the time, but, as already described in this section, reflection was something I found challenging. I felt this most in relation to workers' responses to the interview question around their work with service users from minoritised groups, which – as the findings demonstrate in Chapters 5 and 6 – focused exclusively on their responses to individual service users. As the findings show in Chapters 5 and 6, the perception of service user participants was that their experiences were based on their own individual differences, and workers' articulation of differences was based on individuals, rather than relating them to social structures. I felt that, were I to follow on from these answers with specific questions relating to inequality and discrimination, this would be leading the participants, rather than allowing them to articulate their perspectives in their own words; but in hindsight, I would have liked to have probed their responses more.

As also discussed in the section above on the development of interview schedules, with a focus on women as service users, I have also reflected that I did not pursue opportunities to explore workers' and service users' perceptions on engagement in relation to gender. Focussing on service user engagement, and how service users and workers worked together, meant my interview schedules did not ask participants about their more general views of domestic abuse, or gender inequality as a cause and consequence of such abuse. On reflection, I should have explored with service users if it made a difference to them that workers were women; and with workers whether there were differences in engagement for other genders.

Qualitative group interview

Following the initial introduction at the team meeting with one site, I contacted the worker responsible for group interventions separately to discuss arranging one or more group interviews. I explained that, in addition to offering one-to-one interviews, there was the opportunity for a group interview to be arranged. This would be for a group of women who had all been on a programme together to be interviewed as a group session at the end of their intervention. Service users were offered the option to participate in the research through a one-to-one interview if they did not want to participate in the group interview. One service user requested this; she attended the first ten minutes of the group interview but had to leave, and a separate interview was then arranged.

After several follow up emails, the worker emailed to tell me that two Zoom© group sessions had been scheduled for the following week with women who were coming to the end of group work programmes. This did not reflect the plan I had put in place, nor the request I had made to the worker, but I felt unable to decline due to the commitment made by the service user participants that had already agreed to attend. Due to my prior work and personal commitments and the short notice, I could only conduct one of the sessions. Once the session started it was apparent that instead of a group of women who had completed a group work programme together, participants had attended different groups; some participants knew some other participants, while others did not. Group dynamics are an important element of focus groups (Stewart, Shamdasani and Rook, 2014), which represent a method of data collection distinct from interviews (Wilkinson, 1999). My intention had been to conduct a group interview, not a focus group, with women who already knew and felt comfortable with each other through having attended the same group.

As a result of the situation, I checked in with all participants in the session and offered again the opportunity to meet one to one if they were uncomfortable in the group setting. All participants expressed that they felt comfortable in the group interview, including reflections that they were accustomed to groups at the service and felt safe knowing that all the participants had been on groups with the service. Participants kept their cameras on, and their microphones on mute unless they were speaking to minimise background noise. It was hard to keep track of the participants on Zoom$^{©}$, such as looking out for who wanted to speak next, and trying to ensure all participants got a chance to speak (Halliday et al., 2021). I worked to encourage all participants to contribute, while also emphasising on several occasions that they could all answer each of the questions, but they did not have to if they did not want to. When a participant stopped speaking, I left space for others to speak, then invited them to share their thoughts on the question, which I repeated. I emphasised, as I did in one-to-one interviews, that I would leave silences so that participants had time to reflect before answering. If there were no further responses, the interview moved on to the next question. Despite these efforts, by the end of the interview I felt I had gathered less data than with the one-to-one interviews conducted up to that point.

Ethics throughout the research

Throughout the methodology ethics was a consideration, and I was diligent in adhering to the actions and processes that had gained approval, as described in detail in the above section. Once the confidentiality of the interviews, including anonymity, had been explained, no participants raised concerns in relation to the interviews being recorded, transcripts being produced, or their quotes being used in the thesis or other ways in which the research would be written up.

Participant safety was attended to during recruitment and prior to, during and after interviews; following the detailed processes described in the ethics section above. All service users who participated were safe at the time of the interviews, and after, as far as it was possible for me to establish. They were able to complete the interviews without needing breaks or rescheduling, despite interruptions and the emotional content of the interviews. One participant had to move rooms during the interview due to her children coming in; I offered to reschedule, to ensure the participant could feel comfortable speaking about her experiences, but she chose to find a separate space away from her children and was not interrupted again. One participant became upset during the interview, which was over the telephone. I stopped the interview, turned the recorder off and offered to the participant that she took a break. She confirmed that she was "*really fine*" and said that in part she was upset because she was remembering the positive difference the service made for her at a very difficult time. I checked again with the participant, and she confirmed she wanted to continue with the interview, so I switched the recorder back on and continued. I also checked in with her about how she was feeling in the debrief, and she reported feeling happy to have had the opportunity to recall what a difference the service had made to her.

I debriefed all participants – service users and workers – to ensure they felt comfortable ending the call and explore whether they needed any support at that time. I checked with service users what their plans were for the remainder of the day, and encouraged them to take a break, in case there were any emotional effects once the call had ended. I also encouraged service users to contact the service they had been recruited through if they needed support and confirmed that the service was willing to offer support following the interview. I asked both service users and workers if they had any questions, or concerns, about the research, and addressed these as they arose. Most participants did not have any further questions, but those that did focused on the timeframe for the research, where it would be written up, and what the impact of the research might be. I informed them that I couldn't guarantee any specific outcomes, but that I hoped the research would support the delivery of specialist services.

One area of concern for participants recruited from the SafeLives 'Beacon' sites was that they were aware the service was a pilot, as a result of which the service would potentially close in the near future. This was a challenge, as participants were, overall, positive about their experiences of delivering or receiving the service and were keen to state that it should not close. I made clear that my research was entirely separate to the delivery and funding of the service, and that my findings would not impact on whether the service continued or not.

I maintained contact with those participants that consented, providing updates on the progress of the research. Once I was aware that the SafeLives service were to close, I asked workers to provide me with alternative contact details so that they could receive updates. Not all workers did this, and therefore I have not been able to keep them up to date. I have produced two briefings for participants, one for service users and one for workers, summarising the findings of the research (see Appendices 13 and 14).

Data analysis

As discussed earlier in the chapter, the nature of the research study was exploratory, informed by a constructionist ontology and an interpretivist epistemology. The study therefore aimed to identify and analyse different conceptualisations – constructions – of 'service user engagement' in the literature and in interviews with service users and workers, as well as how such conceptualisations are experienced by service users. A reflexive thematic analysis approach was thus most appropriate to identify and interpret the data to understand how workers conceptualised service user engagement, and what impacts the concept has on service users and workers. Braun and Clarke (2022) explain reflective thematic analysis as follows (p. 4):

> *At a very basic level, TA [Thematic Analysis] is a method for developing, analysing and interpreting patterns across a qualitative dataset, which*

> *involves systematic processes of data coding to develop themes – themes are your ultimate analytic purpose.*

While Braun and Clarke have written extensively about thematic analysis, they have stated clearly that it is not a single method for analysing qualitative data (Braun and Clarke, 2006). They also challenge any description of thematic analysis that suggests themes are "*discovered*", or "*emerg[e]*" from the data (p. 80). Braun and Clarke (2020) specified that while thematic analysis does not have an "*inbuilt theory, TA can never be conducted in a theoretical vacuum; researchers always make assumptions about what data represent*" (p. 10, emphasis in original). They further stated that what makes thematic analysis 'reflexive' is "*valuing a subjective, situated, aware and questioning researcher*" (2022, p. 5). Thus, in the data analysis process described below, feminism and social constructionism – discussed earlier in this chapter – were explicit drivers.

Coding and development of themes

I followed Braun and Clarke's (2022) process for undertaking reflective thematic analysis, which is: familiarisation with the dataset; coding; generating initial themes; developing and reviewing themes; refining, defining and naming themes; and writing up.

To familiarise myself with the data, I listened repeatedly to the audio recordings of the interviews. This was in addition to transcribing the interviews, which was a helpful part of the process and meant that the familiarisation also included repeated reading of the transcripts. Once transcribed, I uploaded all transcripts to NVivo 14, and coded each transcript, remaining aware that analysis is "*a process of meaning-making rather than truth-seeking*" (Braun and Clarke, 2022, p. 55). Thus, I did not have a predetermined list of codes. I read and re-read the transcripts and selected sections of text and added codes relevant to the study's aim, research questions and theoretical framework. As I started to code the data and list the codes I was identifying, I grouped the codes to support the coding process (see Appendix 12). I kept a list of the codes already added and referred to these as I coded each transcript.

The coding process was also informed by the findings relating to engagement and women's contact with specialist domestic abuse services identified in the literature review. While completing the process, I remained alert to data that related to service user engagement but that hadn't been present in the literature review. I also worked to remain aware of any bias in data selection, for example neither over-focusing on, or missing out, data that agreed with or contradicted the literature review findings or my own perceptions of what service user engagement meant, as described in the Introduction, Chapter 1.

Feminist theory remained central throughout the analysis, looking for data that was relevant to gender inequality, and participants' experiences as women in the context of wider societal inequalities. Data relevant to intersectionality included references to participants' experiences of discrimination, and workers' responses relating to supporting service users with differing identities. Combining the feminist, intersectional and social constructionist lens, the analysis sought to identify power differences in worker-service user relationships, and the different ways in which engagement was conceptualised and experienced. As already described, I did not feel that I had asked enough specific questions on these areas, yet data was present to support some analysis; and other areas were notable by their absence, as the findings demonstrate.

The first coding process produced 25 codes (see Appendix 12). I then revisited all transcripts to review the data that had been coded, to ensure that the coding was consistent, and no data had been overlooked. I then reviewed the groups I had placed the codes in to generate initial themes, continuing to attend to the study's research questions and theoretical framework. It was as this process continued that the ecological model was identified as an appropriate framework for understanding conceptualisations of engagement, and the facilitators and barriers to service user engagement (described in detail in Chapter 4, Introduction to the Findings).

I then returned to the data and re-read all the transcripts with the themes in mind; holding awareness that these may not be the final themes, and in particular that at this stage, there were too many themes. NVivo was no longer the most useful tool for me to complete this process. Instead, I printed the transcripts and used highlighting and annotation to select data – quotes – relevant to each of the themes. I collated the quotes in an Excel Spreadsheet, and through this analytical process, with reference to the study's aim and research questions, identified a smaller number of themes with sub-themes. These are shown in Table 3.4.

Table 3.4

Theme	**Sub-themes**
What is engagement	Service users' 'journeys'
	Relationships between the worker and service user
	How workers know if a service user is engaged / not engaged
Facilitators and barriers to engagement	How workers attempt to facilitate engagement
	Multiple barriers to engagement from immediate networks
	Covid-created facilitators and barriers to engagement
	Organisational factors impact on engagement positively and negatively
Why engagement matters	Engagement matters to workers and services
	Engagement impacts on service users

These themes were then used, within the ecological model, as the framework for writing the findings chapters. The process of writing those chapters added an additional layer of analysis. Selecting quotes to demonstrate each of the themes required the identification and exploration of nuanced and complex meanings contained in the data.

Conclusion

This chapter discussed the theoretical frameworks of the study – feminism and social constructionism – were discussed, including how they informed decision-making relating to methods and data analysis. The importance of taking an ethical approach to the study were described, and how these were considered and implemented in practice. The ways in which the study changed during implementation of the methods was described. The outcomes of the methodology – the data collection and analysis – are presented in the following chapters. The next chapter introduces the findings (4), which are then analysed and discussed in the subsequent two chapters (5 and 6).

CHAPTER 4: INTRODUCTION TO THE FINDINGS

Introduction

The next two chapters present the findings from the data collection, developed through the reflexive thematic analysis process described in the Methodology, Chapter 3. This short chapter provides additional relevant context to understanding the findings including details about the services involved. The development of the adapted ecological model, used to present the findings, is described and discussed.

Services involved in the research

As set out in the Methodology (Chapter 3), fifteen service users and sixteen workers were interviewed. The workers were from all four of the services involved in the research. The service users were from two of those services. The four services were similar in the ways in which they worked individually with service users but differed in their design and structure, as set out in the table below (Table 4.1).

To aid confidentiality, service users were given pseudonyms, and the findings do not indicate which service they accessed. Workers were given the same generic job title ('Worker'), and where possible, the findings do not indicate their service.

The introduction in Chapter 1 described the Roadmap Project, within which SafeLives commissioned two new services, both called 'Beacon', in different parts of England. Service 1 was a new service established within an existing, non-domestic abuse specialist organisation; Service 2 comprised a consortium of existing specialist domestic abuse providers. Due to the Big Lottery grant funding being used by SafeLives to commission new 'pilot' services, when the funding came to an end, the services ceased to exist. The aim had been to secure ongoing funding before this occurred, but neither area was able to do this.

The first additional service, Service 3, was part of a consortium of organisations commissioned as part of the Roadmap Project, and had been the employer for three staff in Service 1 until the service closed. Service 4 had no connection with the Roadmap Project.

Services 3 and 4 were designed differently to the Connect services, reflected in the interventions offered, as described below (table 4.1), and summarised as follows:

- All services took referrals directly from victims/survivors and from professionals on behalf of victims/survivors.
- All services worked with adult victims/survivors; two services (1 & 2) worked additionally with children, and additionally with adult perpetrators.
- All services adhered to risk-based processes (explained below). Services 1, 2 and 3 only worked with victims/survivors at standard or medium risk; Service 4 worked at all risk levels, but different staff responded to those at high risk.
- All services provided ‘practical’ support to victims/survivors; this means support for addressing the practical, rather than emotional, needs victims/survivors faced such as housing, benefits, and the criminal justice system.
- Additionally, three services (1, 2 & 4) provided emotional support, once practical support had come to an end, through structured group work programmes (1, 2 & 4), counselling (4 only) and peer support (1, 2 & 4).
- Two services (3 & 4) identified themselves as feminist on their websites; two services (1 & 2) did not.

All the services adhered to national policy and guidance relating to risk identification and grading, as follows (from the DASH Risk Checklist website, www.dashriskchecklist.com):

- Standard: “*Current evidence does not indicate likelihood of causing serious harm.*”
- Medium: “*There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.*”

- High: "*There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious. Risk of serious harm (Home Office 2002 and OASys 2006): 'A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'*."

While Services 1 and 2 were offering a new set of interventions in one place, overall, all the services followed similar practice models to each other, and to the majority of other domestic abuse services operating in England. This was reflected in the data, in which the themes were found across the participating services.

The following table (Table 4.1) describes the services involved in the study.

Table 4.1

Service	Research Participants	Description	Interventions offered
1	10 workers providing support to adult victims/survivors.	Delivered a range of interventions relating to domestic abuse, working with adult and child victims/survivors (assessed as medium or standard risk) and abusers in a whole family approach to ending the abuser's behaviour and supporting the victims/survivors. Interventions could be accessed by adult and child victim/survivors independently if the abuser and adult victim/survivor had separated, but not if they continued to be in a relationship. The intention was that adult victim/survivor service users moved between the interventions according to their situation. The services were commissioned by SafeLives as part of the Roadmap Project to be pilots to learn from. The services were funded for the length of the Roadmap Project, as a result of which, both services closed during my research project.	▪ Community Independent Domestic Violence Advisor (IDVA): individual, tailored, strength-based support to adult victims/survivors, addressing risk and needs and building resilience, through partnership working. ▪ Complex Needs Independent Domestic Violence Advisor (IDVA): customised personalised support to adult victims/survivors with multiple or complex needs. ▪ Step Down and Recovery: time-limited group programmes of recovery work for survivors, designed to follow on from support provided by the IDVA. ▪ Children and Young People's Work: one to one and/or groupwork for Children and Young People, and parenting support for adult victim/survivors. ▪ Engage: specialist support for abusers in families staying together (one to one and group work). They worked alongside the IDVAs and Children and Young People's workers. ▪ Peer Mentoring and Support: adult survivors, including former service users, received training to enable them to provide peer mentoring to existing service users. This was facilitated by a dedicated worker. ▪ Skills Enhancer: delivered internal and external training and provide consultation to local professionals.
2	1 worker providing support to adult victims/survivors.		

Service	Research Participants	Description	Interventions offered
3	3 workers, providing support to adult victims/survivors.	Funded by local commissioners and grant funding, delivered interventions to adult victims/survivors of domestic abuse through support that aimed to reduce their risk and increase their safety.	Support for adult victims/survivors: ▪ at standard or medium risk of harm from the abuser. ▪ who worked in the Armed Forces. ▪ who had been referred through a specialist health intervention (IRIS – Identification and Referral to Improve Safety).
4	2 workers, providing support to adult victims/survivors.	Funded by grant funding, provided a wide range of interventions to adult victims/survivors of domestic abuse.	Support for adult victims/survivors at any level of risk. ▪ Holistic Support: individual support for any areas in the victim's/survivor's life impacted by the abuse. ▪ Therapeutic Services: one to one therapeutic support and counselling. ▪ Move On: providing women with the skills and knowledge to return to education and/or employment. ▪ Group and Recovery Programmes: time-limited group work programmes, and structured recovery programmes, for victims/survivors who no longer need holistic support.

Reflections on the findings

During data analysis, and when starting to write the next two chapters, I became overwhelmed by the amount of data I had collected. There was consistency in the key findings, but the level of nuance was at times a challenge. I also found it difficult to resist presenting all the smaller findings: I wanted to present as much of the participants' voices as possible. Through developing the framework of the ecological model, discussed in the next section, I was able to identify the key findings and to tell the story of the data.

Development of the adapted ecological model

As the study developed, an ecological model (Bronfenbrenner, 1979) was identified as the appropriate framework for understanding the concept of engagement. It supported the study's articulation of how workers conceptualised service user engagement, and how its use impacted on service users as well as what the facilitators and barriers were to service user engagement. This section describes how and why the model was adapted to develop a new ecological model of service user engagement and discusses the implications for using the model.

The version of the Bronfenbrenner's ecological model adapted by this study was the original one, proposed first in 1979. Bronfenbrenner continued to work on and adapt the model in the decades that followed (Rosa and Tudge, 2013), ultimately proposing a different model, albeit with similar principles (Bronfenbrenner and Evans 2002). As a developmental psychologist, Bronfenbrenner's focus was on child development and the factors and processes that influenced children, and that they interacted with (Eriksson Ghazinour and Hammarström 2018). The adaptation of the original model that this study proposes is a departure from Bronfenbrenner's focus, in that the model is focused on a group of people – service users – and how their involvement with workers and services – i.e., service user engagement – is conceptualised.

Theorists and researchers have adapted and utilised Bronfenbrenner's (1979) original ecological model in multiple ways (e.g., Chronister et al., 2011); Heise (1998) was the first to adapt the model to provide an explanation for domestic abuse occurrence. Heise, and later researchers and theorists (Ali and Naylor, 2013; Fulu and Miedema, 2015) maintained Bronfenbrenner's focus on the individual, using the model to present the factors relevant to those who perpetrate abuse and/or are the victims of abuse (Dasgupta, 2002; Lauritsen and Schaum, 2004; Brubaker, 2020; Gibbs et al, 2020). Understanding the different elements of the model, and how they interact, enables theorists to connect wider structural inequalities such as patriarchy with individual factors, to explain why "*violence against women is widespread … [but] is not universal*" (Heise, Ellsberg and Gottmoeller, 2002, p. 7) and why it does not just happen to women and is not only perpetrated by men (Donovan and Barnes, 2020).

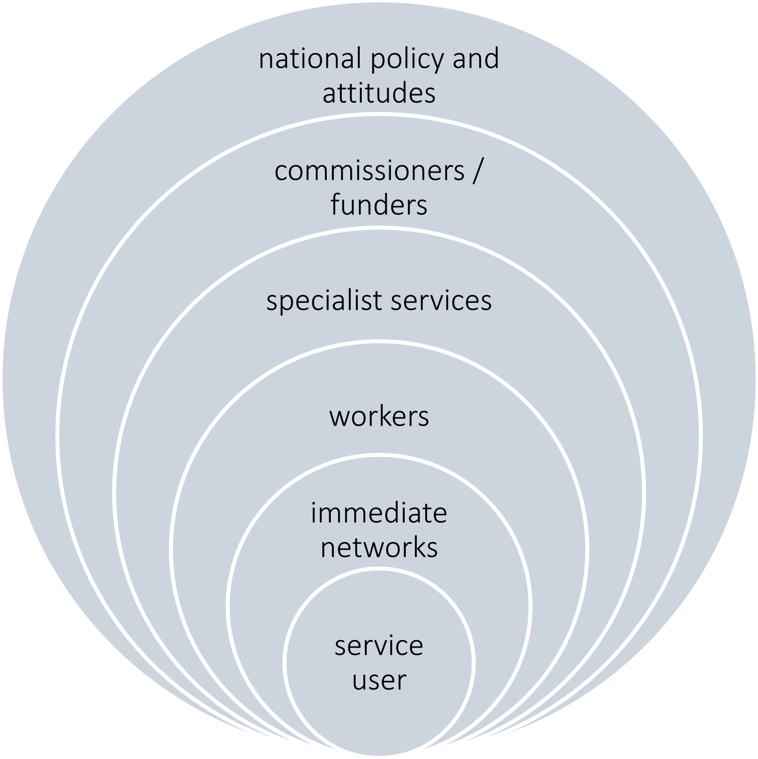
Despite their focus on the individual, the factors that influence them and that they interact with, Heise's (1998) and others' use of the ecological model formed the basis for the adapted model in this study. 'Individual' factors relate to how a person is shaped by their personal identities, history and experiences. 'Microsystem', or situational factors, are the "*interactions in which a person directly engages with others*" (Heise, 1998, p. 269) and the meanings the individual makes of them, potentially including intimate and family relationships (Krug, 2002). 'Exosystem' factors refer to social structures that influence the individual and the microsystem. 'Macrosystem' factors are "*the broad set of cultural values and beliefs that permeate and inform the other three layers of the social ecology*" (Heise, 1998, p. 277). Importantly for this study, an ecological model does not suggest the influence goes in one direction – that is, one factor exerting influence over another factor, with the latter otherwise passive. An ecological model "*highlights the power and agency that individuals have to enact change and affect their environments*" (Chronister et al., 2011, p. 518).

The data analysis in this study demonstrated that it was not only service users and workers who were involved in conceptualisations of engagement or facilitated or created barriers to it. Two factors directly impacted service user engagement and workers’ conceptualisations: service users’ immediate networks, and the specialist services they were ‘engaged’ with and that workers were employed by. The next influencing factor – commissioners – had no contact with service users, and either no or minimal contact with workers, but through their influence on service design and performance management, influenced workers and shaped service users’ experiences. Service users were unlikely to be aware of the national policy framework, but they felt its influences through the factors of commissioning, specialist service design and delivery, and the responses of other services in their immediate network. Similarly, national attitudes shaped service users’ experiences of support – or absence of support – from family, friends and other services.

The factors – immediate networks, specialist services, commissioners and national policy – are presented in this study’s model using the same framework put forward by Bronfenbrenner (1979) and later by Heise (1998), with service users at the centre. Each level represents a separate factor that influences service users and their ‘engagement’ – and that they interact with – and a factor that influences and interacts with all the other levels. While this study focused on the experiences and perspectives of service users and workers, the adapted ecological model demonstrates that they operate with differing levels of power and influence and opens avenues of research to explore the outer levels in more detail.

Figure 4.1 below visualises how the ecological model was adapted. The Findings (Chapters 5 and 6) are presented using the levels of the model, as is the Discussion in Chapter 7.

Figure 4.1



In summary, the levels represent:

Level 1: Factors, articulated by workers, involved in conceptualisations of engagement; additionally, factors relevant to individual service users that facilitate or create barriers to their engagement.

Level 2: Factors relating to the immediate network surrounding service users: their children, their family and friends, perpetrators of abuse, and other services. The immediate network impacts on service users by creating facilitators and/or barriers for engagement, as well as presenting factors relate to conceptualisations of engagement.

Level 3: Factors relating to workers, how they interact with and impact on service users, immediate networks, specialist services, commissioners/funders, and on conceptualisations of engagement.

Level 4: Factors relating to specialist services and their design, how they interact with and impact on service users, immediate networks, workers, commissioners/funders, and on conceptualisations of engagement.

Level 5: Factors relating to commissioners and funders of specialist services that impact on services and workers, on immediate networks and on service users, and on conceptualisations of engagement.

Level 6: Factors relating to national policies, and wider cultural attitudes towards domestic abuse that impact on, or shape, all other levels and factors in conceptualising engagement.

The adapted ecological model enabled analysis of the factors that impact on service users, or factors they interact with, when they engage – or don't engage – with specialist domestic abuse services; and the factors that influence how workers conceptualise service user engagement. Levels one – service users – and three – workers – represent data drawn from these two groups, as described in the Methodology (Chapter 3). The remaining levels were extrapolated from data provided by service users and workers. This represents a limitation to the model, in that these levels are not drawn from data gathered from other services, perpetrators, service users' children, service leaders, commissioners, those setting national policy and members of the public in relation to their attitudes to domestic abuse. The Conclusion to this thesis (Chapter 8) highlights this as an area for further research that would contribute to the development of the model.

An additional limitation to using the adapted ecological model was that, in presenting the findings across the different levels, the voices of victims/survivors did not come through as strongly as they may otherwise have done. Nevertheless, their voices were crucial to understanding workers' conceptualisations of engagement, and are included as frequently as possible.

Conclusion

This short chapter has provided an introduction to the findings presented and analysed in the next two chapters. The services involved in this study have been described and compared, highlighting that despite some key differences, their approaches were broadly similar, reflected in the consistency of the findings. The development of the adapted ecological model has been described, with the advantages and limitations of the model discussed.

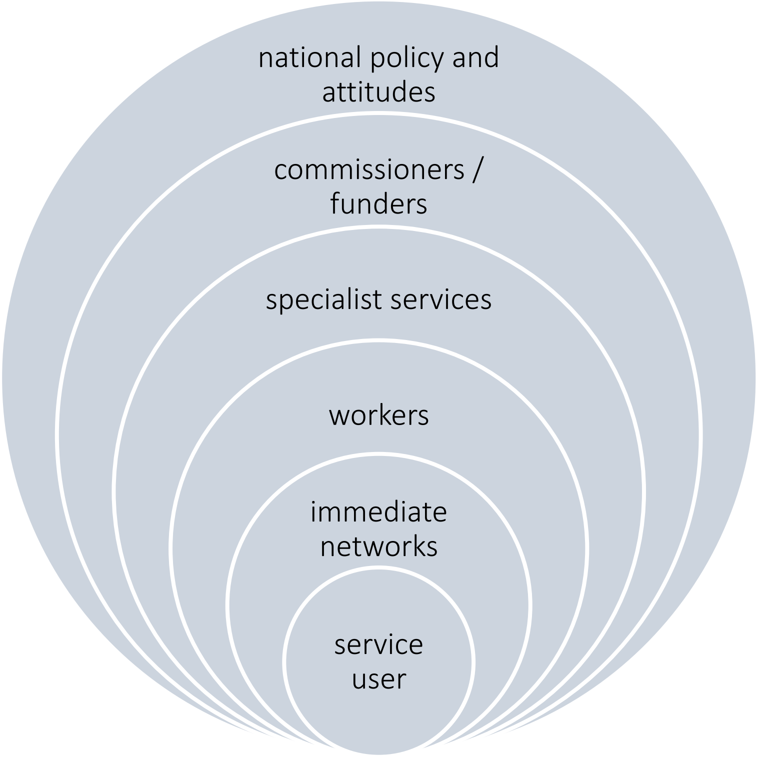
CHAPTER 5: CONCEPTUALISATIONS OF ENGAGEMENT

Introduction

This chapter presents data on conceptualisations and experiences of ‘engagement’ in relation to interactions between service users and workers in specialist domestic abuse services. In interviews, workers were asked to describe what it looked like to them when a service user was ‘engaged’, or not, with them and the service. Before asking specifically about engagement, workers were asked how they work with service users, including how they build a relationship, how they identify goals and outcomes with service users at the beginning of their contact, and then how they maintain the relationship. This enabled an exploration of how workers approached their work with service users without being constrained by the term engagement. Service users were asked about their interactions with specialist services, and to describe the relationships they had developed with workers; as explained in the Methodology (Chapter 3), they were not asked directly about engagement, which in hindsight is a limitation to the analysis. With both groups specific examples were sought of where things had worked well, and where things had not worked well.

The findings are presented through the lens of an adapted ecological model (Figure 4.1); the relevance of this model, and the process of developing the adapted model, are described and discussed in the previous chapter that introduced the findings (Chapter 4).

Figure 4.1



The chapter is presented in sections that focus on each of the levels, with the exception of the immediate networks level, which is referenced throughout the chapter. This was due to this level being identified across all domains, in relation to conceptualisations of engagement, rather than as a distinct level. While this chapter presents each section separately, they inevitably overlap, and the analysis highlights the interconnections. Due to their role in conceptualising engagement, the chapter primarily presents data from workers; this is supplemented with data from service users where relevant to reflect their experiences of engagement.

The chapter starts with the first level, outlining how workers conceptualised engagement through their expectations of service users' behaviours. This is presented in the data as an expectation of compliance with workers' requirements but was not framed as such by them. The third level continues this theme with an exploration of how workers' ethos of empowerment shaped their understandings of engagement and expectations of service users, and the 'professional' boundaries workers established to manage engagement. The fourth level sets out how the design of specialist services influenced workers' conceptualisations of engagement as service users' 'journeys', moving forward towards case closure. This is followed by the fifth level, outlining commissioners' and funders' influence on service design in relation to what could be offered – shaped by risk levels – and the capacity of services, often through insufficient funding. The final level is presented in the last section, placing commissioning/funding, service design, workers' practice, immediate networks and service users' experiences within the context of national policy and wider attitudes to domestic abuse in England.

Workers' expectations of service users

In order to gain an understanding of how workers perceived service user engagement, they were asked to describe what it looked like when someone was 'engaged' and 'dis-engaged'; they did this through describing the actions and behaviours they expected from individual service users. Workers' responses to questions relating to their relationships with service users, and how they facilitated engagement encompassed both service users' and workers' responsibilities and are explored and analysed in the next chapter. The implication, also found in much of the literature that used the concept, was that engagement was something for which service users were responsible (Wright et al., 2020; Tomkins, 2023).

Service users' engagement behaviours

The literature review demonstrated that in several studies, engagement appeared to mean 'initial help-seeking' only (Barret, Peirone and Cheung, 2020; Maclure and Jones, 2021). In contrast, in the services involved in this study, a single or first contact between a worker and a service user would not be labelled as engagement. All workers saw engagement as involving ongoing contact and interactions between themselves and service users.

In response to the question "*what does it look like when a service user is engaged?*", only one worker, Worker 15, conceptualised engagement as exclusively evidenced through a service user simply maintaining contact. This may have been due to her unique role with service users applying to become volunteer peer mentors, rather than seeking support.

When asked "*what does it look like when a service user is not engaged?*", some workers (n=5) focused exclusively on service users maintaining contact with the worker, for example:

> *I see it as when someone's gone quiet, they're not responding to, however you previously communicated, perhaps they used to always answer a text or a phone call and now they're not doing so*. (Worker 2)

It appeared to be more straightforward for some workers to conceptualise non-engagement, compared with engagement, by focusing on service users' contact. Such simplistic conceptualisations were also evident in the literature review (Howarth and Robinson, 2016; Grillo, 2021). Eight workers in response to the question on engagement, and six workers in response to the question on non-engagement, started their responses with a focus on service contact, but then expanded on their expectations around the nature of the contact. For example:

> S*o, kind of, when they're willing to make follow up appointments, they're happy to answer phone calls … it's about how much they take on board or how much they show enthusiasm when they're in the sessions.* (Worker 1)

> *I think meaning engaged is that they have agreed to talk to me, kind of, made an appointment and stuck to that appointment … they're talking back, they're helping me understand what's going on.* (Worker 9)

Within both groups – workers who referred to contact and workers who didn't refer to contact – all but one of the workers (n=15) stated engagement required behaviours that reflected 'enthusiasm' and contact that was 'useful'. These requirements connect workers' conceptualisations of engagement with Yatchmenoff's (2005) engagement model, described in the Literature Review (Chapter 2). The model was developed in relation to parental engagement with child protection services and included the component of "*receptivity: openness to receiving help*" (p. 87), as well as with findings in the field of mental health research (Henderson et al., 2020).

Seven workers conceptualised engagement without referring to contact; and five workers did not refer to contact when responding about non-engagement. For all these workers (n=15 in relation to engagement; n=11 in relation to non-engagement) the focus on service users' behaviours that evidenced engagement involved terms such as 'full', 'active' or 'meaningful', for example:

> *[E]ngagement would be … if she was talking to me about what she wanted to happen … she was actively engaging in that process.* (Worker 14)

Workers' responses thereby suggested engagement comprised behaviours similar to another one of the components of Yatchmenoff's (2005) engagement model: 'buy-in'. For Yatchmenoff this component included two elements, one of which was "*investment: commitment to the helping process*" (p. 87). For example, Worker 12 and Worker 4 expected service users to be 'active':

> *A client would be fully engaged when they understand the service, have agreed that they want support from the service and that we are actively moving forward through, right through to the recovery process.* (Worker 12)

> *[F]or me, I think in terms of engagement, someone could turn up and just presently just be there, but not actively becoming involved, sharing their thoughts, interacting with the group.* (Worker 4)

As well as requiring service users to show 'enthusiasm' or investment, both workers quoted here referred to service users moving forward. The conceptualisation of engagement as involving a journey was shaped by service design, level four of the ecological model, which is explored later in this chapter.

The second element of 'buy-in', for Yatchmenoff (2005), was "*expectancy: the perception of benefit: a sense of being helped or the expectation of receiving help through the agency's involvement*" (p. 87). This was not present in workers' responses around engagement. Elsewhere in interviews, workers reflected on the benefits service users gained from engagement; but in answers relating specifically to engagement these benefits were not referenced. When service users shared how workers and services had positively impacted on them, they similarly did not refer to anything that could be interpreted as ‘expectancy’. This appeared to be because service users had not expected the extent of the benefits they received from services.

> *I wasn’t expecting a lot really … It was completely unknown to me what would happen.* (Claire)

> *And, you know, with expectations, I don’t think I had any, but I was very much glad, you know, that someone can kind of see, you know, from, like, what I was talking about and understand and validate.* (Jasmine)

The first element of Yatchmenoff’s ‘buy-in’ – ‘investment’ – was apparent throughout service user interviews when they described their own behaviours that evidenced the type of engagement workers required. Their responses also suggested that ‘investment’ should not be seen as one-sided; service users needed workers to evidence their own investment through listening and validating. In this, service users’ responses overlapped with a component of Yatchmenoff’s model, which was the quality of the interpersonal relationship between service users and workers. For example, Kristin described how she was moved from the service involved in this study to a separate organisation working with high-risk victims/survivors, following an incident in which her ex-partner had attacked her and her risk level increased:

> *And then I was under [high risk service] … I really struggled with that … she was just a voice on the other end of the phone … It was impersonal.* (Kristin)

Similar to workers’ conceptualisation of ‘full’ or ‘active’ engagement, for Kristin and other service users, their contact with workers needed to feel meaningful. This finding is common in qualitative studies on service users’ experiences with specialist services (Lewis, Henriksen and Watts, 2015; Wood et al., 2020). In a significant difference from Yatchmenoff's (2005) model, service users gave no indication that "*mistrust*" (p. 87) was an element in their engagement with services; whether their interactions were positive or negative, service users reflected no evidence of believing "*that the agency or worker is manipulative, malicious, or capricious, with intent to harm the client*" (p. 87). The absence of this element perhaps reflected that service user participants found most of their contact with workers to be 'meaningful'.

While service users needed their contact with workers to be meaningful, unlike workers, service users not able to make demands about the nature of contact from workers. Charlotte shared that, after the group she attended had finished, "*it would have been nice, maybe having like a drop off session, just talk to someone, or have a brew or, even for an hour, I would do that, just go and have a chat to them.*" Both Kristin and Charlotte would have liked their contact with the service to have been different but were prevented from doing so by the expectations of the worker, or the design of the service. The ways in which workers didn't recognise their power in relation to 'service user engagement', and how their decision-making could be disempowering, is explored further in the next section.

Only three workers, when asked about engagement and non-engagement, raised objections to uses of the concept. Worker 9, in response to the first question about engagement, said "*I kind of do and I don't like it*", and when asked about disengagement, said, "*I don't know if I would necessarily use it*". Despite her ambivalence, Worker 9 was able to describe engagement behaviours she expected to see from service users. Worker 10's and Worker 4's objections were only to 'non-engagement', not 'engagement'. For example, Worker 10 described engagement in similar terms to other workers quoted here, but, when asked to describe non-engagement, was reluctant to do so:

> *I don't necessarily like … to say the word engaged … it can be quite victim blaming to sort of say, 'oh, they've not engaged' and it's a bit like, well, there's obviously a reason for it. So usually, for me, lack of engagement looks like no contact. So my wording would be, 'unable to make contact'.* (Worker 10)

Worker 10's objection to the use of 'non-engagement' was that it connected with victim-blaming narratives; yet her description of the behaviours that can lead to the label of non-engaging were similar to other workers, comprising service users' lack of contact. Worker 9, quoted above as ambivalent towards 'engagement' and not wishing to use 'non-engagement', felt she had to use the terms when in contact with other services such as local authority children's social care who expected information on service users with whom they were working. Similarly, Worker 4's discomfort with 'non-engagement' related only to its use by other services, which, like Worker 10, she saw as victim-blaming.

> *I think it can be looked on quite negatively, you know, 'oh they didn't engage'. I hate that phrase because there's lots of different reasons why someone maybe does not continue within the service.* (Worker 4)

While their conceptualisations of engagement were the same as other workers, Worker 9 and Worker 4 saw their own services' conceptualisation of disengagement as different to other services'. They described how they prioritised exploring with service users the reasons they were not continuing with the service, suggesting other services did not do this and were more judgemental.

Despite the three workers' objections to the concept, all workers were able to describe what service user engagement or non-engagement looked like to them. The range of their responses suggested the concept of engagement was complex and multi-faceted and not one that could be simplistically defined. Despite the complexity, all workers recognised implicitly or explicitly that the concept was embedded within the work they did; and further, that a binary decision was required as to whether a service user was 'engaged' or 'not engaged'. Engagement as a binary concept was present in the literature, particularly in studies and evaluations of the success and outcomes of specialist services (Harris, 2016; Wood et al., 2023). The outcome of needing to make decisions on engagement/non-engagement directly impacted service users' access to support, as described by Worker 1:

> *I've had a couple of clients that I'm just … [closing to the service] who haven't been very good engagers. Very flippant with engagement so maybe they're really good at answering the phone when they're in a crisis, but when you need to get down to do the nitty gritty work, they kind of don't answer, they're cancelling appointments.* (Worker 1)

Worker 1 made clear that if service users maintained contact only in ways that were convenient for them, they could be perceived as "*flippant*" and "*not very good engagers*". In the situations described by Worker 1, the lack of appropriate 'engagement' behaviours from the service users had led directly to the withdrawal of the offer of support. The need for a binary decision was influenced by services and commissioning: factors in the ecological model that are explored later in the chapter. Worker 1's response also indicates that workers' expectations of service users' behaviour implicitly required a level of compliance from them, which is analysed in the next section.

Compliance

Workers' engagement expectations appeared to demand a level of compliance from service users: to keep in regular contact with the worker, fill in forms, answer workers' questions openly and fully, develop an action plan, and complete actions on that plan. Compliance expectations were evident in workers' responses to questions about their initial contacts with service users, as well as their responses relating to engagement:

> *[S]ay for example we've established a priority, it would be, have they sort of taken the steps themselves to get them where they want to be. That's, for me, that's what engagement is.* (Worker 10)

> *She does everything that you ask of her … she always calls back when she's supposed to.* (Worker 8)

The Literature Review (Chapter 2) found studies in which engagement equated to service users complying with the requirements of services (Gilmore et al., 2021; Decker et al., 2022). Such studies often involved research that focused on the views of workers, not those of service users, unlike this study. No workers referred to ‘compliance’ in interviews. Yet, their expectations of service users’ behaviours suggested compliance was required in order for service users to be seen as ‘engaged’. This started from the first contacts, which were heavily process driven. Worker 6 described how workers needed to gather information and complete documentation to evidence their interactions with service users:

> *Well, initial contact [with a service user] would … be around gaining consent, about sharing information, ensuring that we have correct details about them … assessing risk at that stage.* (Worker 6)

All workers’ descriptions of their initial contacts with service users made clear how embedded these processes were. Importantly, this included assessing risk: the outcome of that assessment would determine if the service user could be supported by the service at all. Worker 6 outlined that it would be following that initial ‘process driven’ contact that she would prioritise “*nurturing*” service users, “*allowing them that space to explore their experience [of abuse].*” What Worker 6 didn’t appear to recognise was that, if service users were unable to engage during that initial process-driven contact, they may not reach the relationship-building stage. Yet that engagement may have been directly impacted by the worker adhering to processes established by the service to provide documentation and evidence of engagement. The demands placed on service users was recognised by Worker 12, who referred to her first contacts as “*like the Spanish Inquisition*” due to the focus on completing all the service-directed processes:

> *[D]ata protection, confidentiality, then it’s the DASH risk assessment or the needs assessment. It’s the safety planning and it’s getting as much information as possible so that we can deal with the here and now to make them feel safe immediately.* (Worker 12)

For Worker 12 the purpose of the processes and documentation was to establish the safety of the service user in that moment so that appropriate support and actions could be offered; the requirement on service users to comply with the processes is implicit. Compliance requirements continued, as workers monitored and assessed service users' behaviours for evidence of their continued engagement. Workers valued the processes for giving them structure to their work with service users:

> *So you've got to kind of sometimes pull them back and just go, well, I really need to ask you these questions for my kind of process … if you didn't have a structure, you wouldn't know where to start sometimes, and I think it does definitely help.* (Worker 9)

Processes and documentation that enabled them to monitor service users provided a structure for workers that was shaped by, and informed, their expectations of engagement. If the processes were being completed, this was evidence that the service user was engaging. While workers, like Worker 12, were aware that the processes could seem overwhelming for service users, it was rarely raised as a barrier to engagement (explored in the next chapter). Referring to the processes, Worker 10 stated there were times when conversations "*open[ed] up other areas that you can explore, which might not be relevant to the assessment but [are] still relevant to know*". Despite recognising that there were areas relevant to service users that were not covered by the processes, these experiences did not appear to prompt her to question them, indicating how embedded they were in service design and engagement. Service users weren't asked directly about processes, although it was used as a prompt in some interviews, depending on service users' responses; only one referred to them, and that was in a positive way:

> *[I]t did seem like she was asking the questions as though, you know, this is what we do every time we speak to somebody for the first time. ... I recall feeling that somebody was finally listening to me and that what I was saying was important or, what's the word, relevant? Meaningful. Yeah.* (Claire)

Claire’s experience suggested that, while workers required compliance, it may not have been obvious in their contact with service users.

Workers delivering group programmes rather than working one-to-one with service users had expectations for how service users would behave, which were framed as engagement but appeared to require compliance. As well as attendance at groups, an emotional commitment was required from service users as evidence of their engagement.

> *[W]ith the groups that we deliver, they do follow on [from each other] every week so they do consistently need to be there … I suppose it’s around people coming on and sharing parts of themselves to be able to move forward.* (Worker 4)

Worker 4 felt that, in balancing the needs of every member of the group, differences in levels of engagement could negatively impact on other service users. Worker 4 was clear that service users would not be “*forced*”, but when service users were not “*sharing parts of themselves*” they would be deemed to be non-engaging, and Worker 4 or another worker would follow up with the service user to understand why this was the case.

Service users were often aware of workers’ expectations. For example, Jade and Claire talked about not feeling able to interact with the group work in the way that they felt was expected of them. Jade felt she spoke too much, and Claire felt she didn’t speak enough. This feedback did not involve criticism or negative feelings towards or about the group work; both participants felt it was something unique to them.

> *To be honest, in the group, I’m saying quite a lot, I’m expressing myself. ... I do feel like sometimes, very occasionally, I feel like, I’m left to the last one [in the group to be asked to speak], because I have a lot of things to talk, you know. But I try to tell myself that it’s not the case, these things are random.* (Jade)

> *I didn't want to draw attention to myself … both [workers] said, you know, 'anytime you want to, you know, speak with us, we're here'. ... I feel, because it was quite a large group that one … I tend to withdraw and just observe, anyway. But, yeah, I did feel able to, and I felt comfortable being able to speak up about things.* (Claire)

Claire did not appear to feel uncomfortable about not meeting workers' expectations. But Jade blamed herself and tried to tell herself that her perception was wrong. Therefore, she did not speak to the Group Worker about her experience, and instead tried to comply with how the group was being delivered. Despite the differences between their two experiences, both service users reflected an understanding that workers had expectations of their behaviour, which they tried to comply with.

This section has analysed how despite workers not using the word compliance, service users – the centre of the ecological model – were required to comply with the workers' expectations. Such compliance was presented by workers as evidence that service users were 'engaged' and thereby would continue to be provided with support. Workers did not see themselves as asking service users to 'comply' with them; rather, they were seeking to 'empower' service users, as the next section shows.

How workers directed 'engagement'

This section presents the third level of the ecological model, in which two areas were consistently present in workers' conceptualisations of engagement: the ethos of empowerment, and the need for 'professional' boundaries.

Empowerment

Empowerment has been a central tenet of feminist responses to domestic abuse throughout the history of services (Hague, 2011; Weatherall, 2019). In-line with that history, the workers in this research emphasised empowerment as a core ethos to their services. They did this through referring to empowerment directly, or by describing how they were ‘client-led’, which communicated the same approach:

> *We look to empower our victims … depending on … what they disclose to us, we look at signposting them to get them help and basically to empower them to make decisions for them going forward and to improve their circumstances*. (Worker 11)

> *[W]e’re a support, client-led, service.* (Worker 7)

An important way in which workers’ saw themselves as being empowering was their focus on not telling service users what to do, and minimising the demands placed on service users. This stated approach suggests workers were not aware of how rigid their expectations of service users’ behaviours were, as evidenced in the previous section. Not telling service users what to do was understood as an essential demonstration of services’ understanding of domestic abuse, and awareness of service users’ experiences of being controlled and coerced by perpetrators.

> *They’ve potentially been told what to do for years. I’m not about to then go in and tell them what to do.* (Worker 5)

> *So it's making them think for themselves. So if somebody says 'I'm really miserable and I can't sleep', so [I ask], 'when did you last visit your GP [General Practice]?' And they're like, 'two years ago'. And then you sort of say, you've got to be very careful with your phrasing, because some of these victims have been in controlling relationships for a long time … So we need to make sure that we don’t come across like that.* (Worker 11)

Worker 11 described the need to not “*come across*” like a perpetrator, by telling the service user what to do; in this case, not telling her to go to the General Practice

(GP) in relation to how she was feeling. Instead, Worker 11 indicated that she would guide the service user through questions, to try to get her to "*think for*" herself. This perspective was evident in other workers' accounts of being empowering and client-led:

> *[T]here is an element where you can hold their hand so far, but there's got to be some work around what they're doing as well to try and help them move forward*. (Worker 7)

The previous section demonstrated the behaviours expected by workers for service users to be perceived as engaged. The ethos of empowerment interacted with those expectations, in relation to workers requiring service users to evidence that they were being empowered through doing things for themselves. Engagement, evidenced through empowerment, was understood as an important step towards service users' independence and improved well-being, and no longer needing the support service. Service users recognised the approach of workers as empowering:

> *[T]he most positive thing [about the service] is that … [it was] empowering … to be, you know, seen and heard and validated.* (Jasmine)

For service users like Jasmine, empowerment came through feeling seen, heard and validated; not through workers encouraging her to take actions for herself, although it is possible this was present for other service users. Service users also understood that within what has been described in this chapter as 'compliance', workers' intentions were to ensure the service user gained the support they needed. For example, Michelle had struggled to attend weekly counselling sessions due to her physical and mental health:

> *[S]he [counsellor] has sort of said to me, 'look, you know, for you, you need to commit'. And I'm like, ohh. … [the counsellor suggested I] come every second week, then, and I thought, no, actually, I need to commit, because I know that I need that one hour with her. Because she helps me see how well I do.* (Michelle)

The counsellor working with Michelle tried to be empowering – through giving Michelle options and emphasising the benefits of attending counselling – without telling her what to do. Workers' responses about engagement indicated a similar wish to be flexible within the empowerment ethos but expressed frustration when their suggestions were not acted upon.

> *I think the rapport can always be there, even if they're not responsive to what you're doing. … [B]ut [when] they're not able to make the changes and stay stuck in the same cycles, it can feel very frustrating, demoralising.* (Worker 6)

Workers recognised how the relationship alone was a significant factor in service users' positive experiences of specialist services and wanted to make a difference to service users through support. Yet the use of service user engagement as a core concept within services meant that workers had to constantly assess, and decide, whether a service user was engaged or not. As a result, when service users did not 'make changes', workers were frustrated because it contributed to their perception that service users were not engaged.

When service users did not comply with workers' expectations surrounding empowerment, workers suggested that allowances were made, for example when service user's mental health had been impacted by the perpetrator and this in turn impacted on their confidence to take actions. But, while these allowances were made, workers' descriptions of engagement and empowerment reflected vigilance around the risk of doing 'too much' for the service user, which workers felt risked service users becoming dependent on the service. The need to avoid dependency reflects neo-liberal concerns about the creation, through provision of support, of a "*dependency culture*" (Savigny and Scullion, 2019, p. 367); and the neo-liberal emphasis on personal responsibility (Coy and Kelly, 2019). Worker 10 described a situation in which they had been advocating on behalf of a service user to the local authority homelessness department, and realised that the service user had had no contact with that department themselves:

> *[W]hen I looked back … actually I have been doing a lot for her, so it's not always good because then it's hard for the client, because then when I do take a step back, they don't know what they're doing. It's difficult.* (Worker 10)

The quote from Worker 10 suggests they assumed that when they do 'too much' on behalf of the service user, this was disempowering and would lead to service users not knowing "*what they're doing*". This reflected a potentially negative perspective of the capabilities of service users, with workers assuming that to take actions on service users' behalf, because it was not 'empowering', would inevitably lead to them being dependent, and incapable of completing actions themselves. It could also be seen to reflect a harsh response from the worker: if the service user was unable to take actions for herself then she may not be seen as engaged. If the service user was not perceived as engaged through not showing that she was being empowered through taking actions herself, the worker would then "*step back*" due to the requirement that engagement be empowering. Thus, the push for engagement to be empowering could leave the service user with no support – in effect, disempowering that service user. Rather than reflecting a feminist framing of empowerment situated in the collective rather than the individual (Helmersson & Jönson 2015), Worker 10's perspective reflects neo-liberal 'dependency culture' and personal responsibility narratives, and the neo-liberal concept of 'conditionality' in which service users must "*behave in a prescribed responsible manner*" or risk having their support removed (Dwyer, 2008, p. 200). Worker 10 also stated, in relation to doing actions on behalf of service users, "*we need to know if there's an actual barrier and there's a reason it's not, why the client isn't able to do it themselves. … It's just monitoring that and making sure that it doesn't get a bit too far gone*". Worker 10 appeared to suggest that if workers identified an 'actual barrier' preventing a service user from completing actions, it could still be empowering for the worker to do the actions for them, and the service user would still be deemed to be engaging. But where workers could not identify such barriers, the implication was that service users were not 'being empowered' and may not be seen as 'engaging'. The outcome of that could be case closure, which could in effect be disempowering.

Further evidence of the influence of neo-liberal narratives on the ethos of empowerment, was workers monitoring of service users' level of personal responsibility, without recognition of workers' own power. It was workers, not service users, who had the power to decide what constituted the worker doing 'too much', even if this meant not providing service users with the response they asked for. The following quote from Worker 12 reflected that situation:

> *I am very careful because some [service users] … they want a phone-call every day. … I am there to support not to mollycoddle ... We are not there every day to become their crutch, that they can't get on without us. … I'm not going to do everything. There's no need. This woman has survived a lot longer than I've known her.* (Worker 12)

Worker 12's response offered two explanations for the worker not 'doing everything'. The first reflected the empowerment approach already described, which included workers' focus on avoiding service user dependency: to empower service users, workers dictated the level and type of contact they had. But, problematically, also by removing their choice over how to access support. The second, contradictory, explanation for not 'doing everything' was the worker's perception that service users had the resilience required to take actions for themselves, because they'd 'survived' up to then. While this presented a different perspective on service users when compared with Worker 10 above, the outcome – the worker deciding the limits of the support – was the same, potentially disempowering the service user through removing choice. Worker 5 expressed a similar sentiment and recognition of how service users had already survived, saying that for a worker to do everything for a service user is "*not my role and that's not what they need … they need to be empowered to make their own choices*". The reflections of these workers failed to recognise that, while they were working to empower service users, they also dictated what empowerment should look like, and restricted the choices service users were able to make to fit with their conceptualisation of engagement. Interviews with workers did not suggest they were aware of their own power in conceptualising both empowerment and engagement.

As demonstrated above, service users recognised and valued that workers were empowering them through building a relationship based on trust, belief, non-judgement and empathy. Unlike workers, service users recognised there were times when it was more effective for the worker to complete actions on their behalf, and did not find this disempowering. This was due to workers being professionals with the power to effect change with other professionals and services, which service users compared with their own lack of power and voice.

> *A lot of the time the [specialist worker] will say to you, well, 'if you just call the council' … I'm not [not] doing it because I'm lazy, I'm not doing it because I've already tried to do it and they're not listening to me but because you're a professional, they listen to you.* (Hazel)

Hazel felt that, when the worker asked her to complete the action herself, it reflected the worker's lack of awareness of how service users did not have the power to influence other services. In contrast, Sarah did receive the type of support (from a specialist service not involved in this research) that Hazel felt she had been denied, as did Kristin:

> *[S]he had the power to get me appointments, get me to see people and do what I needed. … You know, letters when I've needed it, phone calls when I've needed it. Talking to people that needed to be told stuff.* (Sarah)

> *They [specialist service] dealt with everything. … they said, 'right … who have you spoken to at the Council?' They said, 'give me the number, we'll deal with it from here', and they did. I didn't do anything else after that … [they were] absolutely amazing.* (Kristin)

Sarah and Kristin valued the specialist workers' advocacy and actions taken on their behalf. Their responses did not reflect any feeling of being disempowered; in fact, it helped them to trust the services and continue to be engaged. Contrary to the concerns of workers, service users' dependency on services was necessary, in part due to the actions – or inactions – of other services. Workers' power to influence other professionals, and to communicate the experiences of service users, was highly valued by service users and essential to meet their needs. Yet this necessary dependency was not recognised by workers, who needed service users to complete their own actions to evidence empowerment and engagement.

Despite workers clearly stating that to be empowering they avoided telling service users what to do, service users gave examples of workers doing this, which highlighted the challenge workers faced in both trying to empower service users and keep them safe (Powell-Williams, Dale White and Powell-Williams, 2013). For example, Kristin visited the home she had shared with her abusive ex-partner, which the service had helped her to flee, because her ex-partner had threatened to withhold her half of the rental deposit if she didn't "*sort things out*" at the house. The worker was concerned for Kristin's safety and told her not to go. Kristin went and was assaulted by her ex-partner, suggesting the worker was correct in their assessment of the risk of harm to Kristin. When Kristin said she had to return to the house again, the worker had safety concerns again, and her approach became entirely directive:

> *[S]he said 'whatever you're doing right now, stop. Put it down. I'm going to stay on the phone with you until you leave that house'. And she did, she stayed on the phone with me the entire time. I finished up ... I locked the door and she said, 'now put the key through the letterbox, walk away', and I did exactly that.* (Kristin)

Rather than feeling disempowered by the worker telling her what to do, Kristin said the worker had been "*freaking amazing*". The worker felt compelled to tell Kristin what to do, because they recognised the risk posed by the perpetrator and his continued control over Kristin. Workers were focused on service users demonstrating they were empowered through their independent actions; but in some instances, workers needed service users to do what they said (Kolb, 2014). Kristin's independent action was seen as a negative – not empowering – due to the worker's awareness of how serious the outcome could have been for Kristin if the perpetrator was present again.

Professional boundaries

Workers' boundaries were aimed in part at avoiding the potential dependency of service users, analysed above in relation to empowerment. Boundaries also functioned to protect the worker from the emotional impact of supporting victims/survivors of domestic abuse:

> *Well, I mean, I need to keep the boundaries up. That keeps me safe … that keeps the clients safe ultimately, again, because it is about them. … it's self-care. You know, we listen to trauma all day long. We risk vicarious trauma because of this. ... You know my self-care and my boundaries are part of that* (Worker 13).

As indicated by Worker 13, workers took for granted that professional boundaries between their personal lives and their professional work were necessary (Frey et al., 2017; Bromley et al., 2023), and the experiences of service users in this study did not suggest it negatively impacted on their engagement. Workers also saw professional boundaries as important for service users. Worker 2 shared an occasion when she was leading a group session with service users, and realised she knew one of them. Checks had to be made during the group and after it to ensure the service user was happy and thus would continue to engage. Worker 2 explained why the checks were important:

> *I think the reassurance around the confidentiality [is] particularly [important], just [the service user] knowing that what we talked about within that group was held within that space. … [And checking] 'are you finding that you're having to hold back … is it in any way playing on your mind [that you know the worker outside the service]?' And they said 'no, not at all'.* (Worker 2)

Worker 2 also shared that she had seen the same service user outside of work, but the service user did not mention the group. A different worker followed up with the service user, who "*said 'oh no, I just didn't want to raise it because I thought they [Worker 2] were being very professional and didn't want, you know, keeping it separate'.*" The service user's response suggested she was aware of the worker's professional boundaries and had adjusted her behaviour accordingly. The interaction highlighted how service users tried to shape their behaviours to adapt to the perceived expectations of workers, and showed how both service users and workers were involved in negotiating appropriate behaviours in these relationships. In Hochschild's (1979) words, stemming from their work on emotional labour, there were established "*feeling rules*" (p. 572) that governed their interactions. Yet the interactions also made clear that the worker and service user negotiated the rules from different positions of power, in that the service user appeared to be directed by the actions of the worker.

The concept of 'feeling rules' helps to highlight the less tangible features of engagement present in the context of professional boundaries. Another 'feeling rule' that could be observed was the way service users were aware that, however friendly they were and present 'like' friends, they were still professionals:

> *I felt I got on really well with her … we, she sort of had that connection and understood … I suppose, she made it like we were friends.* (Lisa)

> *[Worker] just made me feel like I was speaking to a friend rather than someone … that's professional … like she was made to be there, it was more like she wanted to be there and that was really nice.* (Victoria)

Implicit in the quotes above was the knowledge that, however friendly the workers were, there was a 'professional' boundary between them. Victoria suggested a "*professional*" was someone who had been "*made to be there*", unlike the domestic abuse worker who Victoria felt "*wanted to be there*". However, both Lisa and Victoria use the word 'like', implying they knew the workers was at some level performing a role, rather than someone who was a friend, recalling Hochschild's concept emotional labour (1979). Workers also suggested they saw their 'professional' roles as different from other professionals, particularly those in statutory services, who were seen as less understanding about domestic abuse and more judgemental of service users:

> *I think social services, I mean, I'm not saying all social workers … in their eyes they're [service user] this silly woman that stayed in this bad relationship and put their child at risk.* (Worker 8)

The passion and dedication workers showed to domestic abuse victims/survivors suggested workers were "*living out their calling*" (Walsh et al., 2020, p. 243) to work with domestic abuse:

> *You have to be passionate about the work you're doing. You have to believe in it.* (Worker 14)

Kolb (2014) suggested that when workers saw themselves as caring and compassionate, and different from other professionals, it helped them to feel "*good about their work and their mission*" (p. 22). This section now moves on to explore the ways in which the design of specialist services shaped engagement, including the ways it limited workers' delivery of their roles.

Specialist service design

Workers consistently presented their support for service users as temporary: engagement was a concept with time limits. These limits were decided by the design of specialist services, specifically the framing of service users as being on 'journeys' that needed to 'move forward' towards 'case closure' and/or 'recovery'.

Service users' 'journeys'

Services were designed to reflect service users perceived 'journeys' towards the time when they no longer needed the service. Journeys were described in clearly delineated ways by workers:

> *And with regards to my approach, I think it's very much acknowledging that they've had a difficult journey … to the point where they are at the moment, but equally that sometimes that journey is still ongoing*. (Worker 2)

For workers, a service user's journey started before they engaged with the service through being 'ready' to recognise they were experiencing domestic abuse, and 'ready' to access support. Their journey continued through their engagement with the worker and ended when they stopped needing the worker's support and thus closed to the service.

No service user used the term 'journey' when talking about their contact with specialist services; but they did talk about their experiences in ways that were similar to this concept. For example, Gabriela reflected on how her emotional state had changed during her contact with the service; and Marian talked about the different stages she felt she went through up to the point when she participated in the research:

> *At the beginning I was very sad, crying a lot. So even if they give me a direct answer, that doesn't mean that I will listen or even I will understand. It's different now … if they give me an answer I say, 'OK, and then let's go on, let's do this' … so they could guide me in different phases.* (Gabriela)

> *[G]etting out of things [the relationship] was good, but you're not out of it because you're still trying to protect your kids and going to court … So, yeah, there's an end to it, you know, well not completely an end, but there's getting there.* (Marian)

Gabriela reflected that having moved into the 'recovery'-based group intervention she could see and appreciate that the service had been able to respond to her flexibly depending on her emotional state at the time. Although Marian talked about there being 'an end', elsewhere in the interview she talked about how her ex-partner maintained control through refusing to have his name removed from their housing tenancy; once this was done then she and her family would be "*totally* *free*" of him. The specialist service was not helping her with this situation, and it appeared that she had not requested that support from them but was dealing with it directly with the local authority, but without making progress. Marian was focused on the benefits she gained from attending the recovery-based group interventions, and how far she had come with the support of the service. The structure of the intervention meant it was unlikely she would be asked about any practical support she may need, because the focus was on recovery and looking forward. Bumiller (2008) argued that the purpose of specialist services has become to "*turn women who have experienced the traumas of violence into successful survivors*" (p. 64), and this was evident in the ways in which services directed service users along a particular 'recovery'-focused journey once it was deemed their practical needs had been met.

The demarcation between practical support and recovery support was felt by Lisa who had also progressed to the recovery-based intervention in the service:

> *[I]n one of the [group] sessions … we had a picture of a brick wall and we had to write on it how we were going to break down the brick wall and obviously kind of, you know, let go and move on. And everything for me just seems to go back to the ex. He absolutely still controls, or somehow seems to be controlling every part of my life. … [I] got quite upset by it.* (Lisa)

Lisa was perceived to be 'ready' for recovery because she was willing to engage in the service. Yet she was not 'ready' in other respects because she was in a situation in which her ex-partner continued to control her and her children. When first in contact with the service, Lisa was focused on support for her children; her relationship with the perpetrator had ended some years before. Lisa perhaps did not ask for practical help and thus was offered the recovery-based intervention. Lisa was grateful to be offered support and found the intervention to be a positive experience. However, it did not change her experience of her ex-partner continuing to have control over her life. Additionally, because the group programmes had ended, she was also at the end of her contact with the service. She would "*happily accept anything else that they offer*" but wasn't clear if anything else was available.

This situation was shared by other service users who were not ready for contact with the service to end. Their experiences demonstrated how services' decisions about what constituted 'engagement', 'recovery', and the end of service users' journeys – the end of engagement – did not always match the perspectives of service users. The timeframes for interventions were decided by services, influenced by the demands of commissioners as to what should be delivered and to how many service users, predetermined programme structures, and the need to avoid potential dependency by service users.

Moving forward to case closure

Service users' 'journeys' were so closely connected with workers' conceptualisations of engagement that it was necessary for service users to be seen as 'moving forward' within the timeframe decided by the service in order to be seen as 'engaged'. 'Moving forward' related to elements of engagement already described in this section, such as maintaining contact, and setting and completing actions. 'Engagement' therefore was not a static state, but a dynamic one in which expectations of service users changed during the time workers were in contact with them; and ended with the worker stepping back or ending support:

> *[O]nce that point [is reached] of, there is nothing practical, and they do have that emotional support in place, that's when we step back.* (Worker 10)

> *[I]t's kind of gauging their thoughts and it's giving them reasons why maybe the service's support is coming to an end, so why, laying out, that we feel that we've identified, that we've supported you to the point where we can. I talk a lot about the risk with them. There's not current risk going on. And then I start to talk about, we would start winding things down.* (Worker 7)

In the quote above Worker 7 referred to "*gauging*" the thoughts of service users, and elsewhere in the interview talked about being "*client-focused, client-led*", reflecting an empowerment ethos. Alongside this, they proactively guided service users towards a closure with the service when their circumstances changed and no longer fitted what the service provided. Service design influenced the nature of service users’ journeys, and within that, engagement, through the focus on practical support. Journeys and engagement were also connected with how services were commissioned and designed in relation to risk levels: each service worked with specific levels of risk, and if the risk level was raised, or lowered, this meant they needed to ‘close the case’ (Howarth and Robinson, 2016). This is explored in the next section, on the commissioning level of the ecological model.

Workers frequently used the term ‘case’ synonymously with ‘service user’ or ‘client’. A service user’s ‘case’ would be closed if they did not engage, including if they were not deemed to be moving forward. Worker 11 shared an example of a service user who should have been closed to the service because there were no more practical needs. She had not closed the case because there was a delay until the emotional support intervention started, and Worker 11 was aware that the service user had frequently felt let down by service in the past, and didn’t want that to happen again:

> *So even though there's aspects of her that shouldn’t be within the service, I feel that if I can just help her for the next month … because if I just dropped her, closed her case, I think her mindset would revert back [to feeling no one is there to help her].* (Worker 11)

To fit within the limits of the service, the service user “*shouldn’t*” have still been open to them; all her needs – that the service was able to meet – had been addressed. But Worker 11 recognised that for this service user, it was important not to have “*closed her case*” until she had been able to access the other support. In other words, to be empowering, the worker had to deviate from the service design and their concept of engagement. As described in an earlier section, service users did not feel that they were ‘cases’ to the workers but felt seen and heard as individuals. Yet services necessitated a reduction of service users to ‘cases’ for the purposes of monitoring engagement. This was indicated in the quote below from Worker 12, which was her first response to a question about whether engagement was a term used in her service:

> *Yeah [it is]. And see this sounds like I'm bigging myself up here, but I'm not, I'm telling you the god's honest truth. My engagement rate is something crazy like 96%. … [Manager] pointed it out to me because she obviously does the stat[istic]s and everything.* (Worker 12)

Worker 12 went on to describe how the Service Manager would look at the case recording completed by Worker 12 to reach decisions on the 'engagement' in each case, which again was framed in the language of a journey:

> *A client would be fully engaged when they … have agreed that they want support from the service and that we are actively moving forward through, right through to the recovery process.* (Worker 12)

As indicated above, the end point of service users' journeys was anticipated to be 'recovery'. All four services were designed with the expectation that, once practical support was completed, there would be what "*feels like a natural progression … to recovery work*" for the service user (Worker 5). For Services 1, 2 and 4 the progression was to another intervention within the same service. Service 3 did not offer the same type of interventions, and so focused on ensuring service users could access counselling from a different service, or emotional support from friends and family. Recovery was also connected with empowerment: when service users were empowered, they would be able to recover from their experiences and thereby no longer need specialist services' support.

Worker 8 described a situation that reflected the need for evidence of service users moving forward on their journeys within a particular timeframe decided by the service:

> *We can't just keep cases open, sadly, for people to just sort of say, 'oh yeah, I would like some support', but then not get back to you for a month. … there's three of my cases that are a bit like that, that we're going to close. … I can't keep them on my caseload if I can't do any work with them.* (Worker 8)

Worker 8 also highlighted the purpose of placing time limits on the journeys: that cases needed to be closed, and not appear on the worker's 'caseload'. The ways in which the time parameters and progress of service users' journeys were decided by the service, not the service user, was also evident in relation to the length of the recovery-based interventions:

> *I'm due to go on another one [group]. … I'm not ready to not have it yet. That was the only thing I found difficult because it was only five weeks, and I was like, ah! What am I going to do at the end of five weeks?* (Sarah)

> *[I]t's just, right now, it's just, it's a daunting thing that they're not going to be there on Friday [because the group has ended]. And it's, yeah, I think five, five weeks is very quick, but then they probably don't want to linger it on, but, I don't know.* (Julie)

Following Julie's response in the group interview, quoted above, Victoria said that she had "*just done a 12 week one and I'm still not ready, like I thought I was, and I'm like, ooh [I'm not ready].*" Despite wanting more from the service, and not feeling ready to 'move on', the service users did not ask for more from the service. Julie saw the situation as related to the service not wanting service users to "*linger on*", recalling the data presented earlier in the chapter on workers' vigilance against service users becoming dependent.

When service users wanted to progress differently, the structure of services did not necessarily allow for this. Worker 4 referred to a service user whose "*situation [has] changed quite a lot and, you know, understandably, she just wants all the answers and to move on really quickly, so to bypass a lot of her recovery and sort of that understanding.*" The service was designed so that when service users had no further practical needs, they moved on to 'recovery', delivered only through structured and time-limited group work programmes. The service user referred to by Worker 4 needed something that did not fit the service's design and was seen as wishing to 'bypass' recovery. How service users experienced such restrictions was recognised by workers, but they were unable to offer more:

> *I would say, some of them [service users], I think could do with a buddy, almost. Because we have, we've got peer support in [this service] … I think if we had more of them … I think once we've done all we can with them practically or emotionally moving them on, if they're still not quite there, it would be like a buddy system.* (Worker 8)

> *I felt that it was a good time for her to spread her wings and do this [without the service]. ... She has to empower herself and sometimes they use you as a crutch. So it's knowing that time to cut off support. ... She was in a much better place looking forward to the future*. (Worker 11)

Both the above quotes highlight the limits of the support available from services: workers could only offer support while the service user had practical needs to address, and beyond this, support had to be "*cut off*", which can be read as a harsh way to describe the end of service users' journeys. Worker 11, in saying she "*felt*" it was time, implied that there were times when it was not a clear assessment of a service user's case needing to be closed, but a feeling for the worker. Once they only had emotional needs, workers were looking for a way to 'move them on', to groups or other sources of support. Worker 11 stated that this was partly, as indicated earlier in the chapter, due to concerns that service users would become dependent on the worker or the service. While the service user referred to by Worker 11 had support from a family member, this need to move service users on did not consistently recognise how valued the specialist service was. Worker 11's perspective also suggested there was a limit within which workers feel responsible for empowering service users: they had reached the point with this service user where she needed to 'empower herself' rather than doing this with the worker's support.

As the next section shows, workers were guided in this perspective by service design, which in its turn was guided by commissioners or funders of specialist services; their influence on service user engagement is explored in the next section.

Commissioners/funders and engagement

The ways in which services shaped the conceptualisation of engagement by workers, and how this was experienced by service users, were influenced by funding or commissioning arrangements that enabled services to exist. This fifth level of the ecological model included influencing factors such as restrictions relating to risk levels, and how a lack of capacity meant services could not be flexible to meet the needs of service users. As described in the Introduction to the Findings (Chapter 4), Services 1 and 2 were 'Beacon' sites commissioned by SafeLives as part of a National Lottery funded pilot project. Service 3 was commissioned by the local authority and received charitable funding. Service 4 was entirely charitably funded, with no commissioning arrangements. Whether commissioned or charitably funded, all services faced some restrictions on the nature of their service delivery, and these were evident in the interviews with service users and workers. Yet, services were only able to deliver interventions because they received the funding or commissioning, forcing them to adapt and adhere to requirements so they could provide specialist support to service users. The ways in which this study found such restrictions to impact on service users, workers, and services, suggests there is a need for less rigid commissioning approaches.

Risk

Services 1, 2 and 3 were restricted to working with service users identified at medium risk, except for one worker who worked with a specific group of clients and therefore covered all levels of risk. Workers described checking the risk level of service users when they first entered the service; if a service user was at high-risk, or later became high-risk, they would immediately be passed to a separate service, regardless of their perceived engagement.

> *[I]f I've got a client where suddenly everything escalates and then it's moved to the high-risk service, then you kind of lose that contact with that client. That's not really about managing and meeting the needs, what that client needs.* (Worker 7)

> *I always say, how do they want me to contact them going forward. Did they want me to call them weekly … [or] two-weekly? Did they want to call me? … And if they're at a higher risk than others, I tend to give them a call once a week, maybe twice a week to check in with them. Those that are at less risk, sometimes we check in with them every two weeks.* (Worker 11)

The approaches described here reflect the risk identification tools and processes in use across nearly all domestic abuse services in England (Wire and Myhill, 2018). Services are commissioned to deliver support to service users based on the levels of risk they are perceived to be at from perpetrators. For Worker 11, this also directly dictated the frequency of contact she would make with service users. Therefore, while she asked service users how they wanted to be in contact, because "*we like to empower our clients*", service users were not entirely free to make those choices if they were at higher or lower risk. Similarly, as Worker 7 described, workers also had no choice but to stop work with a service user if their risk level changed, regardless of whether they were 'engaging' or not. As pointed out by Worker 7, this was not necessarily about managing or meeting the needs of service users but was shaped more by the perspective that workers who had not received the Independent Domestic Violence Advisor/Advocate (IDVA) training 'cannot' or 'should not' work with high-risk victims (Howarth and Robinson, 2016). While that position is not set out in national policy (HM Government, 2024), it is present in some sector guidance (SafeLives, 2024) and was reflected in some workers' interviews:

> *If you haven't done the IDVA qualification, you cannot work with high-risk victims of domestic abuse. Or, you should not work with high-risk victims of domestic abuse.* (Worker 13)

This chapter has set out how workers expected service users to behave to evidence their 'engagement' with the service. Missing from their conceptualisations was the fact that, even when service users complied with these expectations, circumstances outside of their control could mean the end of their contact with the service. When

Kristin's ex-partner assaulted her, police identified her as being at high risk of harm from him. That resulted in Kristin being closed to the service involved in this research and referred to a separate service (not involved in this research) that worked with service users at high risk. Kristin's situation was dictated by the way in which the service had been commissioned, and by the actions of the perpetrator.

> *[T]hat's when I caught a bit of a wobble, because [worker] had been such a massive pillar that to take that person away from me was, I really struggled with that because I had formed that connection with her. … I wasn't happy.* (Kristin)

Kristin was quickly closed to the high-risk service, and returned to the original service, and she was able to continue to engage with them to get support. But her frustration was clear: that the worker she had built a trusting relationship with had been 'taken away' from her. She had no choice – neither did that worker – and was thus disempowered by the risk structures.

Hazel also experienced a situation in which her engagement was not sufficient for her to be able to receive a service. In her case, it was because her experiences of domestic abuse were not recent enough for the service (not involved in this research), and they didn't see her as 'at risk':

> *[The specialist service worker] wrote a letter to the council and closed my case because it wasn't something that I was reporting every week.* (Hazel)

The worker said to Hazel that her partner "*isn't a danger because he hasn't been to your home in six months*", which was not how Hazel experienced her ex-partner's behaviour; she continued to be frightened of him. The worker in that instance appeared to rely on a pre-determined understanding of what constituted risk; because Hazel was not facing that risk, she was not able to access support, regardless of how 'engaged' she was in the service.

The role of professionals

Services were defined by the parameters of risk processes, and this included the need for specific professional roles such as that of the IDVA (the Connect services used the terms 'Community IDVA' and 'Complex Needs IDVA', to distinguish from the sector definition of an IDVA as a worker who only supports service users who are at high risk). Workers' perspectives on their relationships with service users, in the context of engagement, included the fact that they were 'professionals' with specific roles to perform:

> *[B]ecause I'm the IDVA I need to actually be doing something with them to move their case or move them forward. Otherwise, we're just not really doing anything.* (Worker 8)

The quote reflects conceptualisations of engagement presented in this chapter, namely, the expectations that service users will take actions for themselves and be moving forward on their journeys. Yet here, Worker 8 also framed engagement within how she perceived the purpose of her role as an IDVA: that is, to always be recognisably taking actions. Service users consistently spoke about how the approach of workers – non-judgemental, believing, empathising, and building trust – was important to them. Yet workers appeared to feel that unless they were taking actions then they were "*not really doing anything*"; the need to perform the professional role seemed to overshadow their recognition of the significant difference they made through their relationships with service users. Dobash and Dobash (1992) argued the shift to professionalisation in domestic abuse services created a relationship between workers and "*clients*" that "*is usually a hierarchical, one-way line of communication, with the professional as a knowing, acting 'subject' and the individual/client as the passive, receiving 'object' … [professionals see their activities as] neutral and non-political*" (p. 47-8).

Dobash and Dobash (1992) argued that these professionals were not involved in "*social change*" (p. 48) in relation to tackling the root causes of domestic abuse but were only focused on solutions that involved the individual 'client'. Workers in this research, in demonstrating their awareness of trauma, and aiming to be empowering and respecting service users' decisions, appeared not to work in the hierarchical way described by Dobash and Dobash. Yet their role as professionals, within formally commissioned services, inevitably created a hierarchy. The way Worker 13 talked about 'closing cases' suggested an awareness of the demands of being a professional service, and how this could conflict with service users' needs:

> *[C]lients … [might] decide themselves, OK, I'm done. And the difficulty is, although we want to … in an ideal world, do that exit appointment and get that finality ourselves for our database and our research and everything else, sometimes it's kind of retraumatising somebody. … [they say] 'I've moved on and I don't really want to go backwards and talk'.* (Worker 13)

The need for funding, or being involved in commissioning arrangements, meant workers had to balance the needs of service users – incorporating the empowerment ethos – with the needs of services to produce evidence of their outcomes and effectiveness so that they could continue to gain funding.

Generic services

Another way in which workers' and services' conceptualisation of engagement was influenced by commissioners and funders was the way they focused on each service user as a unique individual:

> *[We need] to look at the person's individual needs, because each person is very individual.* (Worker 5)

> *I will just support them in a way that's suitable to them.* (Worker 15)

Workers' emphasis on believing, not judging, and empowering service users was applied to all of them; yet workers also saw each service user as an individual, with their own unique needs. This was reflected in the responses workers gave to questions about their experiences of working with service users from differing backgrounds and/or identities relating to, for example, racialised minorities, abilities/impairments, sexual orientation and/or age. This finding is relevant in the context of an increasing focus on intersectionality in research and the domestic abuse sector; and highlights the challenge in moving away from focusing on "*diverse identities*" towards a focus on "*structural power and inequality*" (Chantler and Thiara, 2017, p. 85). Almost half (n=7) of workers answered by stating that they didn't feel there were any specific challenges in responding to minoritised clients:

> *[I]t's just become part of your role. It's just something that you do, it doesn't, it's just there I suppose, I'm just doing it.* (Worker 4)

Despite not seeing this area of their work as challenging, workers did recognise the differing needs of service users. They explained that they didn't experience it as challenging because their focus was already on the experiences and needs of individual clients, thus they were already seeking to identify differences and to respond appropriately.

> *I don't think it does make any difference because, I mean, I've got a massive mix of range of people that I work with … I treat everybody the same … in a way … if somebody had a learning disability, I would adapt what I'm saying so they could understand it … or if I've got somebody with poor English … I get an interpreter … it's not that I'm different with people but I'll adapt to whatever their needs are.* (Worker 9)

Worker 9's response claimed both that differences between clients did not make any difference to her work with them, and at the same time that there were adaptations she made to enable that work to take place. This appeared to come from a perspective, shared by all workers, that their roles were to respond to the individual needs of service users; none connected service users such as "*somebody with poor English*" with the unequal social structures that surrounded them (Gangoli, Bates and Hester, 2020). Services can be seen as having developed to respond to service users "*as if they lived in a vacuum, disregarding their attenuated social connections and the costs of isolation*" (Goodman et al., 2023, p. 2), and this perspective appeared to be present for many workers.

For the remaining workers (n=9) who did describe challenges in this area, their responses similarly suggested an awareness that service users came from diverse backgrounds and experiences and with intersecting identities. Again, they emphasised the importance of identifying and responding to the unique needs of individual service users:

> *[R]ecognising, always being mindful of whether there are things that are specific to that client and how I incorporate that … if I felt the situation wasn't [my area of expertise], I would think about who else might be. … I have a client who has very important religious beliefs … so I would invite a recognition of that to help me understand what role that plays in their journey.* (Worker 3)

> *I mean, personally, myself, no, I haven't really had any difficulties in building relationships … I think it can be challenging at the start for them to feel like they can trust you, a little bit more. But I think it's just about being open and honest with them as much as possible and keeping that professional, but personal, relationship as well.* (Worker 1)

Worker 3 suggested workers were aware of service users having differing needs and focused on ensuring they understood and responded to those individual needs. While noting that this wasn't asked about specifically, in order to allow participants to respond in their own words, Worker 3's response did not reflect an awareness of structural inequalities that could impact on those service users' experiences (Day and Gill, 2020). Despite saying that she had never had any difficulties, Worker 1 reflected that a service user from a minoritised group could take longer to feel trust in workers. Neither she nor any other workers reflected on why this might have been the case, such as service users' experiences of racism or ableism (Kumar, 2019; Thiara and Bashall, 2021); the focus was consistently on the engagement of the individual service user and responding to their needs. Worker 3, above, highlighted her awareness of the need to refer to other specialist services that supported specific minoritised groups, reinforcing messages from research that a 'one size fits all' response is not always appropriate (Messing et al., 2015; Alderson et al., 2022). The services involved in this research would be defined as 'generic', in that they had been commissioned to meet the needs of all service users. This is despite the fact that 'by and for' services for minoritised groups have been shown to better meet the needs of marginalised service users (Kumar, 2019).

Almost half (n=7) of the service user participants identified as being from a racialised minority, of whom five had not been born with British citizenship. Of these seven participants, three talked specifically about their experiences with services in relation to their ethnicity, nationality, language or related issues:

> *I can manage [with English not as a first language] … I can speak, but sometimes the words is not coming. But I understand everything that they said to me carefully. They give me a great attention because sometimes when I have to meet the group, I say to [worker], 'oh no, because my English', she said to me, 'no, no, no', not to be afraid with this. And I've been [to the group], and this was very wonderful.* (Anna)

> *I think [workers] could understand and also consider your feelings … if they couldn't understand you, they will ask specific questions.* (Gabriela)

Only one participant, Jade, raised anything negative, suggesting that the approach taken by workers may have been largely effective in meeting their individual needs; albeit questions relating to positives and negatives were broad, rather than asking about, for example racism, specifically, which may have enabled more indepth understanding of Jade's experiences here. Jade was concerned about talking to others in groups because, as part of his abusive behaviour towards her, her ex-partner had told her that everyone was racist:

> *And it make me scared sometimes, I'm worried are the people racist? Because my experience, with my [partner and] in-laws, or even sometimes I heard, others say that the black people get the council house quicker than the white people. At the time I don't feel particularly comfortable. … But obviously, he [ex-partner] was saying a lot of people is racist, outside, you know, so made*

> *me feel like, is most people racist, you know, are they racist? I kind of like set a defence for myself, you know.* (Jade)

Jade had heard racist comments from others – it wasn't clear whether the comments about housing came from members in the domestic abuse group or from elsewhere – and been told by her ex-partner and his family that 'a lot of people' are racist. Nevertheless, Jade, despite sharing her experience of others being racist, perceived that the primary issue impacting her engagement was her own reticence: she felt uncomfortable with the racism but felt the reason she hadn't made connections with others on the groups was because she had put up a 'defence'. She did not appear to hold the specialist domestic abuse service, or the workers, responsible for challenging any racist language or comments; it would have helped to ask a probing question on this. Thus, Jade did not raise her concerns with the service; she located the problem within herself, rather than in others. Through this, Jade was able to remain with the service; had it been commissioned along more specialist lines, she may have had a different response that recognised her experiences of racism from her ex-partner and others (Kumar, 2019).

Capacity and meeting commissioner demands

Services were stretched by the high demand that outstripped what they had been funded to deliver. The challenges of meeting demand within the commissioned/funded capacity of the services were not discussed explicitly by all workers, but the impact of it was present through the restrictions on service user engagement:

> *[S]adly, we have so many referrals coming in, we just can't sit on cases anymore.* (Worker 8)

> *[You] keep in the back of your mind that there are other people waiting for support and if this isn't a good time [for the service user] then you need to offer up to somebody else who is willing to engage.* (Worker 1)

The outcomes when workers did not see service users behaving in ways that evidenced engagement can be seen in the quotes above. Worker 8 referred to ‘sitting on cases’ in relation to those service users who were not complying with engagement expectations, reflecting that there were limits to the extent workers and services could adapt to those service users, when the demand for support was so high – compared with the funding provided – and there would be other service users who were able to meet engagement expectations. Worker 1 stated that the service did not pressure her to “*hurry up*” but she felt the awareness of the waiting list when assessing “*have we seen any change in that person … [and] whether it’s a good time to step away and close [the case].*” Case closure enabled workers to move on to other service users without feeling they continued to be responsible for the safety of the person whose case had been closed. Responsibility had shifted entirely to that individual:

> *If at any point they feel like they’re not ready for [support] … it will be closed on our system, but we always say to them, if it changes in six months to a year then come back to us.* (Worker 1)

Commissioning processes, lack of funding, and the demand for outcome data, meant services and workers did not have capacity to wait for a service user to be ‘ready’; they had to close cases. Services needed workers to ‘close cases’ so that data could be extracted on the numbers of service users who had ‘engaged’. Worker 12 was quoted earlier in the chapter talking about having a high ‘engagement rate’. Worker 12 conceptualised engagement like other workers, but the ‘engagement rate’ had a separate purpose, which was to provide “*funding feedback*”. Worker 12’s manager had written to funders to highlight “*how it’s unheard of for this level of engagement*”. It demonstrated how, as in much research on and evaluations of specialist services, commissioners and services used the concept of engagement as a measure of success to demonstrate their value and success (Harris, 2016; Wood et al., 2023). This was despite workers identifying that the requirements relating to defining and measuring engagement could negatively impact their relationships with service users.

> *I do feel quite strongly that sometimes our need to record and evaluate and assess can be quite intrusive for victims. … especially when you're a pilot project, you have to capture a lot more detail, you need to evaluate the service. ... Obviously, we do need to capture that evidence, we need to quantify the funding. But if I, I feel like if I'm damaging the potential rapport with a client, then it can't be the right thing.* (Worker 6)

Worker 6, while challenging the requirements to record and evaluate, nevertheless understood the need to do so; workers' acceptance of the need for data collection may have been why she was the only worker to raise this as an issue when asked about any organisational processes or structures that impacted on their work with service users or on service user engagement. Powell et al. (2023) highlighted how service outcome measures and success criteria are often developed without the input of service users. Thomas, Goodman and Putnins (2015) argued that measures often focused on single factors, such as 'safety', which can hide the complexity of service users' lives and their interactions with services. Yet, as Worker 6 highlights, workers and services had to capture 'evidence' so that the service continued to be commissioned or funded. This was even more important for Worker 6 because her service was a pilot project, and therefore the funding was short-term, and continued funding depended in part on the outcomes they could evidence. The negative impact on services of both a lack of funding and short-term funding have been reported by researchers (Barter et al., 2018) and by the sector (Women's Resource Centre, 2022). Research also highlights how competitive tendering leads to services spending a significant proportion of their time applying for funding, participating in commissioning processes or doing contract reporting, reducing the time available for direct support to service users; within the voluntary sector, domestic abuse services are not alone in this situation (Penna and O'Brien, 2013).

Only two workers referred directly to the impact of funding decisions on themselves (it wasn't a specific topic covered in interview questions). Worker 12 referred to her experience of a sudden reduction in funding for her own role. Worker 10 stated the turnover of workers was high because funding could change or be uncertain, with short or fixed term contracts and/or low pay (Taylor-Dunn and Erol, 2021):

> *[When] other members of the team … make that initial contact … it's important for them to say, 'somebody will contact you in a few weeks' time, their name will be [Worker 10]' … it's important for them [service users] to know, especially in this type of job where the turnover, because of funding from commissioners, the turnover for workers is quite high*. (Worker 10)

Staff turnover led to challenges for Worker 10 in reassuring service users that there would be a worker there to support them. Workers were aware that service users' experiences of abuse meant they needed to trust in services and workers in order to engage. Yet the commissioning-driven need for evaluation measures on 'engaged cases' means that service users who had been unable to continue with the service because of the impact of frequent staff changes would likely have been labelled as having 'disengaged' and closed to the service. Jasmine talked about what it was like to be on the receiving end of staff changes.

> *Oh there was, there was times of, that were difficult for me, I must say. … My point of contact changed a lot. … [I]n the moment of where, you know, my confidence and like belief almost and trust in people were really questionable and then they kind of kept changing … it was difficult.* (Jasmine)

Jasmine later reflected that she felt she had been able to engage with the service despite these challenges because she was "*strong*" and suggested that other service users may have found it harder to manage the changes in workers. In those cases, if service users were then deemed to have 'disengaged', this would have implicitly placed the responsibility onto them, not on the way in which the service was shaped by limited and/or short-term funding and in effect, potentially disempowering.

Service users were also aware of the limited capacity of specialist services, including how precarious their funding could be.

> *[W]e all know, don't we, if you watch the news or whatever else, all funding's being stopped of a lot of places. This is the problem, isn't it?* (Marian)

> *[E]very service that I've ever met, I've always given my 100 percent and been very open, but, sometimes the service, they don't have the funding, or you'd hope to see them again and they don't.* (Hazel)

Hazel highlighted how, despite doing all she could to engage with a service and adhere to their expectations, the funding could stop and there was no further support. 'Service user engagement' was thus directly impacted by the decision-making of commissioners and funders, despite having no contact with them. The service design for Services 1 and 2 was developed by SafeLives in partnership with survivors, giving them a voice in how the services should be structured and delivered. Once the services were in place, therefore, they were expected to meet service users' needs, and for many they clearly did (Stanley et al., 2021). But the findings presented here suggest that was not always the case, and there was no ongoing consultation by the services with their service users to establish that. Had they spoken with service users to gain their feedback, services themselves would have been limited in what they could change about the service design, because this had been prescribed by the commissioner, as is the case with many commissioned services including Service 3.

Restrictions on engagement created by commissioning processes and demands were clear in Worker 14's previous experience of working in a different specialist domestic abuse service (not involved in this research). She compared "*the commissioned service*" with her current role in a charitably funded service (that participated in this study):

> *And it was like a conveyer belt almost, so you were dealing with high-risk referrals. You had 24 hours in which to look at it. A medium risk you had 48 hours. A standard risk you had seven days in which to manage this, look at it,*

> *make contact or attempt three contacts minimum with these service users.* (Worker 14)

As well as connecting with the issue of risk already discussed above, Worker 14 emphasised the rapid way they needed to work with service users, because the high demand for the service did not match the level of provision that had been commissioned. She went on to say that once the service user engaged, the intention was to move to a point within six weeks in which "*we've assessed the risk, we've managed the risk, we've done safety planning. We need to close you now.*" As a result of the quick turnarounds, the service saw high numbers of service users being referred repeatedly, which made sense to Worker 14 because "*if you've been in a 20-year abusive relationship, it's not going to be over in six weeks, you're not going to have got over that.*" In contrast, Service 4, because it was unrestricted by such commissioning demands, was able to offer open-ended support. Knowing that support would be open ended made a significant difference to service users:

> *[T]hat's what I love as well about the place … it's not like … at other places, you only get like 8 sessions or 16 sessions.* (Michelle)

Such flexibility, however, was predicated on service users being seen as engaged with the service and influenced by service design in relation to the length of interventions, which was in turn governed by commissioning and funding. Decisions about what was commissioned, and how services operated, were influenced by national policy, and national attitudes, which are explored in the next section.

Influence of national policy and attitudes

This section sets out the final level of the ecological model: how the concept of service user engagement was shaped by national policy on, and wider cultural attitudes towards, domestic abuse.

Localised, high-risk focus

The Domestic Abuse Act 2021 further embedded a national approach to domestic abuse that focused on local authority areas funding local services. Part 4 of the Act requires local authorities to conduct needs assessments to determine local service need, with funding provided to deliver the new duties. The Act provided additional funding for specialist services, but for a limited time, following which local authorities and multi-agency partnerships would be required to find their own funds. As referred to by service users and workers in the previous section, such short-term funding could lead to services being established and then closing, leaving service users without support, and workers trying to manage the situation. Worker 12 said, "*how do you tell a victim there's not enough money to help them?*" Worker 7 also reflected on the temporary nature of the service they were delivering and the impact this could have on service users, and by extension on workers due to their commitment to supporting service users:

> *[T]his is a pilot service, potentially, what's going to happen at the end of the year, what's going to happen with these clients? … because we are all very supportive, conscientious professionals. … [we've] had a lot of conversations, what's going to happen with these people, you've got these relationships … it's worrying, it's really worrying.* (Worker 7)

Limitations to commissioning and service delivery from national policy initiatives also relate to the risk level-based services described in the previous section. Risk-focused processes are embedded in national policy through funding provided by the Home Office and Ministry of Justice specifically for 'IDVA' roles, rather than for a wider spectrum of specialist support roles (HM Government, 2024). Providing funding to local areas in this way restricts what they are able to fund or commission, thereby focusing resources on responses to victims/survivors at high-risk and limiting resources to other services (Howarth et al., 2009, Stanley and Humphreys, 2014). Worker 13 articulated this when referring to a previous service she had worked in – not involved in this research – the commissioning of which brought together all domestic abuse funding in that area to fund one IDVA service:

> *[B]ut there wasn't enough money to kind of do any long-term pieces of work. … I don't think they realised that actually … when you took the IDVA money away, the outreach services weren't able to survive. So … we couldn't signpost them to anywhere else.* (Worker 13)

The impact of insufficient funding on specialist services was present for Worker 7, who, while not referring directly to the lack of funding, demonstrated awareness of how the high demand could negatively impact on working practices:

> *[Specialist services] are so required, and needed, and it's proven just by the numbers. But I just wonder … whether we're able to look at … numbers and intakes and think are we actually, I'm not doubting the quality of the work we do, I'm just wondering whether, I would hate to see it come to a point where we have got so many clients where that kind of takes slightly out of the quality of work we're doing with them.* (Worker 7)

Worker 7 was clearly aware of the scale of domestic abuse, but her concern related to how the service could best meet the needs of individual service users. Her perspective reflected many of the campaigns carried out by national specialist organisations, which focus on the need for increased funding for specialist services to meet the needs of more victims/survivors. For example, Women's Aid Federation of England's ongoing campaigning for sustainable, sufficient funding (no date-b). While the focus of interviews was on how they worked with service users, one worker did talk about going beyond that individual support to address domestic abuse more broadly:

> *I think [the shared values of the team], it's about changing the stigma attached to a victim of domestic abuse and stuff like that, which as a team, we're all promoting locally around supporting families that are victims of domestic abuse and not labelling them as victims.* (Worker 1)

Worker 1 saw her service's role as trying to remove the stigma associated with experiencing abuse through challenging the label of victim, which the next chapter demonstrates was seen as inherently negative and disempowering. Challenging the prevalence of domestic abuse or working to prevent it is a stated aim of national, and some local, domestic abuse services, but was not within the remit of the services in this research. Influenced by national policy, they were commissioned to respond to the needs of individual, local, service users; although, as Worker 1 described, this could include changing attitudes amongst other professionals during their support for service users. This service focus reflects a marked move away from the origins of services in the feminist movement, within which providing support to individual victims/survivors began as a byproduct of activism and campaigning against women's collective experiences of violence and abuse (Wiper and Lewis, 2020).

Understanding domestic abuse

The voluntary sector remains vital to the provision of support for victims/survivors and is perceived to be the most appropriate place for such support (Taylor-Dunn and Erol, 2021). It was valued by workers because it aligned with their ethos of being empowering, and giving choice to service users:

> *[B]ecause we are voluntary … the fact the children were on child protection wasn't voluntary, and, you know, the health visitor aspect isn't voluntary, but … we are.* (Worker 9)

Yet, an outcome of voluntary sector services being largely responsible for specialist responses to domestic abuse appeared to be that service users and workers experienced professionals in other services having little or no understanding of domestic abuse, combined at times with judgement, and a lack of empathy. The fact that services were located in the voluntary sector was not referenced directly by service users, but they did compare their experiences with other services with what they had received from the specialist service:

> *And when I phoned the council, they were so cold, it was like, well, 'fill in the online form'. The woman was, she couldn't have given less of a shit.* (Kristin)

> *So basically when the lady [from children's services) came to talk to [abusive partner] … he's very good at charming things away, so I think the social services just wrote the report. And they said, 'well, you guys have to have some sort of therapy like marriage counselling'. …. all this other abuse was sort of brushed aside.* (Jasmine)

A similar perspective on other services was shared by Worker 4 when she rejected the use of the term engagement specifically in relation to its use by other services:

> *As a non-engager, they might say, that they don't want to interact, [they're] disruptive, classed as 'don't like services' and can be looked upon as being neglectful to themselves and their families, not taking it seriously I suppose. Reports coming through, you know [about service users] … [that] there's no understanding … they're minimising the abuse'.* (Worker 4)

Worker 4 was clear she did not agree with these ways of viewing service users in relation to engagement/non-engagement and suggested that these perceptions came from those who were more likely to judge and blame a service user for their situation. Worker 4 stated these attitudes were common in statutory children's services, a perspective shared by other workers, found in research (Wild, 2022), and expressed by Hazel:

> *You're always asked to engage with services. And if you don't, you're seen not to be proactive in protecting yourself or protecting your children.* (Hazel)

Hazel was the only service user to use the term engagement during her interview; and for her it related directly to her experiences with statutory children's services, in which the concept carried clear judgemental connotations. The lack of understanding about domestic abuse, and the stigma associated with it, extended to service users experiencing a lack of support from family and friends, as well as from other services:

> *[I]t’s very difficult for me to try and explain to my friends what I’ve gone through because they always think, ‘well why didn’t you just leave?’* (Kristin)

> *Because at the beginning [with the service] I needed to talk, talk, talk, talk. … the situation was so strong and so dark that … all of my friends seemed to step out of the situation. And some of them said, well, ‘this is affecting me’.* (Gabriela)

Service users experienced, like Kristin and Gabriela here, family and friends who either did not understand their experiences of domestic abuse or felt unable to support them with it. As a result, engagement with specialist services became essential to them, because they had nowhere else to go. While awareness of domestic abuse has increased significantly due to the activities and campaigns of national specialist organisations, particularly during the Covid-19 pandemic (Williamson et al., 2020), victim-blaming is still common (Taccini and Mannarini 2023). Service users themselves did not recognise they were experiencing domestic abuse, in some cases until they were referred to the specialist service:

> *I was a bit daunted about going into a group because I didn’t want to admit it, like I’ve been out of my marriage for, coming up six years and I haven’t wanted to admit it before. It wasn’t until then that I realised that I actually needed the help.* (Victoria)

> *[When I first contacted the service] I think at that time I was still in some sort of denial that I was, that I had been abused, and so it was kind of, I was minimising things. I was almost apologetic, like I’ve seen my GP [General Practice], he signposted me to you and he thinks that I’ve been abused.* (Claire)

The quotes highlight how important service users’ recognition of themselves as having experienced domestic abuse was to their motivation to get support; workers framed such recognition as a component of engagement. The quotes also highlight how difficult this process of recognition could be for service users, potentially reflecting a national situation in which domestic abuse is often discussed, but without knowledge of what it is like to experience it, particularly where there is no physical violence (Katz, 2016).

> *So people sort of think, you know, 'actually, my relationship isn't that bad, my previous relationship he used to beat me up, and this one is verbal abuse'. … it's great when someone has that light bulb moment ... because that means I can then do my work and support them through that, but it also feels terrible that you just highlighted that to them as well.* (Worker 5)

Worker 5 highlighted the commonly held misconception that domestic abuse is characterised exclusively by physical violence, which many national specialist organisations and researchers have worked to change, focusing on elements of abuse such as coercive control (Stark, 2007; Barlow and Walklate, 2021) and economic abuse (Sharp-Jeffs, 2021).

Victims'/survivors' 'choice'

Workers were also influenced by a national policy focus on victims/survivors rather than, for example, on perpetrators or primary prevention. Worker 14 reflected an emphasis on victims/survivors being responsible for ensuring the abuse did not continue:

> *[Readiness to engage requires] some kind of realisation, acknowledgement to themselves that this can't go on. [For the service user to say] 'I don't want this to keep going on. I need to do something'.* (Worker 14)

Worker 14's service did not work with perpetrators and therefore her approach understandably reflected a focus on victims/survivors. It also reflected a national policy approach traditionally weighted towards support for victims/survivors, alongside an almost exclusively criminal justice focus as the sole means to stop perpetrators (Walsh, 2023). Hazel evidenced an awareness of this:

> *Everything's relying on you. You know, you move, you change your number, you do this, you do that. But no one asks the perpetrator to do anything. What about him moving, what about him changing his number? What about him being told that he's not to see you?* (Hazel; emphasis added to indicate emphasis in Hazel's speech.)

The government's Tackling Domestic Abuse Strategy (HM Government, 2022) included a strand on perpetrators, with funding committed for provision, but local provision remains sparse (Domestic Abuse Commissioner, 2022). As a result, service user engagement with specialist services becomes a necessity as the primary, and in some cases only, means of reaching safety and a life free of abuse. Yet it also leads to specialist services rendering the abuser invisible, through language that focused on 'the abuse' rather than 'the abuser'.

> *They have lived under the, you know, domestic abuse is all about power and control, so they've lived with that … and they don't need that from us. They need to be, they need to have free choice, free will.* (Worker 14)

Worker 14, like other workers, referred more frequently to 'the abuse', not for example 'the perpetrator', perhaps reflecting the lack of power specialist services had to affect perpetrators' behaviours. She also, like other workers, repeatedly referred to service users making choices. In prioritising service users' choices, workers and services also reflected a national policy priority that those in contact with services should be free to make choices about the support they receive (Clarke et al., 2007).

Choice was a core element of workers' empowerment ethos, which was woven through the concept of engagement, as demonstrated earlier in the chapter. The emphasis on choice extended to workers supporting service users who 'chose' to return to abusive partners, in recognition that perpetrators exerted control and created fear that meant leaving was challenging and potentially harmful for service users. It also presented a contradiction: service users were being controlled by perpetrators, and at the same time were expected to be able to make choices about returning to the relationship and not engaging with support. Worker 13 gave several reasons why service users may return to perpetrators, including fear of serious harm, the perpetrator's manipulation and promises to improve their behaviour, or that "*they feel that they're never going to get left alone*" and it was easier to know where the perpetrator was through being in a relationship with them. She went on to say:

> *[A]nd that's ok too. That's not for me to judge. This is not my life, but just to know that, if and when you're ready, to come out of that relationship, we are here and we can help you do that safely and let them know that there's no judgement.* (Worker 13)

Despite understanding the challenges service users faced in trying to leave, Worker 13 framed service users returning to perpetrators or leaving them as making a 'choice'. This was important for the empowerment ethos, which explicitly included respecting service users' choices; workers also framed non-engagement as a choice, which closely connected the two concepts. Nevertheless, it led workers to describe service users making 'choices' despite the fact that they were not free to choose because of the perpetrator's control and coercion. Worker 13 suggested there was little the service could do until the service user reached a point when they were 'ready' to leave. This reflected national narratives relating to domestic abuse in which the emphasis has been on victims/survivors to "*recognise the signs*" of domestic abuse (NHS, 2024), consequently making domestic abuse a "*social problem <u>about the victims</u>*" not perpetrators (Berns, 2004, p. 203, emphasis in original).

As Worker 8 described in relation to a service user she had supported:

> *[W]e're now being able to do some more work about how she feels, and sort of, warning signs so that she could get into a new relationship and not have it happen again*. (Worker 8)

Workers placed the emphasis on empowering service users to know the ‘warning signs’ and through this avoid perpetrators in the future. Yet, workers were also aware that perpetrators could be manipulative and that it was hard for service users to identify abuse and be able to leave. As highlighted earlier in the chapter, this created a tension for workers who also needed to prioritise service users’ safety, which they could not do if service users made choices contrary to the worker’s advice or guidance. This adds a further dimension to the need for services to be able to define service users as non-engaging, and therefore ‘close the case’: if the ‘case’ was not ‘open’ to the service, then the service carried no responsibility for the risk of harm to the service user. In turn, demonstrating how services’ empowerment ethos had become intertwined with neoliberal narratives of personal responsibility, the service user became “*responsible and accountable for … her own actions and well-being*” (Harvey, 2005, p. 65). Such an understanding of, and approach to, empowerment – and by extension to victims/survivors themselves – represents a departure from traditional feminist understandings, supporting the idea that neoliberal influences have worked against feminist principles (Munro, 2016). As Kumar (2019, p. 175) argued, rather than empowerment leading to a focus for workers on “*honouring women’s autonomy*”, they must balance it with “*upholding [their] ‘safeguarding duties’*” in the context of service structures, multi-agency working and commissioning. Thus the exploration of service user engagement in this study contributes to these wider understandings of how victims/survivors are viewed.

Chapter summary

This chapter analysed data from workers that conceptualised engagement, complemented by data from service users, presented within the levels of the ecological model (Figure 4.1). Service users are at the centre of the model because workers were asked to describe service user engagement behaviour; and because they are directly impacted by workers’ decisions about engagement/non-engagement. Workers’ need for service users’ compliance was explored in the context of specialist services’ ethos of empowerment. The limits to that ethos were analysed in relation to service design that constructs a narrative of service users as moving forward on their journeys of engagement towards a point when they no longer need the specialist service. On the outer levels of the ecological model, the chapter demonstrated how services' and workers' construction of service user engagement was shaped by commissioning processes and a lack of funding, and national policy narratives of personal responsibility and avoidance of service users' dependency on services. Service users, at the centre of the ecological model, experience the impact of workers' conceptualisation of engagement, in ways that can be disempowering through being 'closed' to the service when they are not perceived as engaging. Nevertheless, workers – and all other levels – are able to facilitate engagement, as well as create barriers to it. These facilitators and barriers are the focus for the second findings chapter, which follows.

CHAPTER 6: FACILITATORS AND BARRIERS TO ENGAGEMENT

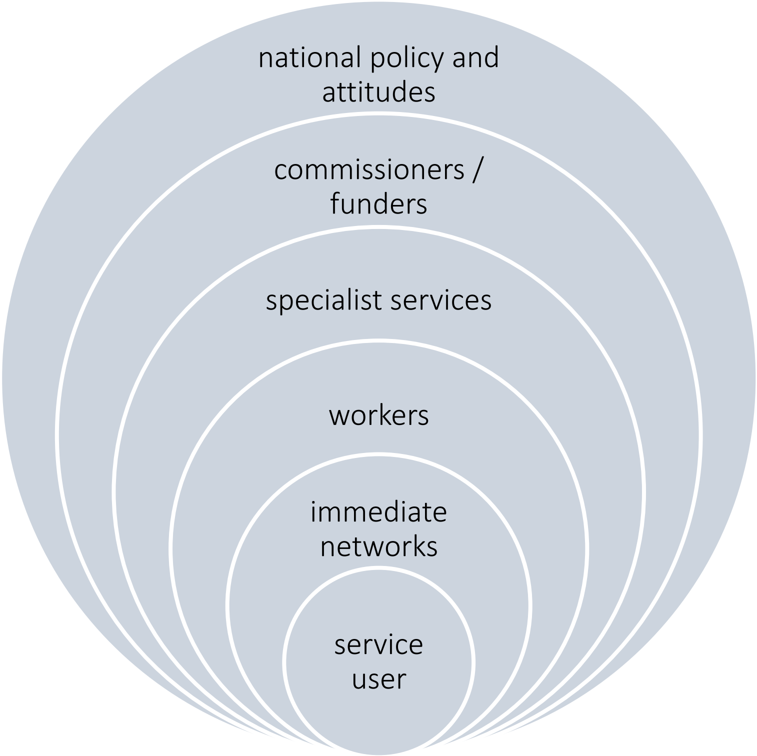
Introduction

To answer the research question regarding facilitators and barriers to service users' engagement with specialist services, service users and workers were asked how they worked with each other, what gets in the way of ongoing contact or involvement, and what helps. Service users were asked to describe the relationships they had developed with workers; and workers were asked to describe how they built relationships with service users. With both groups, specific examples were sought of where things had, and had not, worked well. Workers were asked directly how service users' differing characteristics, backgrounds and experiences impacted on their work with them. Prompts were used where possible in response to service users' responses to explore how their experiences may differ based on their personal circumstances and characteristics. In the context of facilitators and barriers to engagement, service users and workers were asked about the impact of Covid, the related social distancing and movement restrictions, and the move to remote/online support.

Service users were asked about their contact with other, non-specialist domestic abuse services. This was to understand if, and how, the specialist service had responded differently to them as service users, and the impact this may have had. The purpose was also to explore if there were facilitators and barriers to 'engagement' that existed across other services as well as the specialist domestic abuse services, or whether there were specific facilitators or barriers in different services.

As with the preceding chapter, the findings are presented through the lens of an adapted ecological model (Figure 4.1). The model locates the facilitators and barriers to engagement relating to individual service users, their immediate networks – children, perpetrators, family and friends, other services – workers, specialist services, commissioners and funders of specialist services, and national policy and attitudes to domestic abuse. Within the chapter, 'engagement' is taken to mean conceptualisations presented in the previous chapter: service users maintaining contact with workers, in which contact is evidenced as 'meaningful' by service users openly sharing their experiences and 'progress' is made on service users' journeys through evidence they are being 'empowered' and moving towards the end of their contact with services 'closing the case'.

Figure 4.1



The chapter is presented in sections that focus on each of the levels. It starts with the first level, outlining facilitators and barriers relating to individual service users, specifically their 'readiness' to engage including accepting they were 'victims', and the importance of trusting relationships between service users and workers. The second level describes the facilitators and barriers presented by service users' immediate networks: the absence of support from family and friends and from other services; and how service users' children, and the perpetrators, impacted on engagement. The third section covers the third and fourth levels, describing the factors in relation to workers and specialist services. These were the choice, flexibility, and empowerment they provided, service users' feelings of being indebted to services, and how services enabled service users to meet with others with similar experiences. This is followed by the fifth level, outlining commissioners and funders influence on engagement, primarily factors that placed limits or restrictions on workers and services that in turn impacted on service user engagement. The final level is presented in the last section, situating facilitators and barriers resulting from commissioning/funding, service design, workers' practice and service users' experiences in the context of national policy and wider attitudes to domestic abuse in England.

Service user facilitators and barriers

This section presents the first level of the model, which is the facilitators and barriers that were individual to service users.

'Readiness' and being a 'victim'

A factor that either facilitated service user engagement or acted as a barrier to it was the extent to which service users appeared 'ready' to seek and accept support. Service users who were 'ready' would engage:

> *[W]hen I got someone that could help me, they didn't have a lot of issues with me, I was all the time [making] the calls [to them] … and every time I said I need help.* (Gabriela)

> *[I]t's all very different ... I suppose … some are very confident and ready to come through [to groups] and others aren't.* (Worker 4)

Having contacted many organisations for help, Gabriela found the specialist service was the only one that could assist her; and after searching for a protracted length of time, she was therefore 'ready' for the support they offered. An element of 'readiness' described by some service users and workers, that could be a facilitator or a barrier to engagement, was the extent to which service users saw themselves as 'victims'. Workers suggested that if service users were not ready to identify as a victim of domestic abuse, this presented a barrier to engagement. Worker 12 said the following in response to a question about what it looked like when a service user was not engaging:

> *[I]t's not that they're disengaging. They're not ready. … They know that the way they've been treated [by their partner] is not OK, but they're not ready to admit it to themselves yet and do what needs to be done to come out the other end, because in doing that, they have to accept that it happened.* (Worker 12)

Implicit in Worker 12's response was that workers did not judge service users for their position, but instead, validated how hard it could be for service users to accept they were being abused by their partners. Implicit in the quote, also found in interviews with other workers, was that the acceptance must come from the service user themselves, independent of the service; and it was only once they accepted 'that it happened' that they would engage with the service. Worker 5 reflected narratives around 'readiness' in her response to a question on disengagement, in which she referred to the need for service users to "*be in the position to be able to accept that support*"; the difference was that Worker 5 felt it was her role to help the service user to be 'ready':

> *[I]t's about, you know, encouraging them to actually have that understanding [about abuse] … explaining about an abusive relationship.* (Worker 5)

Worker 12 above suggested that service users would engage when they were 'ready', which included accepting their experiences of abuse. Contrary to this, Worker 5 saw it as part of her role to facilitate engagement by helping service users to be 'ready'. In some service user interviews the acceptance that they had been abused, and/or the positioning of themselves as victims, came before they contacted the specialist service, facilitating their engagement. For others it was only once they had been offered the support from the specialist service that they could fully acknowledge or understand what they had been through:

> *[O]riginally [on the group] I denied that I was abused. But actually, when you go through some of these sessions and you're ticking, you're ticking things that you've experienced and it's like, wow, OK, maybe I have [been abused] then.* (Lisa)

> *I was married for over thirty years … when we actually split up, I wasn't aware at that time that I was in an abusive relationship.* (Claire)

Their different experiences suggest that to facilitate engagement, it was important for workers, as Worker 5 described, to not necessarily take service users' apparent 'readiness' at face value. While they accepted that they had experienced abuse from their (now) ex-partners – all participants were separated – and this facilitated their 'readiness' to engage, it did not necessarily mean service users referred to themselves as victims. Only four of sixteen service users specifically referred to themselves as victims, and they used the term in different ways. Gabriela and Kristin used the term without questioning any implications of the identity. Kristin's need to 'feel like a victim' was a way of processing the reality of her relationship:

> *I really felt like a victim, and I think I needed that time to grieve my relationship.* (Kristin)

Kristin said the above in response to a question on what had changed for her during her contact with the specialist service; and suggested that being 'ready', seen through the lens of accepting a 'victim' identity, could take time for a service user and was something that evolved during their contact with workers. This contrasted with Worker 12 quoted above who suggested readiness was a state service users needed to be in before they could engage. That perspective is also challenged by two service users whose use of 'victim' suggested it wasn't an identity they felt comfortable adopting. Jasmine appeared to accept reluctantly that she may have been a victim, but at the same time suggested that a victim meant was someone who wasn't "*strong*". Her reluctance was similar to Hazel:

> *I've never ever, in seven years, felt like a victim. … I always … have to justify myself and explain why I'm a victim. And, you know, I haven't been assaulted in the last six months or, so I don't tick any boxes.* (Hazel)

Hazel appeared to resist the term victim, while being aware that she had to adopt that identity when she engaged with professionals to receive support. Her partner's abusive behaviours were perceived by services to be historic, thus posing no immediate risk to her, and so she didn't 'tick any boxes', which led her to continually feel she had to justify her request for support. To access support, Hazel deliberately presented herself as a victim, even though she didn't see herself as one. The position taken by Hazel was also described by women interviewed by Sweet (2019), who argued women had to engage in "*labor – both narrative and performative … in order to become recognizable and credible as victims*" (p. 417). The perspective that service users were involved in a 'performance' of victimhood was also suggested by Worker 1 during her response to a question on building relationships with service users:

> *I think it's about talking to them as a person and not as a victim of domestic abuse, just a normal woman that you're talking to … who potentially just needs a bit of additional support.* (Worker 1)

Worker 1's distinction between 'a victim' and 'a normal woman' suggested that to be a victim was to take on a separate identity that was not 'normal' and implicitly negative. Twelve workers used the term victim in interviews, primarily in a neutral way synonymous with 'service user' or 'client'. Of these, three (including Worker 1, quoted above) also used the term in such a way as to suggest 'victim' was a separate specific identity:

> *[T]here is no one way to be a victim. The world expects – the world that doesn't understand [domestic abuse] – expects them to be someone shying away in a corner crying or be unable to function. These women have survived. And they're still surviving.* (Worker 12)

> *[W]hen I can hear the confidence in their voice, or I can hear them smiling down the phone or when they start cracking jokes … that's when I change, I will then reflect and say … you're not a victim. You're a survivor of domestic abuse and I ingrain that survivor mode and wording with them.* (Worker 13)

Worker 12 and Worker 13 made a clear distinction between a service user who was a 'victim' and one who was a 'survivor', implying that while service users adopting the identity of victim may facilitate engagement or 'being ready' for support, they should be aiming to become a survivor, which was presented as a wholly positive identity. Warner's (2023) research found participants – women who had experienced violence and abuse – similarly rejected being labelled as a victim due to its negative connotations. They perceived the label of survivor as more positive but saw it as suggesting they had "*healed*" from their experiences, which many did not feel they had done (Warner, 2023, p. 13). Worker 13 implied service users moved from one to the other through their engagement with the specialist service, reiterating the previous chapter's evidence that workers perceived service users to be on a 'journey' through engagement. While the overall picture was complicated, reflecting feminist theorising on the concept of 'victimhood' (Munro, 2016), the implication from service users and workers in this study was that when service users did not see themselves as 'ready', or for some as a 'victim', this could present a barrier to engagement; while being ready, and/or seeing themselves as victims on a journey to becoming survivors, could create a facilitator to engagement.

Interpersonal relationships

All service users described their relationships with workers as a facilitator to engagement:

> *They're very, it's very inclusive and when you do talk, you do feel that they are really listening to you … and really, really feeling validated.* (Claire)

> *[Service] make you feel safe. They have an understanding; they don't have a judgement [about you] … to be honest I quite trust her [worker].* (Marian)

Service users consistently described the importance and impact of feeling validated by workers, and of being believed, a frequent finding in research on and evaluations of specialist services (Coy and Kelly, 2011; Lewis, Henrikson and Watts, 2015; Kulkarni, 2019; Wood et al., 2020).

Validation, along with a lack of judgement or blame from workers, was important because service users often felt responsible for the abuse their partners had perpetrated against them, and valued how workers helped them to see that they were not at fault. This connects with the previous section in relation to 'readiness' and service users' acceptance of being victims. While not all service users reflected on their position as 'victims', their responses suggested they had internalised some victim-blaming narratives, which had presented barriers to their initial help-seeking but were able to overcome to engage with the service due to their relationships with workers:

> *First of all, there was no blame. All the things that I thought, you know, I've caused this [abuse] … the beginning work with her [worker] where it was showing me that, hang on, this isn't your fault. You are not, you know, you are not the cause of this [abuse].* (Kristin)

Workers were aware that service users needed them to be non-judgemental, to validate their experiences and to build trust, and recognised this as a facilitator to engagement. Worker 10 also highlighted that within their processes they were "*asking [service users] a lot of questions about their personal life*" which, without a trusting relationship, they may not feel able to answer. Other workers reflected this perspective:

> *[I]f there's no relationship there, they're not going to be able to feel that they can talk to you about being sexually abused within the marriage ... So you've got to be able to have that relationship with somebody, they've got to feel safe.* (Worker 14)

> *[I]n order to help them, we need them to disclose to us. So it's providing that trust and a safe space where they can disclose to us so that we can ensure they're seeking the right help, that they get.* (Worker 11)

While relationship building was not presented by workers as a component of engagement, it was seen as an essential facilitator, as in the above quotes. Workers recognised that without relationships with service users, they could not deliver their roles in supporting and empowering service users. Workers viewed relationship building with service users as a prerequisite to supporting them, through their engagement, in their 'journeys' towards safety and survivorhood.

This section has presented and critiqued the factors presented by service users and workers at the first level of the ecological model (service users). Key facilitators and barriers were service users' readiness to accept support, including the need to see themselves as 'victims', and the importance of their trusting relationships with workers. The next section moves on to the second level, describing how service users' immediate networks impacted on engagement.

Immediate network facilitators and barriers

Service users shared how their immediate networks impacted on them throughout interviews. These networks included their children, family, friends, abusive ex-partners and other services, and this section presents the different ways in which these immediate networks created facilitators and barriers to engagement.

Family and friends

Over half (n=10) of service users shared their feeling that the specialist service was the only place they felt believed, not judged, and supported in the way they needed. Having no other sources of support, though not stated directly by service users as a facilitator, was demonstrated as having an impact on their ongoing need for contact with the service. For example, Sonia and Claire described having no other support except for the specialist service:

> *[E]ven though I have family and I have friends, it's hard for them because they haven't experienced [domestic abuse].* (Sonia)

> *I spoke with my mum a few times ... But my mum, through lack of awareness having been in abusive relationships herself all her life, saw it as normal, and, well, [she would say] 'try harder'. Or, you know, 'if you don't behave, he's going to go elsewhere'.* (Claire)

For Sonia, it was their lack of experience of domestic abuse that meant family and friends could not understand her experiences. Contrastingly, Claire felt it was her mother's experiences of domestic abuse that led her to see the behaviours as 'normal' and therefore offered no support. While Claire didn't refer to victim-blaming narratives, they were present in the quote about her mother's response; the absence of those narratives – and the challenging of them – from the specialist service appeared to facilitate her engagement with them.

Workers were aware that service users were often isolated by their abusive partners but did not refer to the lack of support from family or friends when responding to questions about facilitators and barriers to engagement. Research has shown that many victims/survivors find informal support from friends and family to be beneficial (Gregory et al., 2021; Heron, Eisma and Browne, 2022), and it may be that workers presumed service users were receiving that support. It could also reflect the influence of a neoliberal emphasis on 'the individual', in which public and voluntary sector services respond to service users "*as if they lived in a vacuum, disregarding their attenuated social connections and the costs of isolation*" (Goodman et al., 2023, p. 2).

Other services

Service users shared their experiences with other services, primarily the police, local authority housing, and local authority children's social care. These experiences appeared to create a facilitator to their engagement with the specialist service, for similar reasons to those related to family and friends, that is, that they only received the response they needed from the specialist service:

> *I went to many counselling [services], … but, no, nothing's ever helped me like [service]. It's just, it's outstanding, amazing support and so, ooh, they're so beautiful and loving.* (Michelle)

> *Prior to that [contact with specialist service], anytime I had tried to look for support, I felt it was more just a case of 'oh, look, you're whinging that he doesn't bring them [children] up the same way as you do'.* (Lisa)

Experiences such as those described by Michelle and Lisa cemented the trust service users felt in specialist services, but also increased their reliance on the service. Kristin talked about how "*scary*" it was to leave her abusive ex-partner, "*like being let out into the big wide world and [feeling like a] deer to the headlights*", which made the specialist service an essential "*port of call … a constant*" for her. Service users' perspectives contrasted with the way in which workers were constantly vigilant to service users could become 'dependent' on the service, as described in the previous chapter. Workers' attempts to impose boundaries to avoid dependence did not account for the fact that some service users became dependent on specialist services because their immediate networks – family, friends, or professionals – didn't offer appropriate support.

Both service users and workers talked about how the actions, or inaction, of other services and professionals created both facilitators and barriers. Other services appeared to have some awareness of domestic abuse, and at times were able to identify service users as victims/survivors. Yet they often lacked the depth of understanding that specialist service workers demonstrated, which facilitated service users' engagement with specialist services. Jade talked about not understanding that her partner had been abusive until she was able to engage with the specialist service. The understanding of domestic abuse had been essential for her following her experience with a Social Worker who had not understood what she had experienced, and left Jade feeling blamed:

> *The social worker said … I need to stay calm, ignore him, you know. I said, 'I can't ignore him'. … I was being always quite quiet to him, like when he saying things, abuse or things, … and now just want to kind of fight back. … [The social worker] … said, '[Jade], can you see that you are not the only victim in this relationship?'* (Jade)

Other service users felt dismissed, blamed, or put at risk by other services due to their lack of understanding of domestic abuse. Marian was clear that children's social care service's involvement with her family put herself and her children at more risk of harm from the perpetrator, because they were focused on his role as a father, not on his abusive behaviours towards – and impact on – Marian and the children:

> *Then social services come here, putting all these things into place you think, 'oh my god, they're taking over my life'. They're not believing that he's [abusive partner] mean, that he's cruel to the kids, and … [they're still letting him] be with the kids ... It made it worse.* (Marian)

Marian's experience led to her engagement with the specialist service becoming necessary because they were the only professionals to believe her and understand her experiences, and to offer support to her children; the important role of children in relation to engagement is explored below. Service users like Marian often felt fearful of the actions of statutory services because once they had 'reported', they no longer had control over what would happen with the information they had shared; albeit concerns over control were also evident in relation to specialist services as a later section on choice demonstrates. For Marian, her General Practice (GP) recognised that she was a victim of domestic abuse, but their response did not support her to feel safe because of their need to 'report' what she had disclosed:

> *I didn't really realise I was like saying it to report it, but I was just saying, what is the home life and then the GP said … they will have to … report it because how I explained it, and for me I was quite nervous because, you know, the*

> *husband, the father of the child has anger management problem … I was just scared as well.* (Jasmine)

Jasmine and Marian understood that their ex-partners' behaviours were wrong, but, like other service users, did not fully understand about domestic abuse until they engaged with the specialist service. In contact with other professionals, they struggled to make themselves heard because those professionals did not have adequate knowledge of domestic abuse; this created a facilitator to their engagement with specialist services. As well as that facilitator, workers described the power of other professionals to create barriers to engagement:

> *[A barrier is] when like people have got, they're being told to engage with us via another, so it might be via children's social care or via courts, you know, where they're obliged. I think that's a massive difficulty, it's a massive obstacle.* (Worker 3)

> *I frequently, I think parents, especially if they're under a child protection plan, parents will quite often feel they have to engage to demonstrate that they're meeting the plan, but it might not be what they want. It might not be the right time.* (Worker 6)

The quotes above demonstrate workers' conceptualisation of engagement: service users were in contact with them, but it was not 'meaningful' because they presented as only there because they 'had to'. Worker 5 stated that when this occurred, workers felt frustrated because it meant service users were "*not going to get as much out of it [specialist service]*" compared with "*if they were fully engaged*". 'Fully' was one of the qualifiers that workers used to express how engagement was more than contact only.

Despite the barriers created by other services, the requirement on workers to assess engagement may have meant they removed the offer of support to 'close the case' of a service user who was not engaging, to make space for someone who would engage. Hazel, below, described the challenge from a service user's point of view. As set out in the previous chapter, she was the only service user who referred to ‘engagement’, describing feeling that she had to “*engage*” with children’s social care and the specialist service:

> *So it would always be written down if I engaged, if I picked up the phone or met at a meeting, but it would never be said if my IDVA didn’t meet me or if she hasn’t actually done what she said she was going to do.* (Hazel)

Workers were clear that involvement with their services was voluntary, and the choice of the individual; the next section sets out how workers saw this as a facilitator to engagement. Service users did not reflect an awareness of choice, as seen in the quote above from Hazel, in which she stated that her engagement with the specialist service was an extension of her engagement with children’s social care. A lack of choice is heightened when victims/survivors are involved with children’s social care and feel pressure to engage even when the service is apparently ‘voluntary’ (Conley, 2007). The quote from Hazel highlighted the implicit power imbalance within engagement, which she felt the consequences of regardless of whether the service was in the statutory or voluntary sector.

The complicated interactions between service users, specialist services and other – statutory – services were present in Worker 9’s response to what it looked like when someone was engaged. As one of only three workers to raise objections to the use of the term, she prefaced her response with a description of the context in which she would use it, which was in meetings with children’s social care. Worker 9 described how these meetings required her to assess how much information she needed to ‘report back’ about the service user:

> *I don’t know as [to] the word engaging, I think, it’s a strange word. You need a bit more in depth of what that means … I think lightly saying, it would be, ‘yeah, she’s answering the phone at the moment. And that’s all I’m reporting back at this time’, sort of thing. Obviously if there was meaningful work being done, I would give a bit more scope on, ‘yeah, we’re managing to complete some meaningful work, we’re managing safety plans’.* (Worker 9)

Worker 9 aligned with conceptualisations of engagement presented in the previous chapter. However, the important factor for Worker 9 was that the concept of engagement was primarily required as a means of ‘reporting back’ to statutory children’s social care that the service user was complying with the statutory service’s demands. Worker 9’s perspective also supports Hazel’s perception that ‘having to engage’ with services was required regardless of whether the service was a statutory or a voluntary one, and despite the barriers created by such compulsion. Worker 9, understandably as a voluntary sector service worker, appeared to place herself and her service in a less powerful position compared with statutory children’s social care, which is also how service users often feel when they are in contact with social care (Featherstone, White and Morris 2014). Coy and Kelly (2011, p. 91) argued that workers such as Worker 9 have roles that involve “*institutional advocacy*” to challenge the practice of other services; but that it was “*given less emphasis than advocating for individual service users*” by workers albeit there was an overlap between the forms of advocacy. Arguably, neither form of advocacy was present in the example given by Worker 9. The importance of workers engaging in both individual and institutional advocacy was highlighted by Hazel’s experience of children’s social care, who used the impact of her ex-partner’s domestic abuse on her children to argue she was not protecting them if she did not ‘engage’ with the specialist service. Despite Hazel’s engagement with all services, she did not get the support she needed from children’s social care or the specialist service, and nor did her children.

Workers described how service users appeared to resist the pressure from other services to ‘engage’ with specialist services by ceasing contact or having contact but not in a ‘meaningful’ way; in other words, ‘disengaging’ was the only way of using what little power they had. Workers also described disengagement as a response to service users being ‘overwhelmed’ by the number of professionals involved in their lives. In such situations, workers presented the specialist service as the only one that service users could ‘choose’ to disengage from:

> *Another issue [barrier] that I see frequently is multiple services being thrown at families, which is unrealistic … because as well as managing multiple services she's then got to manage the perpetrator's response to her engaging with multiple services, so it kind of increases the stress for the victim.* (Worker 6)

> *[Service users have] social workers coming out every ten days and then you've got the health visitor coming out every ten days and all this stuff is going on. … [I say to them] I understand this is all overload and I don't want to overload you more. But if there's anything I can do to help you in your life, I will, within my power, my role.* (Worker 9)

The ability of service users to 'choose' whether to engage or not was important to workers and is explored in the section on services and workers. Reflecting the quotes above, Worker 8 gave an example of a service user she was about to "*close*" to the service because despite many attempts, she had been unable to speak with her. Worker 8 referred to the service user being "*professionally overwhelmed*", with the referral to the specialist service being "*one professional too many*" for her. Despite the service user sending messages indicating that she wanted support, several weeks would elapse between contacts and Worker 8 stated that the service couldn't keep her "*case open*" on that basis. Elsewhere in the interview, Worker 8 stated that a facilitator for service user engagement was that she operated differently to other professionals, in particular social workers, because she and other specialist services' workers understood domestic abuse and how it impacted on victims/survivors. Worker 8 knew she could have offered something specific to the service user that no-one else was helping her with; but the service user was "*overwhelmed*", presenting a barrier to her engagement leading to Worker 8 having to 'close'; contrary to the empowerment ethos this served to disempower a victim who had stated she wanted support. When service users were finding it difficult to maintain contact with her, Worker 8 said "*that's ok. I think we try and just make sure there's no pressure there to talk to us. But they probably do feel a bit of pressure.*" Despite recognising that some pressure on service users was inevitable, Worker 8 did not appear to recognise that barriers were created both by service users being overwhelmed by professionals, and by the way in which the specialist service conceptualised engagement that contact must be maintained in a way decided by the service, not the service user. As a result, the barrier was created by the immediate network of the service user, but also by the limitations of the service to meet the service user's needs by adapting to her circumstances; those limitations were often created by the demands of commissioners and funders to evidence impact and outcomes, as discussed later in the chapter.

Service users' children

All service users involved in the research had children, albeit for two service users, their children were adults. Services 1 and 2 were the only services involved in the research that offered specific interventions for children. Service users with Services 1 and 2 either sought help for their children first, and were then offered support for themselves; or, after getting help for themselves, they were then offered support for their children. Both experiences were emphasised by service users as a facilitator to their engagement. Gabriela looked for a long time for a service that would support both her and her children at the same time, as did Lisa:

> *They [service] were my last option … [because] this organisation can provide for the whole family, they are the right one, they said to me.* (Gabriela)

> *I struggled to really get help, as I say, because I felt it was more my children that needed a bit of help. But because they presented well and happy and whatever at school, the school never picked up on anything. … I had spoken to a couple of ladies at … the children's centre. … it was just more, well, 'there's nothing we can do' and just sort of dismissed, you know, because everybody was [seen as] fine.* (Lisa)

Despite Lisa being in contact with child-focused services, the specialist service was the first to recognise that her children were not 'fine' and needed support directly due to the domestic abuse, facilitating her engagement with the service. Hester (2011) argued for the need to balance the needs of child-victims/survivors with those of non-abusive parents, but in the experiences described here, neither the children's nor the adult's needs were recognised, except by the specialist service. For Lisa the response reflected other services' lack of understanding of domestic abuse and how children can be impacted, in part because they did not believe her accounts of her ex-partner's abuse.

It was only once Lisa was engaged with the specialist service, and her children were receiving support, that she was asked what support she needed for herself. She had not anticipated that her own needs would be part of the conversation:

> *I mean, she seemed interested, interested in me, that was what was quite weird, not weird-weird, but nice, because she was actually interested in me as opposed to, I don't know, perhaps just talking about the children.* (Lisa)

Service users' experiences with other services involved focus on their children, to the exclusion of seeing service users' own need for support; and/or a lack of recognition that service users and their children needed support following domestic abuse. Service users therefore valued specialist services' responses to both them and their children, creating a facilitator to engagement.

When asked about facilitators to engagement, workers did not refer to service users' children and their need for support. When workers referenced service users' children, it was only in relation to the barriers presented by a lack of childcare:

> *[W]ith the, sort of, the impact of Covid, where they've [service users] just said 'I just can't, you know, I've got the children at home at the moment, I can't attend a group, you know, in the daytime, because they're at home', or in the evening, 'I'm just putting them to bed, you know, it's just too much'.* (Worker 2)

This barrier was only mentioned by one service user, also in relation to the Covid-19 pandemic which meant her children were at home rather than at school or nursery, preventing her from accessing online support; a factor found in contemporaneous research (Richardson Foster et al., 2022).

Two service users were carers for their adult children, which presented barriers at times to their engagement with services. Michelle said that if her adult child needed her, she would "*drop everything*" including the specialist service despite how much she valued their support, which reflected Claire's situation:

> *My [grown children] I'm a full-time carer for them … if I'd had to deal with anything … overnight, there was just, energy-wise, there was no way that I could, you know, cope and go to the group the next day.* (Claire)

Provided Claire contacted the specialist service to inform them that she wasn't attending, she would have been seen as engaging by the service. But, as presented in the previous chapter, it is likely there would have been a limit to the number of group sessions Claire could miss before she was deemed to be 'non-engaging', regardless of the barriers presented by her caring commitments.

Perpetrators

Service users continued to manage the impact of their ex-partners' abusive behaviours on them, and/or their abusive ex-partners continued to be present in their lives. While these situations could present barriers, it also meant service users continued to recognise their need for specialist support, which facilitated engagement:

> *I was even behaving like he was still here in the house. And I just thought, no, no, no, I did not get away to have the ghost of him here. So, get yourself on something [the group].* (Sarah)

> *[O]ne time, my ex … he was in my flat, and I was in a different room. And [group worker said] … because the abuser's still in that place, I can't really attend the [online] group. … I said, 'I really want to attend it', … she said 'you walk out, not in the same place' [as the perpetrator], so I did that, I took it outside. So I still did that group.* (Jade)

Sarah had received specialist support in the past; so when she started to psychologically relive her ex-partner's abuse through flashbacks, she knew she needed to access specialist support again. In this way, the ongoing impact of her ex-partner's abuse acted as a facilitator to Sarah's engagement with the service. Jade's experience was that the presence of the abuser, on whom she still relied for childcare, meant the specialist service decided that it was not appropriate for her to access the group, informing her she had to 'walk out' and find somewhere else to join from. Jade wanted to attend the group and perceived the benefits she would gain from it so, as she explains above, she found somewhere else to join the group from, and thereby not allow her ex-partner to be a barrier to her engagement. Many potential service users would have been unable to find an alternative location (Richardson Foster, 2022).

Services 1 and 2 delivered a specific intervention working with both partners, that is, the victim and the perpetrator in the relationship; this was not offered by Services 3 or 4. None of the service users from Services 1 or 2 who participated in the research had partners who had accessed the perpetrator interventions. Workers from Services 1 and 2 were clear there was a need for perpetrator work and referred to positive outcomes they had experienced. But it also meant perpetrators presented barriers to service user engagement:

> *[S]ometimes, you know, I might engage my client [the victim/survivor] … and then the alleged perpetrator's like, no, there's nothing wrong.* (Worker 5)
>
> *[O]ne [victim/survivor-service user], actually, that has done her assessment with me. … her partner … wasn't happy with his assessment, and had refused support, which is fine, that happens quite often. But she's now disengaged with me.* (Worker 9)

Worker 9 stated that when the abusive partner refused support, it was 'fine', which reflected the choice ethos at the heart of specialist services. But Worker 9 was also aware that the abusive partner's withdrawal had led to the victim/survivor-service user being unable to engage with support. While this appeared not to have been her choice, but a barrier created by the abuser, Worker 9 referred to the service user having ‘disengaged’, which placed responsibility onto the service user and her perceived ‘choice’ not to engage.

Workers thus recognised how abusers could present barriers to service user engagement; but framed the barriers as impacting on service users’ choice, rather than abusers actively preventing service users from continuing their involvement with specialist services. One way in which workers presented this framing was by separating the abuse from the abuser. The previous chapter described how workers’ conceptualisations of engagement involved a rendering of the perpetrators as invisible through their language about ‘the abuse’. The following quotes from workers similarly highlight that their focus on ‘the abuse’, rather than ‘the abuser’, impacted their framing of barriers to engagement.

> *So a lot of them [service users] have been told, no you can’t tell anyone what’s happened. … [they think], ‘oh no, I can’t say anything, just in case’. … yeah, I think it’s a big barrier, the control.* (Worker 10)

> *[W]ith families where there are issues around child contact that are always coming into their space … that post-separation control stuff that’s going on in families as well where children are involved.* (Worker 3)

Worker 3 referred to ‘issues’ that came into service users’ ‘space’; these issues would be caused by the abusive ex-partner, who was not mentioned. Her use of the term ‘families’ – other workers also used this term, or ‘parents’ – rather than service user or victim/survivor further rendered the perpetrator invisible.

Terms such as ‘the abuse’ or ‘the control’ were frequently used by workers, like Worker 10 above, to describe barriers to engagement. Language that distanced the actions of the perpetrator and the barriers they created for engagement meant workers were focused on service users and their individual “*personal responsibility*” for gaining safety (Hunnicutt, 2019, p. 211). One reason workers framed ‘the abuse’ as a barrier, rather than recognising how abusers' behaviours removed choice from service users may have been because they too felt powerless to stop abusers.

Workers gave examples of legal options such as non-molestation orders that service users could apply for to attempt to keep abusers away; or they encouraged service users to report to the police to try to ensure the criminal justice system could hold the abuser accountable and impose legal sanctions. Yet workers also appeared to feel powerless to prevent abusers from controlling or otherwise abusing service users; even with the interventions for abusers provided by Services 1 and 2, they had a limited role if abusers did not accept help to end their behaviours. Worker 12 said the following in response to a question on barriers to engagement:

> *Honestly, other services not doing their jobs properly. And unfortunately, it's the police. … if the perpetrator breaches the non-molestation order, and they [police] don't do anything about it, they don't even acknowledge it … And the client says, 'what is the point?' … You know, it's the nature of the work we do. It happens.* (Worker 12)

Worker 12's response suggested a resignation to the fact that other agencies, in this example the police and criminal justice system, would let service users down and that this enabled abusers to continue their abuse and create barriers to engagement. This sense of powerlessness to influence the actions of other services, and by extension the behaviour of the abuser, was not specifically articulated by any workers, and was only alluded to by Worker 12 above. As already described, they shifted focus onto the service user: perpetrators, and others in their immediate networks, were framed as presenting barriers that led to service users 'choosing' not to engage, as the next section discusses.

Service user 'choices'

This section has shown that within the 'immediate networks' level of the ecological model there were multiple barriers to service user engagement. What has been presented in this section as barriers, in workers' framing, did not stop service users from engaging, but influenced their choice, or readiness to do so. This was influenced by the importance workers placed on empowering service users, which included giving choice and emphasising the voluntary nature of the service:

> *[I]t's sort of, well, how else can we explore for this person to be able to still access the support if they want to? Equally, it's a voluntary service so also respecting that it's up to each individual as to whether they want to, sort of, get involved in the support at that time. Or maybe that it's not the right time for them.* (Worker 2)

> *I've got one that's still open to me at the moment … she's, she really has got an ex that's being so controlling, so coercive. ... she's not feeling in control, which is becoming incredibly frustrating and draining [for her]. … But again, I need to look at what is the barrier in doing it [the action]? Is it you just aren't able to make time? … I feel that she's going to stay in that place, if she doesn't, you know, if she's unable to move forward.* (Worker 7)

Workers highlighted the efforts they went to in trying to facilitate service user engagement. Yet, when they talked about the barriers service users faced in trying to engage in the specialist service, they framed these as impacting on the choices of the service user. Worker 7 referred to the perpetrator at the start of the quote above, but as her response continued, her focus shifted to the actions of the service user and whether she could 'make time' for the action. The implication appeared to be that, regardless of the service user feeling that she was not 'in control', she could still make choices about taking actions and moving herself forward. Workers' responses suggested they did not see it as a part of their roles to address the barriers presented by service users' immediate networks; a significant shift from earlier feminist activist campaigning that focused on ending violence and abuse for all women (Dobash and Dobash, 1992). Instead, they emphasised that, as voluntary services with an ethos of empowerment, it was for service users to reach a point where they were 'ready' to engage, at which time they could return to the specialist service. Worker 11 reflected this perspective in response to a question as to whether there was anything she, as a worker, could do when service users disengaged:

> *In a harsh word, no. Because they have to do it themselves. We're here to empower them. We can give them all the tools in the world. But they have to make their choices. … They need to be ready to engage. All we say is, we offer kind words, and we say if your circumstances change, we're always here for you in the future.* (Worker 11)

Worker 11 reflected the empowerment ethos of specialist services, which meant they wouldn't force someone to access support, and was seen as a facilitator to engagement. Also within the empowerment ethos, external barriers were highlighted but then minimised in order to frame service users as making choices. The role of choice and empowerment are further explored in the next section.

Specialist service and worker barriers and facilitators

This section presents the factors within levels three (workers) and four (specialist services) of the ecological model that facilitated or presented barriers to engagement. In their responses to the questions about building relationships, workers mirrored how service users described the importance of feeling validated, not judged, and able to trust workers, as described earlier in this chapter as a facilitator to engagement. Workers also emphasised facilitators relating to choice, flexibility and empowerment, described in the previous chapter as elements of the concept of engagement. This section shows how service design could also create a facilitator through interventions that enabled service users to meet each other.

Choice, empowerment and multi-agency working

Choice was presented as a significant facilitator to engagement: when service users knew they could make a choice about receiving support, workers suggested, they were more likely to engage:

> *I get quite a lot of people say that when they've spoken to me, they feel, like, empowered … And I don't know what it is I do but, yeah, I think it's just, like, listening to them … [getting an] understanding of what they want and giving choice.* (Worker 9)

Service users emphasised their experience of being listened to, understood, and not judged as empowering, as described in the previous chapter, and aligned with earlier feminist movement emphases (Turgoose, 2016). For workers, however, empowerment – influenced by neo-liberal narratives – prioritised choice, which they saw as distinguishing specialist services from other, mainly statutory, services such as children's social care and police:

> *[N]ot being a statutory service really helps engagement … people are very different with us [compared to statutory services], how they come into the service, because it's their choice, and, you know, they're in control of … their support.* (Worker 4)

> *I try really hard to make sure they realise I'm not in that [statutory] world.* (Worker 8)

The previous chapter analysed how workers saw their positions as different to that of statutory services, also shown in the quotes above, but that service users did not necessarily share that view because they perceived workers as having power to make changes happen. In addition, and despite the quotes above, the closeness of specialist services with statutory services, and the emphasis on multi-agency working and information sharing, could also create barriers for service users. It could also disempower them through removing their choices or overriding their consent. Policies and procedures meant workers would not share service users' information with other professionals, and workers highlighted how this facilitated engagement, reassuring service users "*that what's said is between you and me*" (Worker 14). However, this would not be the case if "*there's a safeguarding concern*" (Worker 14). In this context, 'safeguarding' could refer to service users being at risk of serious harm or homicide, which, within procedures relating to risk and specifically the Multi-Agency Risk Assessment Conference process (SafeLives, 2024), enabled professionals to share information with or without service user consent. It could also refer to risk of harm to children or vulnerable adults. These limitations on confidentiality could present a barrier to engagement:

> *[A] lot of it is about safeguarding, safeguarding, safeguarding, especially with children, which I do understand. But for me … my mental health was really bad. … [I needed] maybe more support about, 'hold on a minute, are you doing OK? How are you?' It's that pressure then like, oh shit, if I say this or something [about my mental health], they're going to report me [to social services].* (Charlotte)

Charlotte understood the need for a focus on safeguarding but reflected that she did not feel able to be fully open about how she was feeling, in case what she shared was perceived to pose a safeguarding risk to her child. In this way the specialist service was not as separate, or distinct, from statutory services as some workers suggested, and this created a barrier for Charlotte. She continued to engage but did not get all the support she needed.

Service users' indebtedness to services

An element of the quote above from Charlotte, in which she emphasised that she understood the need for safeguarding, reflected a common theme for service users: their engagement with specialist services, in the absence of other support, appeared to mean they felt indebted to the services and did not want to risk losing them. This led to a willingness to comply with expectations, and an apparent reluctance to be negative:

> *I'd rather have any support than not. So it's very difficult to complain.* (Jasmine)

> *I feel I'm lucky because I'm here. In [my country of origin], a lot of women they are in abusive relationship, but they have no way to get out of there.* (Jade)

For Jade and Jasmine, their feelings of indebtedness to services appeared to lead to a reluctance to complain, despite not always getting the support they needed – for Jasmine, this related to frequent changes to her worker. Jade had been sent an information pack to accompany the group intervention she was due to attend online, and it had gone missing; she thought that her abusive ex-partner, who still had access to her home, had taken it. She contacted the service repeatedly to ask for a new pack, and eventually received one; she reflected that perhaps she didn't hear back sooner "*because they're busy … But I think, the only one time I feel, is it because I'm too annoying, sending another message, you know?*" She blamed herself, and appeared not to want to criticise the service, because she was 'lucky' to have it.

Seven service users described experiences that were somewhat negative, or shared ways they felt the service could improve, but all in ways that suggested they were reluctant to be negative or critical. Like Jade they blamed themselves; or like Jasmine they stated they understood that services were doing their best with limited resources. Others minimised their experiences or needs, like Kristin when she felt she didn't get the support she needed from the high-risk service (not involved in this research):

> *[S]he was just a voice on the other end of the phone. … All they would do with me is run through the … risk assessment. … It was impersonal. But I can understand why, like, in terms of, like, on a scale of one to ten of severity, I was probably at like a two … I imagine that with [high-risk service] they've got like real domestic abuse, violence.* (Kristin)

Despite the above experience, Kristin said of the worker at the high-risk service, "*don't get me wrong, she was lovely*". Rather than be critical of the service, she explained the lack of a personal approach as due to her experiences being less 'serious' than other service users who had experienced 'real' domestic abuse, suggesting she saw a hierarchy of experiences. Like Kristin describing the worker as 'lovely', to counteract anything negative they may have said, service users often used highly emphatic language to describe specialist services and workers. Kristin later referred to workers at the specialist service involved in this research as "*walking angels*", and Marian called them "*saviours*". Their gratitude communicated – like Jade above – a sense that they had been lucky or fortunate to have found the specialist service.

> *I feel honoured to be a part of their service, I really do. I have transformed in the last few years.* (Michelle)

The idea that specialist services were a "*lifeline*" (Marian) was presented by service users to try to communicate the significant positive impact specialist services had made on their lives. The feeling of indebtedness facilitated their engagement and stopped them being critical. As their only source of support, service users may have been unwilling to communicate issues or problems due to concerns this could jeopardise the relationships they had developed and the support they received. Perhaps because of those relationships, service users also communicated empathy for the workers' difficult situations, recognising that workers were 'doing their best' in difficult circumstances given the scale of the issue they were responding to, and limited funding. Hochschild (2003) described workers engaging in 'emotion management' as part of their roles; but here we can see service users managing their own emotions in response to the specialist service by holding back on criticism, or making an effort to empathise with workers. The gratitude shown by service users, which was appreciated by workers, could be seen as a 'feeling rule' (Hochschild, 1979) established through the relationship between them.

Meeting other service users

Specialist services facilitated service user engagement through the opportunity they created for them to meet other victims/survivors through group work interventions. All but one of the service users had accessed a group intervention. Meeting other service users meant they knew they were 'not alone' in their experiences of domestic abuse. A potential barrier to engagement described by Sarah was feeling overwhelmed by talking about the abuse she had experienced in the group session. But she was able to feel comfortable and engage in the group once she saw that the other women had been through similar experiences:

> *[I]t was really just seeing everybody else's faces and just thinking, gosh, every one of these people's got a story. ... And I just thought to myself if they can do it, you know [so can I]. So it's people like [other service user] and the others that have helped me.* (Sarah)

> *I just feel 100 times better … and also just knowing that I'm not the first person to go through it and I'm not the last person, and you're not on your own.* (Sonia)

Services and workers recognised the benefits service users gained by accessing support collectively, and how this facilitated engagement. It challenged the isolation created by perpetrators, and responded to the fact that, as demonstrated above, service users often could not reach out to friends or family for support. Their experiences recall the consciousness raising groups and "*women coming together*" for support that were a central feature of the feminist movement in the 1970s and 1980s (Turgoose, 2016, p. 111). Their purpose was individual recovery accompanied by other service users, rather than related to activism or the collective empowerment of women, but being able to meet other women with similar experiences remained important and was a significant facilitator to engagement.

Four workers, who either delivered group interventions or were based in services that delivered groups and/or worked with volunteers, commented on the impact for service users of being able to listen to each other's experiences. Two components of these interactions were described as facilitating engagement: meeting others who were perceived as further along in their 'recovery', giving hope they would recover; and being able to speak with others who fully understood domestic abuse because they had experienced it:

> *Twelve other people that have been through similar circumstances and survived and come out the other end and they can see, you know, 'I can escape from this', because sometimes people feel so deflated with that 'I'm never*

> *going to get away … you know, it's easier to stay in this relationship because he's never, ever going to leave me alone, he's told me that'.* (Worker 13)

Worker 13's perspective reflected what has been demonstrated in this chapter, that workers and services felt powerless to stop abusers and their impact on service users. She also reflected Sonia's statement above that she wouldn't be the 'last person' to be abused. From both participants a sense of resignation is implied, that domestic abuse was an inevitable part of life, and the role of services was to support victims/survivors, not attempt to stop abuse from occurring. The experience of meeting with others who had similar experiences meant that, in the words of Worker 15, service users could see that they "*get it*":

> *I think it is important [that volunteers have direct experience of domestic abuse] because they have that real understanding, that empathy. … But I think someone else who hasn't experienced it can, if they've got that genuine interest could, there's no reason why they couldn't be involved [as a volunteer].* (Worker 4)

Worker 4, while endorsing the importance of volunteers with lived experience supporting service users on groups, due to their 'real understanding', also suggested it was not an essential requirement, provided someone had a 'genuine interest'. Her perspective reflected the fact that workers may or may not have had their own lived experience of abuse, but that a lack of experience did not invalidate their expertise. Of 16 workers, only two shared that they were victims/survivors, although none were asked directly, and it is possible others chose not to disclose. Research suggests more than half of specialist workers have lived experience of domestic abuse (Gilbert, 2020); but specialist services' policies tend to forbid workers with lived experience from disclosing. Gilbert (2024) found, in interviews with survivor-workers, that the "*shame and secrecy that perpetrators of abuse create for victims and survivors*" (p. 305) was "*re-created*" by "*organization's policy around self-disclosure*" (p. 306) and that when they did decide to share their experiences with service users, the sense of shared experiences "*was felt to be a strength of the work*" (p. 307). Policies forbidding workers from disclosing, while well-meant in relation to managing the emotional safety of service users and workers, potentially creates a division, in which workers, "*us*", support service users, "*them*" (SafeLives, no date-b).

Whether workers had lived experience or not, for Worker 4 a 'genuine interest' was needed; as suggested in the previous chapter, this reflected a sense that they were "*living their calling*" to support victims/survivors (Walsh et al., 2020, p. 243). Nevertheless, workers' level of understanding and empathy was such that service users tended to assume that workers had lived experience of domestic abuse. For example, Marian said, "*it's like they've all gone through it, and they understand.*" Service users' sense of isolation, and the response of others outside the specialist service, perhaps led them to believe that only those with lived experience were capable of understanding and supporting them, and this became a facilitator for their engagement.

The peer support service offered by Services 1 and 2, and the drop-in sessions run by Service 4, were established due to recognition by services that some service users continued to need support beyond the structured sessions. The peer support or drop-ins, if taken up, meant service users could continue to access support for as long as they needed it; and the openness of the service to remain available was a facilitator for engagement. For example, Claire said that the fact that the support "*goes as far as you need it to go … is great, there's just no pressure to think oh gosh, I better, you know, heal myself in the next two weeks*". Worker 14 also reflected on the importance of open-ended support:

> *[S]ome of those women don't ever want to leave this service. And that's ok, so they're going to stay. [Interviewer: Why do you think they don't ever want to leave?] Well, there's two that are standing out to me … They don't have any other family. We've become like a family for them, and each other. … [Also for] one of them … another court case suddenly reared its head. … you think everything's finished and completed and now something else has happened.* (Worker 14)

Worker 14 recognised that many service users remained isolated, creating a facilitator to their engagement. Additionally, while they may have progressed on their ‘journey’, the nature of domestic abuse is such that many service users did not reach a point where “*everything’s finished*”. With no or limited powers to influence how abusers behaved, or the isolation service users experienced, the service accepted that some service users may never “*want to leave*”. Perhaps due to the way it challenged narratives of personal responsibility and avoiding dependency, this flexibility was not seen as ideal and was not available across all services. The next section explores how commissioners and funders influenced decisions such as these, thereby creating facilitators and barriers to service user engagement.

Commissioner and funder barriers and facilitators

Facilitators and barriers were created at this level of the ecological model through the ways services were commissioned, including what services had the capacity to offer, the geographical boundaries of services, the role of professionals, and that services were required to meet the needs of all service users through providing a ‘generic’ service.

Limited funding and lack of capacity

The previous chapter described how a lack of capacity shaped how workers and services conceptualised ‘engagement’. The sector (Women’s Resource Centre, 2022) and research (Adisa et al., 2020) have repeatedly highlighted the pressure on the specialist sector created by lack of funding, which lead to challenges in recruiting and retaining workers, and with those workers who remain experiencing stress and burnout (Kulkarni et al., 2013; Bromley et al., 2023). It also created barriers to service user engagement through requirements to progress ‘cases’ and demonstrate engagement rates and outcomes for closed cases. Within these processes, workers were required to carry a certain number of cases – their ‘caseload’ – and to manage their time in supporting each service user, which had the potential to create barriers to engagement. Worker 8 talked about how her work was impacted when service users were not in contact:

> *[I]f I see I've got a couple of [service users] … who I know I'm not going to get hold of, I sometimes feel a bit nervous because I think they're not going to answer. But then I'll look at the rest of my week and think it's so jampacked, if they don't answer then, when am I actually going to fit them in?* (Worker 8)

In the quote from Worker 8, the barrier created by the service's limited capacity to meet demand led to an ongoing strain when service users were not engaging in ways expected by the service, in this case, answering the telephone to the worker at the time when she had scheduled the call. Additionally, Worker 8 described how she scheduled a certain amount of time for each call. When a call continued for longer than that time, Worker 8 would not cut it short, because she was determined to support service users; but it meant she was unable to get other parts of her work completed. Worker 8, like others, strove to not allow the limited resources to impact on service users. Service users recognised this, which provided a facilitator to engagement. For example, Kristin appreciated she had "*never known if [worker] had a call after me or before me … I've never been rushed by her to finish talking*".

For workers, assessments that concluded service users were 'non-engaging' enabled them to close cases, which served as a way for workers and services to manage the high demand for support and workers' well-being. All workers emphasised that if service users were unable to engage at that time, they could exit the service – in other words, their case would be closed – and return when they needed to. Yet in the context of high demand and insufficient resources, this could create barriers to support. Worker 13 described working in a service – not one involved in this research – that was commissioned to work with high-risk service users for a short time until they were identified as no longer at high risk. For example, the service was unable to keep service users 'open' on their system while waiting for a criminal trial to take place:

> *Although we could close a file and the client could, you know, re-refer for court support … when you refer back, it's a case of, you know, have we got capacity, or, we can't take this person in again to support them at court, so [we] signpost them to witness care because we've got so many new high [risk] referrals coming in.* (Worker 13)

The lack of capacity, and the requirement to close cases to produce data about the number of service users who had received support from the service, created a barrier to service users who needed to come back to the service for support at a later date. They wanted to engage; but were prevented from doing so by the design of the service and its lack of capacity.

Service design

Another way in which commissioning created facilitators and barriers to engagement in relation to service design was that, as described in Chapter 4, Services 1, 2 and 4 were designed with multiple integrated interventions. Each intervention was delivered by separate workers and aimed to meet different service user needs. SafeLives' approach, delivered through the commissioned 'Beacon' sites, was developed in partnership with specialist services and survivors and aimed to address recognised gaps in provision, which many service users appreciated, for example the support provided for their children. Yet the tightly defined nature of the service also created barriers to engagement. Worker 3 talked about the "*normal process*" for service users, whereby they were expected to engage with each intervention separately or one after the other. Service users often deviated from this anticipated pathway, due to a change in their circumstances such as becoming involved in court processes. Worker 3 described the challenge to workers when service users did not follow the 'normal' process through the service's interventions:

> *What that looks like in practice, that can be quite difficult. … So I'll be working with the family and something has happened or there's a change in circumstances … where it's decided actually, do you know what, an IDVA needs to be involved here. And then, you've, I've already got the relationship*

> *with the parent … then what happens? … who becomes the lead when it changes in that direction? … It makes it confusing for the service user and also for me.* (Worker 3)

Worker 3 described times when service users sought her help and advice, but – despite their engagement and the relationship they had built together – she had to tell them "*I'm only going to talk to you about stuff to do with the children, because there's a divide here*". The divide was between the two interventions: one accessed by 'service users', to provide support for their needs, and another accessed by 'parents', to provide support to their children. Worker 3 recognised the constructed distinction this created, leading to a potential barrier for service users who did not see themselves in that way, and had developed a trusting relationship with one worker. They did not want to switch to another worker, or engage with two workers at the same time, but they needed to due to the way the service had been designed and commissioned.

Workers in Services 1 and 2 shared that it took time for them to understand the range of different interventions, and felt this could also be a barrier for service user engagement.

> *[T]here may be sometimes an element of 'I've got this query, who shall I call … my IDVA or … the CYP Worker?' And sometimes they might not necessarily have a full distinction of the difference between the two roles.* (Worker 2)

Three service users who had accessed group interventions talked about needing one to one support, or something in addition to the groups. They appreciated the groups and had gained a lot from them but needed more. The design of group interventions assumed service users accessed them once the perpetrator's abuse had ended and service users had no need for practical support:

> *I also think it's very important to have a chance to have at least one or two, kind of one-to-one sessions where you're talking to a professional or a*

> *counsellor or somebody, because the thing is, abuse is so different and it can be incredibly complicated.* (Sarah)

> *[I]n the sessions with [service], I mean it's kind of, the support after the domestic abuse, you know, to build a life. … But when I still have a contact with him [perpetrator], how can I sit with the feeling? … I think that is something maybe can discuss in the group, you know.* (Jade)

The separation of the different interventions did not present a barrier to engagement for Sarah or Jade – it could have done for others – but they did not get the support they needed, because they were engaging with one specific intervention that made assumptions about their situations. Interviews with workers suggested that, had Jade asked for additional support, it would have been provided; but she felt unable to ask. Had Sarah asked for counselling, she would have been referred on to an external organisation, possibly one that was not a specialist domestic abuse service, because the service she was accessing did not offer that intervention.

For other service users, the distinction between interventions was something that facilitated their engagement and led to them feeling they benefitted from the service.

> *I think it's great because each one has a different experience and specialisation. … if it will be one person for all of them will not work that good … I can see the difference the specialisation of each person.* (Gabriela)

> *I think it's the timing as well … I'd just split up with my ex when I got the [support] worker. She did really help. … Attending the group [after that], where if I had been attending that straight after I split up with my ex, I don't think I would have been ready, I don't think I would have taken it all in.* (Charlotte)

For Charlotte, the service design in which service users initially received one to one support and could then access group interventions meant she felt she received the right support at the right time according to her needs. Gabriela had tried to find a service that would work with both her and her children to recover from domestic abuse. She appreciated that different skills and experience were needed to work with her, compared to work with her children, and she valued that she could access both specialisms in the same service.

The role of professionals

The different types of roles within services were embedded through service design and commissioning, requiring different qualifications and experience. Worker 13 reflected that having defined roles, with the requisite qualifications, gave "*the client a little bit more reassur[ance]*" that workers had the appropriate skills to support service users. This was clearly felt by Gabriela, above. Worker 13 also felt that it increased respect and recognition from other professionals because, "*I think the third sector and the voluntary sector are still not being recognised for their skills with the domestic violence arena.*" Through the 1990s specialist services developed from a model in which support was provided predominantly by volunteers, to being provided primarily by paid professionals, in part due to recognition of the skills and expertise required to deliver safe and appropriate support to victims/survivors (Dobash and Dobash, 1992; Home Office 2005). Increased professionalisation led to the establishment of the IDVA role, which Worker 13 referred to as part of the reason she felt other professionals – such as police officers and social workers – respected her. Despite these developments, Worker 13 felt that workers' skills were not adequately recognised.

All services in this study comprised workers with different specialisms. Separate interventions were provided for adults and for children, for one-to-one support and for groups, and some services had dedicated staff to work with specific groups of service users. The need for these types of specialisms is not always recognised in commissioning, which has moved towards more generic, 'one size fits all' and gender-neutral approach (Messing et al., 2015; Wiper and Lewis, 2020), which is discussed next.

Generic services

Services 1, 2 and 3 were commissioned to respond to both men and women as victims/survivors; Service 4, as a grant funded organisation, restricted its services to women-only. Within those groups, services expected to meet the needs of all victims/survivors. Gender-neutral or generic service design was not described as a barrier or facilitator to women's engagement to any of the services, by service users or workers. For service users, in addition to not being asked directly, this may have been because they accessed either one-to-one support from workers who were all women; and/or they only accessed groups which were designed as single gender spaces. In interviews, workers were asked to focus on their service users who were women and were not asked specifically about gender, and all did this except for one, when asked about organisational processes that affected their work:

> *[N]ot all of our clients coming through are women. So it's quite tricky when some of the groups have to be, are gender based, it would be good for male victims as well coming through. I suppose, and this is just a service issue I suppose, if there was more males.* (Worker 4)

In this quote, Worker 4 appeared to suggest there were no groups for male victim/survivor service users because there were not enough of them coming through the service for a group to be run. What they didn't comment on is why there are so few service users coming through who are men; either referring to the gendered nature of domestic abuse as a form of violence against women and girls (European Institute for Gender Equality, 2017), or reflecting on barriers that men may face in seeking help or engaging (Hine, Wallace and Bates, 2022). Interviews were explicitly based on workers' support to women as victims/survivors, and, with a focus on engagement, did not ask them to discuss the causes of domestic abuse; yet it was of note that gender was absent from their discussions of engagement, with the exception of the quote from Worker 4 above.

None of the services provided specialisms for service users from racially or otherwise minoritised communities. The previous chapter demonstrated how workers approached each service user as an individual; they aimed to facilitate engagement through responding to service users' individual needs. Worker 11 referred to an occasion when this approach was not enough, due to the specific needs of the service user:

> *I've tried to have a roundabout conversation to say, we're not the right service to provide you with that support. … so I'm going to refer them to another agency who are national, and they just have a clearer understanding of some of the ethnic backgrounds that some of these victims have.* (Worker 11)

Worker 11 was the only participant to imply the 'generic' service design was limited in relation to the ability to respond to a service user who had specific needs relating to their ethnic background. In this case, she felt she had to refer the service user to a 'by and for' service for more appropriate support to be provided. While the service users involved in this study did not suggest that a lack of specialist responses was a barrier, other research has shown that Black and racially minoritised communities struggle to have their needs met within generic provision (Kumar, 2019).

Geographical boundaries

An additional barrier faced by service users, created by commissioning, was where, geographically, the service was offered.

> *Well, I rang [the service] for a few year[s], but because I didn't live in [area] I couldn't get involved in the services.* (Michelle)

The services involved in this research were commissioned within, or funded to cover, strict geographical areas, leading to service users not being able to access services that they needed. Michelle wanted to engage with the service for many years but was only able to do so once she moved into the correct area. Hazel was offered support at court, but when her hearing was moved to a court across a commissioning boundary, the support was removed. Sarah had a positive experience with the specialist service in the area she was living in, but once she fled to the new area, received no support:

> *This was really annoying, because I've changed area, they're [specialist service in previous area] not allowed to talk to anybody else in another area, so they can't really do anything. You have to go do it all yourself. That was, that was difficult because I lost my ability to talk to people.* (Sarah)

Sarah received specialist support only after going to her General Practice (GP), where a health professional referred her to the specialist service. She reflected that it had taken her a year to feel strong enough to go to the GP and ask for help, support which she would have benefited from significantly in that time. Her situation supports Bowstead's (2015) argument that commissioning structures do not account for the journeys undertaken by victims/survivors as they seek support and safety. Worker 10 described the response if someone approached her service outside "*our postcode remit … [we] refer on to their local domestic abuse service*". For workers this perhaps felt straightforward, to simply refer someone to another service. But this doesn't recognise the challenges for service users, as described by Sarah. These structures are directed by national policy in relation to domestic abuse funding and services, which is explored in the next section.

National policy and attitudes barriers and facilitators

This section demonstrates how the final level of the ecological model (national policy and attitudes to domestic abuse) influenced service user engagement and the facilitators and barriers presented by the other levels. National attitudes to domestic abuse are often summarised by the question 'why doesn't she just leave?' (WAFE, 2022b), failing to recognise the systemic barriers many women face in accessing services, which are covered in this section.

Local provision

National policy dictates that responses to domestic abuse operate, and are funded, at a local rather than regional or national level (Domestic Abuse Act 2021); and to focus on the needs of individuals (Home Office, 2024). Barriers described in previous sections demonstrate the outcome of such policies: that the needs of service users are not always met. Service users needed to move areas to be safe from perpetrators; when services were only delivered within geographical boundaries, this created barriers to service users accessing support, whether they were 'engaged' or not.

Risk focus

Another area in which national policy presented barriers to service user engagement is the emphasis on risk-led approaches, through the role of the IDVA, the DASH-RIC and the MARAC process (SafeLives, 2024). For example, much central government funding since the 2010s has been for IDVAs and MARAC Coordinators (Home Office, 2010). Barriers were presented due to these processes in relation to information sharing and the limits to confidentiality: specialist services have the power to share service users' information without their consent when they are judged to be at 'high risk' of serious harm or homicide. For Hazel, below, the response of the IDVA in the high-risk service (not involved in this research) led to her feeling she could not be open about her experiences:

> *[High-risk service IDVA] came and met me … and just took my details. … they didn't … tell you that whatever you share would be shared with other services, you know, like children's services or whatever. ... So it was kind of, no privacy. So I sometimes found myself not wanting to tell other people, and my IDVA, because she was going to tell, you know, other people and it made it feel less personal.* (Hazel)

Like Hazel, Charlotte – referred to in the previous section in relation to the barrier presented by the service's emphasis on safeguarding – felt she had to hold back from services because of her concerns over them sharing her information. Charlotte worked in a public sector organisation and knew the processes for responding to domestic abuse. As a result, she did not seek, or engage with, support until she felt she had no other choice:

> *[T]he main barrier for me was my job. … for me, if there might have been a different way they could have, I don't know, prevented other agencies to find out. Maybe. And just sticking with [service], no-one else having to get involved.* (Charlotte)

Service 4 had recognised how processes related to risk, that led directly to information sharing, could present a barrier to service user engagement, as described by Hazel and Charlotte. They had established a support service that people could access entirely anonymously:

> *[T]he feedback that we've got is that people are becoming more and more reluctant to report. Especially professionals, because they know that as soon as they report then they end up on an electronic system somewhere … so this information is getting shared. People are reluctant to become a statistic on a computer, because … they're trying to get help.* (Worker 13)

Worker 13 described here how a national – and thereby local – focus on recording and information sharing had created such a barrier that Service 4 had developed a different approach to facilitate engagement. Service 4 was still limited in what they could offer anonymously, and significantly the emphasis was on supporting people up to the point where they felt able to report to services fully, reflecting the influence of national information sharing frameworks (Coy and Kelly, 2019).

Systemic barriers

Research suggests service users need services that are responsive to their specific experiences in relation to ethnicity and other factors, but services are commissioned to be generic, leaving smaller, sparsely funded, 'by and for' services to attempt to meet the needs of high numbers of service users (Kumar, 2019). The previous chapter set out how workers perceived each service user as having their own unique experiences and needs, without reference to structural inequalities (albeit, this wasn't asked about specifically). While national policy may recognise that different victims/survivors may have different needs based on their ethnicity, ability or other factors, gender-neutral approaches prevail, and commissioning processes combined with limited funding tend to lead to generic services (Turgoose, 2016). Such services are less likely to be able to focus on gender inequality as related to experiences of domestic abuse, or to meet the intersecting impacts of domestic abuse and factors such as racism, ableism and poverty, as well as gender.

As a system, the response to domestic abuse places emphasis on victims/survivors seeking help, and if necessary, fleeing, to be safe from perpetrators (Bowstead, 2021). As Gabriela and others highlighted, this left service users with few financial resources:

> *[W]e went out of our home, left everything behind, [and] we still see consequence[s]. … We left the family car there. … [And now] we need to walk a lot. We are walking so much that my little one has some wounds of pressure of walking. … And then we changed all the shoes, bought new socks, treat the wound. Then … I became very mad, very mad with my ex.* (Gabriela)

> *[I]t takes about 20 minutes to drive there, and so just things like, you know, making sure I've got enough petrol, I haven't really got much this week, I better, what do I do? But I kind of prioritise going to the [service] over anything else really because I've just found it so needed.* (Claire)

Gabriela's and Claire's experience demonstrated the sacrifices service users made in order to prioritise engagement with the specialist service when, having left their abusive partners, they left behind access to financial and material resources. Research has highlighted how for women specifically, lack of resources and poverty can lead to, or be an outcome of, experiences of abuse from partners (Ahmadabadi et al. 2017; Skafida, Morrison and Devaney, 2022). Service 4 recognised this through its attempts to gain funding to provide service users with household items they needed.

Jade also talked about not being able to afford to buy her children things they needed and felt like a "*bad mum, like I'm not doing enough for my children*". Jade blamed herself, reflecting narratives found by Wild (2022) that women are "*primarily responsible for child safeguarding and welfare*" (p. 1392). Jade's experience of domestic abuse also reflected narratives relating to gender, which is central to understanding controlling and coercive behaviours (Stark, 2007; Downes, Kelly and Westmarland, 2019):

> *[The service] give me the knowledge, the understanding, what is the abuse … I didn't know whether it [was] abuse behaviour, and I thought it's quite normal, is a man thing.* (Jade)

Prior to engagement with specialist services, service users had individualised their feelings and situations, suggesting they felt they were the only ones to experience them; they did not relate their experiences to wider systemic inequalities that women experience when in relationships with, or after leaving, perpetrators. Such individualisation was also present when workers shared examples of supporting service users with intersecting needs. Worker 5 talked about disabled service users who had completed adjustments to their properties, which meant finding new accommodation was challenging:

> *[I]t's just making sure, you know, that their safety plans are adapted as well in terms of, I know they're not going to flee that easy, their accommodation, if they needed to leave … [there's] a lack of resources in that sense anyway.* (Worker 5)

Research has identified the systemic inequality that leads to barriers to support for disabled service users, due to the inaccessibility of services or lack of understanding of disabled people's needs (McCarthy et al., 2017; Balderston et al., 2019). The barrier acknowledged by Worker 5 was that service users were unlikely to be able to flee to new accommodation; but the focus was on adapting their safety plans to recognise this, focusing again on them as individuals. Balderston et al. (2019)

argued that such responses continued a focus on "*disabled people's mistakenly inherent 'vulnerability'*" rather than what services can do to challenge the systemic inequality that prevents them from accessing the support they need (p. 65). Similarly, when Worker 10 described the challenges she experienced trying to build a relationship with a service user from a traveller community, she focused on barriers specific to that individual's background, rather than wider societal inequalities that marginalise people from traveller communities (Yin-Har Lau and Ridge, 2011), although it should be noted the latter was not asked about specifically, as explained in the Methodology (Chapter 3). Worker 10 gave this as an example of where a service user's difference had impacted on their relationship:

> *I don't think it [differences between service users] necessarily has an impact. I've only had one sort of person of note who has had a bit of a lack of engagement, and this lady was actually from a traveller background … I think that there was a bit of a pride thing, you know, that she didn't need help … It was almost like she didn't want to open up, that she could deal with everything herself.* (Worker 10)

The barrier to building a relationship was framed by Worker 10 as the service user's 'lack of engagement', potentially because it challenged Worker 10's perspective of what 'engagement' should look like. To ensure 'engagement', Worker 10 had to balance being empowering – which meant ensuring the service user took actions of her own – and supporting the service user by taking actions that helped her, such as advocating with other services. It was also important to Worker 10 not to judge the service user and how she interacted with the service; this was a general ethos for specialist services but had added weight for Worker 10 due to her perception that the service user's presentation was shaped by her traveller background. Regardless, the focus was on the individual service user who was seen not to be engaging. Despite empowerment containing an expectation that service users take actions from themselves, the service user's perspective that she could "*deal with everything herself*" was problematic for Worker 10 because it meant they weren't taking actions themselves, which they saw as essential to delivering their role.

Covid-19

An additional national impact on service user engagement was through the government response to the Covid-19 pandemic, specifically the restrictions on movement and meeting face to face. Once restrictions were imposed in March 2020, specialist services moved their support and interventions online and over the telephone. Once restrictions ended, provision became hybrid with some face-to-face contact; but services did not return entirely to non-remote working (Alderson et al., 2022). Remote means of contact created both facilitators and barriers to service user engagement (Richardson Foster et al., 2022).

Seven service users spoke positively about being able to access support remotely, either over the telephone for one-to-one support, or via Zoom© for group interventions. The main ways in which remote access facilitated engagement were that service users felt more comfortable, and safe, being in their homes:

> *I kind of feel more comfortable being at home. Like I'm in my comfort zone … you can have a blanket, you can make a cup of tea, you can make yourself good.* (Victoria)

> *And no-one sees you going into a building like, 'oh, you know, what's Joe Bloggs doing over there?' Moaning about you mate! That's what she's doing!* (Julie)

For Julie, the fact that no-one was going to see her going into a particular venue, and specifically that the perpetrator was not going to see her and question her, was a facilitator to engaging in the group intervention online. Additionally for Julie, and other service users such as Victoria, having mental ill-health or being disabled meant that they were unable to leave their homes easily:

> *Also for me like there's some days I can't, like with my disabilities and stuff, like I can't get out of bed. But I just have these meetings on my pillow. But it meant that I didn't have to miss out. So I can be in shitloads of pain and still be sitting there, contributing somewhere.* (Victoria)

Online access was essential for these service users; it is likely that were the interventions only offered in person this would have created a barrier to their engagement. For Kristin, not being in person meant that she felt more able to be herself, and allow herself to show how she was feeling, because of the remote nature of the support:

> *I found talking to somebody over a phone where I didn't have to sit in front of somebody and have that embarrassment of breaking down. Because I can tell you, like, I spent a lot of time on the phone sobbing to [workers] ... and I think not having to see them allowed me to do that. Whereas I think sometimes when you're sitting in front of somebody, you try and maintain like your composure. So I've been, for me personally, it's worked.* (Kristin)

Remote support thereby created a facilitator for her to engage in a meaningful way. This was not the case for all service users. Hazel experienced the offer of remote support as a barrier that meant she was unable to access any support at all – due to her children being at home while schools were closed during the Covid-19 pandemic restrictions – despite her willingness to engage. Others felt that the lack of face-to-face contact with workers meant they were unable to engage as they otherwise felt they could have. With the exception of Kristin, the lack of a human connection was felt more by service users who had accessed one to one support. Their experiences did not stop them from engaging with the service – and workers would have described them as engaged – but they felt that they had missed out on a more meaningful connection with workers, which the previous chapter highlighted was important for service users. Gabriela and Charlotte shared the impact of this:

> *[Remote contact was a negative] because in this situation, I think at the beginning I was extremely sad and you couldn't have hug, and I needed a hug. I needed someone to say that it would be ok.* (Gabriela)

> *I would have preferred face to face … you build up that relationship better being face to face and they know who you are. … because actually you can*

> *walk past someone in the street and that could be the person that you've been talking to, telling your problems to, really, and they don't know, you don't know.* (Charlotte)

The lack of face-to-face contact created uncertainty for Charlotte, because she felt she didn't know who she was talking to, nor that they really knew her. Charlotte had accessed support after the end of Covid-19 restrictions ended; but felt that the reason she was offered support on the telephone was because remote support, which had started during the pandemic, had then continued but only for those not perceived to be at high risk. Charlotte expressed that "*maybe, there might have been more meetings and face to face, but obviously I wasn't as high risk as some other woman.*"

Workers' reflections on the impact of Covid-19 restrictions were similar to those described by service users. They focused on how remote contact was a facilitator for some service users, because they could stay at home and feel comfortable; but that it could also be a barrier, because relationships were harder to develop over the telephone:

> *I think obviously, naturally, you build a relationship quicker when you're seeing them face to face. I think it takes a little bit longer to kind of have that professional relationship, but I haven't seen a massive difference.* (Worker 1)

> *So for me, what I've found more challenging with supporting people over the phone … it's really hard to read people … So like in terms of reading if someone's becoming distressed … and then I'd have people say to me, 'I'm fine, I'm fine', and I have to kind of make a judgement call and be like, 'I don't think you are', but it's really hard to tell. … it's just not as personable over the phone.* (Worker 15)

Worker 15 reflected Gabriela's and Charlotte's experience of accessing support over the telephone, rather than through a remote platform such as Zoom©, which enabled service users and workers to see each other, not just be a voice. Thus, there appeared to be a difference between remote support on the telephone, which for workers and most service users presented a barrier to engagement, compared with remote support through Zoom©, which presented less of a barrier.

Chapter summary

This chapter has discussed the facilitators and barriers to engagement through a focus on each of the levels in the ecological model (Figure 4.1). The chapter has demonstrated that workers can facilitate engagement through building relationships with service users that are characterised by empathy, non-judgement, and understanding. These factors enable service users to feel safe and to develop trust with the worker and service, which is necessary in a context in which many experienced victim-blaming and a lack of support from family, friends and other services. The outer levels of the model – commissioning and national policy – influenced engagement, primarily in the form of barriers through insufficient funding that limited what services could provide and led to workers closing service users to support if they were not perceived to be engaging. The next chapter brings together the findings presented here and in the previous two chapters in a discussion and presents the implications of the research.

CHAPTER 7: DISCUSSION

Introduction

This study represents the first qualitative exploration of the concept of service user engagement within specialist domestic abuse services, from the perspectives of workers and supplemented by the views of service users about their experiences with services. Despite the concept being embedded within specialist domestic abuse services (AVA, 2019; Women's Aid Federation of England, 2020a), and used frequently in the literature (Howarth and Robinson, 2016; Backes et al., 2022), it has not previously been explored as a concept or defined in that context. This study demonstrates why exploration of the concept of engagement is important: the ways in which engagement is conceptualised – and the influencing factors that shape it – directly impact service users, including whether they receive specialist support or not. This study shows how these services are constrained by commissioning – and influenced by national policy – to deliver support within a limited, and often binary, conceptualisation of service user engagement, presenting challenges to workers and negatively impacting service users.

This study supports previous research findings that despite persistent lack of funding (Adisa et al., 2020) and challenges in meeting demand (Women's Aid Federation of England, 2024) specialist services are often the only places in which service users get the support they need (Kulkarni, 2019; Wood et al., 2020). Amongst all other services accessed by victims/survivors, specialist services continue to hold unique expertise and knowledge on domestic abuse, contributing to their provision of non-judgemental, understanding and victim/survivor-focused support. This study adds to that research by demonstrating the role of 'engagement' in that support: the concept is a component of the restrictions within specialist services that can limit the support provided to service users.

The gap in the field of domestic abuse literature – which this study has started to address – contrasts with other sectors and research fields, such as children's social care (Mason, Taggart and Broadhurst, 2020) and mental health services (Henderson et al., 2020), which have explored the concept of engagement and attempted to define it and its components. This study is important because the specialist domestic abuse sector differs from both those fields in that children's social care and mental health services are statutory, state-funded sectors whereas domestic abuse services largely operate from the voluntary sector, within local commissioning or charitable funding arrangements (Ishkanian, 2014). Thus, learning can be drawn from conceptualisations of engagement in other fields but cannot be transferred directly into the domestic abuse field.

Specialist domestic abuse services have their origins in the feminist movement of the 1970s and 1980s as part of activism and research bringing awareness of women's experiences of domestic abuse from male partners and husbands in the context of the patriarchy (Dobath and Dobash, 1992). Since then, services have been increasingly shaped by neoliberal competitive commissioning processes and the need to demonstrate 'value for money' in the work they do (Ishkanian, 2014). This study adds to that body of knowledge by demonstrating how neoliberal narratives of 'dependency culture' and 'personal responsibility' are present in domestic abuse services' conceptualisations of engagement. The study lends support to previous research (Goodman et al., 2023) which argued that many specialist services have moved away from earlier activism – focused on gender inequality as a cause of domestic abuse – and are now a 'service sector' with a greater focus on delivering generic, gender-neutral services to meet the needs of individual service users. In contrast, Burman and Brooks-Hay (2020) argued that it is not possible to separate "*individual rights and political advocacy … one cannot be advanced without the other*" (p. 152), and that many local services continue to campaign more broadly against the inequalities that provide the context for domestic abuse. The study provides additional context to that research by demonstrating that the concept of engagement is one element of how national policy and local commissioning place constraints on specialist services. These influences construct a focus on individuals through contractual reporting demands that focus on service support, not prevention or campaigning.

Empowerment has been found to be a significant component in specialist service support for service users (Cattaneo and Goodman, 2015), and this study adds to that with evidence on how empowerment was interwoven with the concept of engagement. Further, this study demonstrates how the original feminist emphasis on empowerment (Wells et al., 2024) has been strongly influenced by neoliberal narratives of personal responsibility, evident throughout the study's exploration of engagement. For example, workers' conceptualisations of engagement required service users to demonstrate they were 'being empowered' by taking personal responsibility for actions agreed with the specialist service. A feminist movement for collective empowerment framed by recognition of the disempowering actions of perpetrators, appears to have shifted towards a framing of empowerment that is grounded in personal responsibility (Coy and Kelly, 2019). This study shows that the outcome for service users who do not fit empowerment and engagement expectations was that they were likely to be 'closed' to the service; in effect, disempowering them, contrary to services' stated aims and ethos.

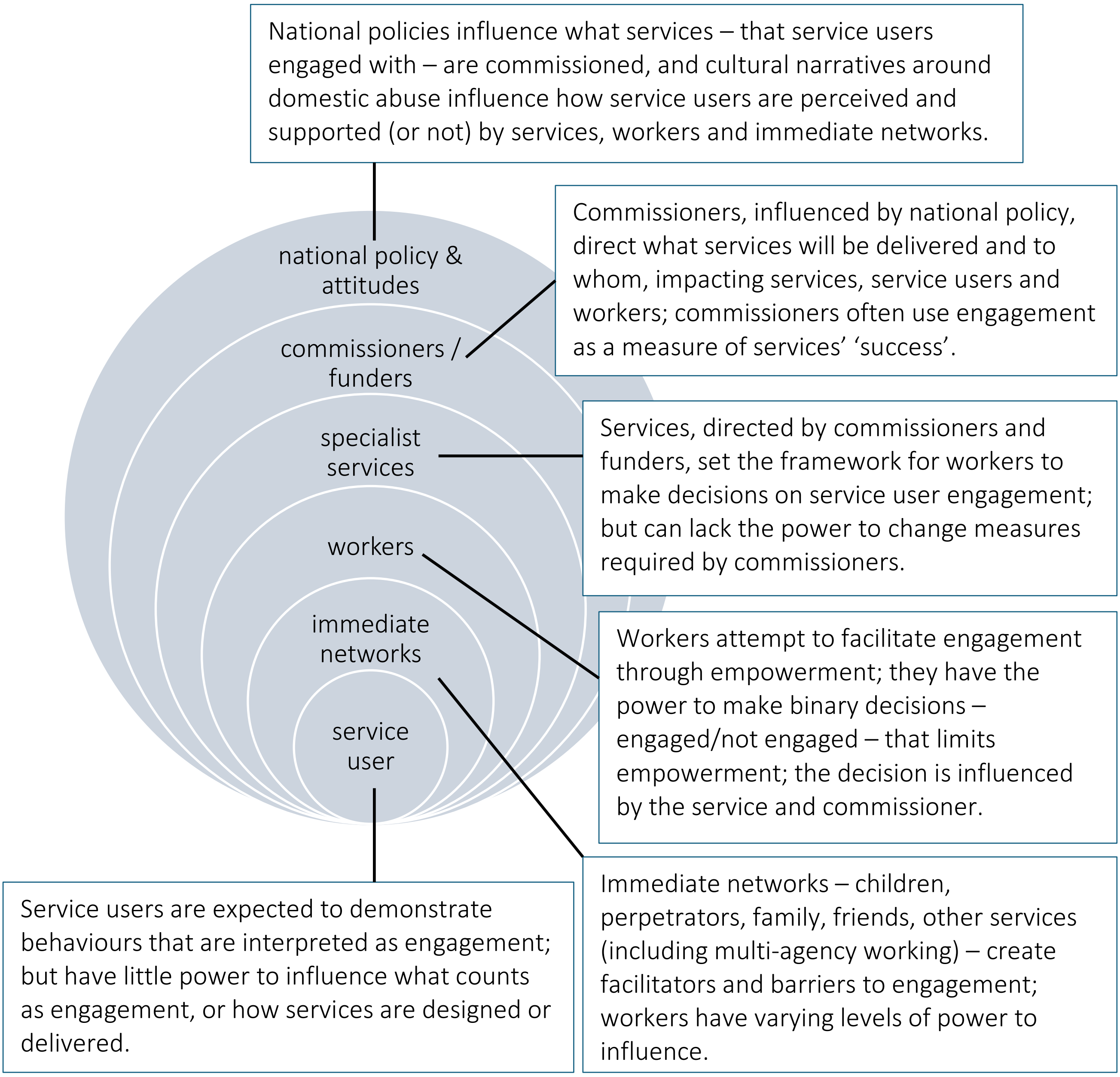
This study also adds to the literature challenging the dominant focus on 'risk' in specialist domestic abuse services (Barlow and Walklate, 2021). Risk processes and responses were embedded in the services involved in the study through service design, directed by commissioning, and influenced by national guidance (HM Government, 2022). The emphasis on risk impacted conceptualisations of engagement through differing expectations placed on service users across levels of risk. It led directly to service users, who had been engaging in support, being denied that support and directed to a different service due to their risk level changing; despite the risk changing due to the actions of the perpetrator, over which the service user had no control. This contradicted the empowerment ethos in place across services, and could lead directly to dis-engagement, to the detriment and disempowerment of service users.

One of the aims of this study was to be informed by the concept of intersectionality to service user engagement. The Literature Review (Chapter 2) and Methodology (Chapter 3) explain how intersectionality informed the theoretical framework. In summary, this study took the view that an intersectional approach is one that attends to any evidence of "*structural power and inequality*" (Chantler and Thiara, 2017, p. 85), rather than focusing exclusively on the compartmentalisation of people into discrete categories of identity (Walby, Armstrong and Strid, 2012). Research evidences the differing experiences of domestic abuse, and of services, by racialised minorities (Chantler and Thiara, 2017; Gangoli, Bates and Hester, 2020) and other discriminated against groups such as disabled victims/survivors (Thiara and Bashall, 2021). Workers weren't asked directly about structural inequalities, they were asked about any impact of service user differences in relationship building and facilitators/barriers to engagement; the Methodology (Chapter 3) explains the reasons for this, in relation to not 'leading' participants. Workers discussed individual differences without referring to wider structural inequalities that are central to an intersectional perspective (Chantler and Thiara, 2017). This study thus raises questions in relation to specialist services and intersectionality by highlighting how, in relation to the concept of service user engagement, there remains a focus on the identity of individual service users, rather than on structural inequalities. The outcome is that, while individual service users may have experienced positive outcomes, the wider unequal structures that impact them, such as ableism or racism, can remain hidden.

Ecological model of service user engagement

This section presents the key findings of the study through the levels of an adapted ecological model of what shapes workers' conceptualisations of service user engagement, and the facilitators and barriers that exist to service user engagement. This new application of the ecological model was developed through the data analysis, drawing on the work of Bronfenbrenner (1979) and Heise (1998), and described in Chapter 4 (Introduction to the Findings). This is the first time an ecological model of service user engagement has been proposed. Figure 7.1 below presents the model with brief descriptions of the levels. The subsequent sections of the chapter then present the model through each level individually, as well as highlighting their interconnectedness.

Figure 7.1



National policies influence what services – that service users engaged with – are commissioned, and cultural narratives around domestic abuse influence how service users are perceived and supported (or not) by services, workers and immediate networks.

Commissioners, influenced by national policy, direct what services will be delivered and to whom, impacting services, service users and workers; commissioners often use engagement as a measure of services' 'success'.

Services, directed by commissioners and funders, set the framework for workers to make decisions on service user engagement; but can lack the power to change measures required by commissioners.

Workers attempt to facilitate engagement through empowerment; they have the power to make binary decisions – engaged/not engaged – that limits empowerment; the decision is influenced by the service and commissioner.

Immediate networks – children, perpetrators, family, friends, other services (including multi-agency working) – create facilitators and barriers to engagement; workers have varying levels of power to influence.

Service users are expected to demonstrate behaviours that are interpreted as engagement; but have little power to influence what counts as engagement, or how services are designed or delivered.

Research questions

Through the presentation of the ecological model of service user engagement, this discussion chapter aims to answer this study's research questions, drawing on the findings presented in the Literature Review (Chapter 2), and the data (Chapters 5 and 6). The Conclusion (Chapter 8) presents reflections on these questions and the extent to which they have been answered in the thesis, including in this chapter. Additionally, as in the Introduction (Chapter 1) it is necessary to highlight that the study's approach to the questions was more specific than the wording suggests.

The study focus was on '*service user* engagement', rather than other potential meanings of 'engagement'.

1. What constitutes engagement in domestic abuse research / literature / sector? What is missing from this with reference to other fields?
2. What does engagement mean to women accessing specialist domestic abuse services? (How) does this meaning differ according to the differences between women (i.e., intersecting identities/characteristics, situations, and experiences)?
3. What does engagement mean for workers at specialist domestic abuse services?
4. What facilitators and barriers exist to service user engagement with specialist domestic abuse services?
5. To what extent, and in what ways, is the concept of engagement useful to develop more effective domestic abuse services?

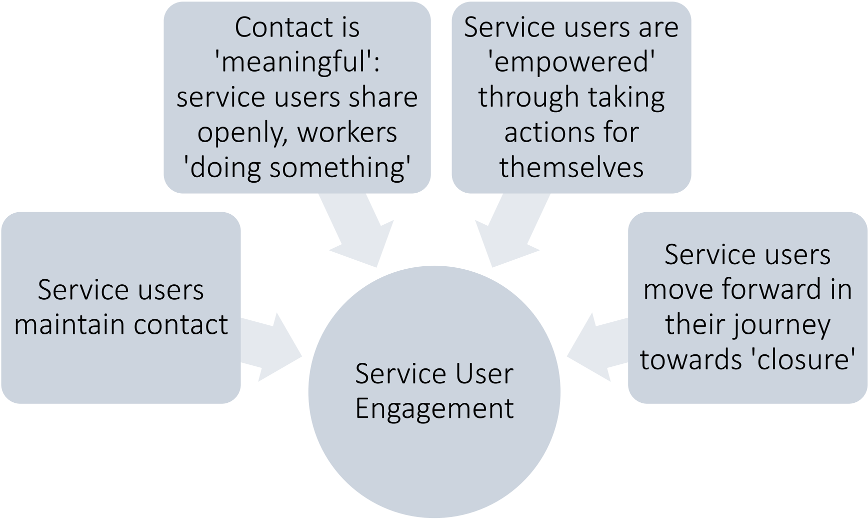
Level 1: service users

Across the data the concept of engagement was multi-faceted and complex, and shaped every interaction between service users and workers. As the ecological model indicates, service users are at the core of conceptualisations of engagement. This study found that service users' centrality to the model related to the fact that engagement had significant positive benefits for service users, as repeatedly found in research (Coy and Kelly, 2011; Kulkarni, 2019; Wood et al., 2020). If service users complied with the expectations of workers – which were shaped or influenced by immediate networks, services, commissioners and national policy – they would fit within the concept of engagement. Engagement is not necessarily a concept that service users are aware of (although, as described below, this area requires more research as it was not asked about directly in this study), but they can be aware of the behaviours required. Yet, they had little power to influence how their behaviours were perceived or assessed by workers.

This study found the concept of engagement, as articulated by workers, comprised four factors, shown in Figure 7.2 below. This study has generated new knowledge on how workers perceive service user engagement: only the first two factors were present in the domestic abuse literature. The components are analysed below; in summary they are:

- service users remained in contact with workers (Howarth and Robinson 2016; Barret, Peirone and Cheung, 2020; MacLure and Jones, 2021);
- contact was 'meaningful' in that service users openly and honestly disclosed and discussed their experiences of abuse and workers felt they were 'doing something' through providing practical support – similar to the literature review's finding of engagement meaning service user compliance with the aims of the service (Trabold et al., 2020; Decker et al., 2022);
- service users were 'empowered', in that they discussed and set goals and agreed actions to work towards those goals; and
- they were then required to provide evidence they were taking actions, thus 'moving forward' on their journey to being a 'survivor' and reaching the point when they could be 'closed' to the service.

Figure 7.2



For workers involved in this study, all four components of Figure 7.2 must be present for a service user to be deemed to be engaging by the worker, reflecting findings in other fields that engagement is multi-faceted (Yatchmenoff, 2005; Henderson et al., 2020), and carrying with it the expectation of service user ‘compliance’. When all four components are not present, a service user is deemed to be ‘disengaged’: workers will attempt to facilitate engagement but will ‘close the case’ if disengagement continues to be perceived. As shown in the list above, not all the components identified by this study were present in the literature review. Studies that indicated engagement equated to service user contact with services (Barret, Peirone and Cheung, 2020; Grillo et al., 2021; MacLure and Jones, 2021; Fitts, Cullen and Barney, 2023) set this as the only component, not one of many, as this study found. The component of ‘meaningful’ contact, identified in this study, is similar to the studies in the literature review that implied service user compliance with the aims of services equated to engagement (Galvani, 2006; MacQueen and Norris, 2016; McConnell, 2020; Gilmore et al., 2021; Decker et al., 2022). Again, in those studies, engagement comprised a single component, unlike the multi-faceted component found in this study; yet the requirement for compliance was found both in this study and the literature review. There is an overlap between the model above and studies that conceptualised engagement as the relationships developed between service users and workers (Keeling and Van Wormer, 2012; Lea and Callaghan, 2016), where the relationship was seen as a means of facilitating engagement. The lack of agreement between this study’s findings, and the often more simplistic conceptualisations of engagement critiqued above and in the Literature Review – Chapter 3 – demonstrate the importance of this study’s findings in illustrating how the concept impacts on specialist services and service users.

In establishing the components of engagement within specialist domestic abuse services, this study compared Yatchmenoff’s (2005) model of service user engagement, developed with service users and workers of statutory children’s social care in the USA. That model comprised buy-in (which included receptivity and investment), expectancy, working relationship and mistrust. Comparing Yatchmenoff’s model with the findings of this study described in Figure 7.2, ‘contact’, ‘meaningful contact’ and ‘empowerment’ are similar to three of Yatchmenoff’s components (p. 87):

> *[R]eceptivity: openness to receiving help … investment: commitment to the helping process … [and] working relationship … a sense of reciprocity or mutuality and good communication.*

When service users were in contact with specialist services, and that contact was ‘meaningful’, this could be read as evidencing their ‘openness to receiving help’ and their ‘commitment to the helping process’. Service users and workers in this study described their working relationships as the most significant facilitator to engagement, reflecting ‘good communication’; but Yatchmenoff’s ‘reciprocity or mutuality’ was more contested. Workers were aware of the importance of building relationships with service users: they recognised the value of their empathetic response to service users and saw this as part of the unique role they played in service users’ lives. Workers were also aware that, without a trusting relationship, service users would not be open with them. Workers thus tried to form relationships with service users that were ‘mutual’, or ‘equal’; but service users were aware of the different levels of power that were in place. Service users welcomed elements of the power difference when workers advocated on their behalf and impacted positively on their situations. They also referred to challenges with this imbalance of power, in the way that workers could make decisions about when to be in contact, and what support service users were able to access. The difference in power was also evident through workers’ need for ‘meaningful’ contact, without which engagement was not present, and service users would be ‘closed’ to the service. Meaningful contact for workers involved an expectation that service users openly and honestly shared their experiences of abuse and discussed their goals with workers; meaningful contact also involved workers feeling that they were actively ‘doing something’, in the form of identifying and delivering practical actions and support for service users. Service users’ need for contact with workers to be personal and meaningful – through building a relationship with them in an empathetic way – was important, but service users did not have the power to demand that workers responded to them in this way; and the fact that a trusting relationship was in place was not sufficient for engagement to be perceived by workers, who needed to feel, as professionals, that they were ‘doing something’ in a practical sense to move the service user ‘forward’.

Notably, the remaining two components of Yatchmenoff's model, "*expectancy: the perception of benefit*" and "*mistrust: the belief that the agency or worker … [has] intent to harm the client*" were not present (2005, p. 87). Service users had little or no expectations in relation to specialist services, largely due to the failure of previous services to support them appropriately. They were then overwhelmed by the positive response they received from the specialist service, leading to a heightened sense of gratitude and indebtedness to the services. This was reflected in hyperbolic descriptions of workers and the differences services had made, for example referring to workers as "*angels*". The absence of 'mistrust' may be explained through the key difference between the two types of services. Children's social care is statutory and often experienced by victims/survivors as punitive and blaming (Hester, 2009; Wild, 2022), which was reflected by some of the service users in this study. Service users' relationships with domestic abuse services was characterised by belief, non-judgement, empathy and understanding.

The factor in this study that was absent from Yatchmenoff's, was that service users were framed as being on a 'journey' with the service, with engagement comprising service users 'moving forward'. The journey was towards their recovery from their experience as victims of domestic abuse, or if engagement was not achieved, the destination was 'case closure'. Case closure was a significant factor for workers in the context of engagement in which service users were frequently referred to as 'cases', and workers were concerned for their 'caseloads' in the context of high demand and limited capacity. The ways in which workers managed 'cases', and their power to make decisions on engagement, is analysed in the section below that addresses that level of the ecological model.

This study sought to identify if there were any differences in engagement when service users came from minoritised communities relating to, for example, ethnicity and ability. Questions were kept intentionally broad, as described in the Methodology (Chapter 3), albeit some prompts were used, it was important not to lead participants towards particular answers. Analysis of this, partly as a result of this approach, was challenging due to the ways in which service users individualised their own experiences, and workers focused on the engagement of individual service users. As described below, this area could benefit from further research. In essence, workers described how they did not need to adapt their approaches when working with a minoritised service user, because they were always focused on identifying the unique needs of every service user they encountered. This meant that they recognised a service user's ethnicity, or disability, but the challenges this presented related only to changes in how to safety plan, or limits to the practical options available. For example, if the service user was disabled, this could impact on their ability to flee, or to find alternative suitable accommodation, and the worker adapted the action and safety plans to account for this.

Workers did not identify wider structural inequalities, such as the lack of attention to the needs of disabled victims/survivors (Thiara and Bashall, 2021), or the challenges presented by victims'/survivors' insecure immigration statuses (Day and Gill, 2020). Only one service user referred to her experiences of racism, but, reflecting workers' approaches, saw this as something individual to her, caused by the nature of her ex-partner's abuse to her, and thus she did not raise it with the specialist service she was engaged with.

Similarly, as demonstrated in the Findings (Chapters 5 and 6), within workers' conceptualisations of engagement, and service users' experience of it, neither workers nor service users referred to gender inequality as a cause or consequence of domestic abuse (European Institute for Gender Equality, 2017). The history of the women's movement in England focused on women's experiences of domestic abuse as part of a challenge against patriarchy (DeKeseredy, 2021), which researchers and activists understood as facilitating male perpetrators to exert control over their female partners (Dobash and Dobash, 2005). Workers were aware that the majority of service users were women but did not ascribe this to feminist explanations of gender inequality or patriarchy. It is important to note that the interview questions asked workers to talk about engagement with women, not the causes of domestic abuse more generally; or more broadly about feminism and gender inequality. Had they been asked about this, workers may have drawn on feminist narratives, but what is important to note is that it was not referred to when they discussed engagement, which potentially separates individual service user engagement from wider explanations of why domestic abuse occurs. The focus on domestic abuse as a gender-neutral issue (Domestic Abuse Act, 2021) is also relevant here, and was explored in the previous chapters as well as discussed below within the relevant levels of the model (commissioners, level five and national policy, level six).

A facilitator for engagement shared by service users and workers was the opportunity for service users to meet each other in group-based, or drop-in, interventions. While on the surface this reflected the feminist movement's activities of "*women coming together*" (Turgoose, 2016, p. 111), this was not a factor that service users or workers referred to. Service users reflected on the importance of coming together with other victims/survivors who understood their experiences and offered validation and empathy, similar to their descriptions of what they gained from their relationships with workers. Again, as with workers, the focus in interviews was on engagement, and women may have referred to gender if asked about whether it was important for them that the groups were comprised of only women. Throughout interviews, service users did not refer to gender inequality as a cause and consequence of domestic abuse; their experiences were largely individualised to themselves. Although they appreciated the opportunity to meet with other women because it reassured them that they were not alone, this did not equate to a wider perspective about men's use of violence and abuse against women. While attempting to embed the message that service users were not responsible for the abuse their ex-partners had perpetrated against them, workers also indicated the importance of educating service users to 'spot the signs' that a future partner could be abusive and thus avoid them. This risks making them responsible for any abuse they may go on to experience.

Level 2: immediate networks

This level of the model encompasses service users' children, family and friends, perpetrators, and the other services they were involved with, as well as workers' relationships with other services, and involvement in multi-agency working arrangements. Despite their differing roles in service users' lives, all influenced and shaped service user engagement. This was through the ways in which they presented facilitators and barriers to engagement; and the ways in which specialist services' interactions with, or framings of, these networks impacted on conceptualisations of engagement.

Through the campaigning and activism of early services, national collectives, researchers and activists, domestic abuse has gained significant public and policy recognition (Coy and Kelly, 2019). Researchers continue to expand the understanding of domestic abuse, specifically bringing attention to elements other than physical violence, particularly, coercive control (Stark, 2007; Barlow and Walklate, 2022). My study found that service users often struggled to see their experiences as domestic abuse prior to their involvement with the specialist service; this was more of a challenge for service users who had not experienced physical violence. Thus, it could be argued that the more nuanced and detailed understandings of domestic abuse in relation to control and coercion is limited outside of research and specialist domestic abuse services (Vodafone, 2022; Lagdon et al., 2023), suggesting more work is needed to widen awareness of controlling and coercive behaviours beyond specialists.

Research has found that many victims/survivors have positive experiences of seeking informal forms of support from family and friends (Gregory et al., 2021; Heron, Eisma and Browne, 2022); other research demonstrates how victims/survivors who turned to informal support networks experienced judgement, victim-blaming and a lack of support (Taccini and Mannarini, 2023). My study involved service users who had experienced both situations but more often the latter, which created a facilitator for their engagement with specialist services because they felt they had nowhere else to go. While the lack of support from informal networks was most obvious during initial help-seeking, it remained a facilitator throughout service users' engagement with specialist services; many remained isolated from family and friends when specialist services' support ceased.

Service users and workers described experiences with other services that were similar to the response of family and friends: some professionals understood domestic abuse, but many did not, leading to victim-blaming and judgemental responses. There continues to be a national focus on specialist services working in multi-agency partnerships with statutory and other services (Domestic Abuse Act 2021), alongside efforts to improve the responses of those services including children's social care (Featherstone, White and Morris 2014), local authority housing services (https://www.dahalliance.org.uk) and police (Robinson, Myhill and Wire, 2017). My study found that multi-agency working could create tension between specialist services and statutory services, when the latter did not respond as service users need them to (Wiper and Lewis, 2020).

Service users and workers in this study shared examples of workers using their power to the benefit of service users; but workers felt they were in a less powerful position compared with statutory services. This power imbalance shaped the way workers conceptualised engagement: service users who were perceived as being in contact due to the pressures of, for example, children's social care, were not seen to be 'fully' engaged but "*going through the motions*" (Yatchmenoff, 2005, p. 86). Workers appeared to be able to influence some situations on behalf of service users – such as advocating to housing to enable them to move – but not others – such as changing some social workers' victim-blaming attitudes. Descriptions of certain domestic abuse specialist roles involve "*institutional advocacy*" in challenging other services (Coy and Kelly, 2011, p. 93); but research has identified how specialist services' voices and power have been limited by the need to remain in favour with the local authorities who fund them (Coy and Kelly, 2011; Ishkanian, 2014). Perhaps due to their closeness with statutory services, brought about by funding arrangements and multi-agency processes, service users involved in this study did not see the differences in power between specialist services and statutory services. That perspective was shared by participants in research by Voth Schrag et al. (2021), who argued that service users see all providers "*as a large monolith, with negative experiences in one sector generalizing to reflect the outlook or capacity to help of all potential services*" (p. 2327). Importantly, Voth Schrag et al.'s participants were individuals who had not 'engaged' with specialist services: they had not sought help at all or had sought help and then withdrawn. It may be, therefore, that Voth Schrag et al.'s participants had not been able to 'engage' for long enough to experience, as the service users in this study did, the different approach of specialist services which was characterised by a non-judgemental, empathising response. This included service users perceiving workers' concerns for their children which, despite the involvement of statutory social care, service users felt were not understood or addressed until they reached the specialist service (Wild, 2022). Services 1 and 2 delivered specific interventions for children and young people, and for service users who accessed these, their recognition of their children's need for support was a key facilitator in their engagement with specialist services. This was often secondary to their own needs, and for some, followed a period of time when they had not been able to access specialist domestic abuse support for their children, including from services whose focus was supporting or safeguarding children. Workers, interestingly, did not refer to service users' children in the context of engagement, except for the barriers created by a lack of childcare. Hester (2011) developed the "*three planet*" model (p. 838) to demonstrate the "*unintended fragmentation and contradictions in practice that result from the use of different approaches*" of child protection, domestic abuse, and child contact focused services (p. 839). Hester identified how each area's "*cultures, laws, policies and practices*" (p. 850) results in each operating as its own 'planet' that hampers the joint working required to safeguard children experiencing domestic abuse. This study's findings in relation to service users and their children suggest Hester's model may continue to be relevant in understanding the challenges to specialist domestic abuse services and statutory children's services working together, even when specialist services provide direct support for children and young people, as two of the services in this study did.

Similar to their perceived lack of power to influence other services' responses to victims/survivors, service users and workers both reflected feelings of powerlessness to change the behaviours of perpetrators, even when these impacted on engagement. Two of the four services involved in this study delivered interventions aimed at changing perpetrators' abusive behaviours; but these were voluntary, in line with services' ethos to enable service users to choose whether to engage. Workers could see that this impacted on the engagement of victims/survivors but were unable to influence such situations and – due to conceptualisations of engagement – had to close cases despite their concerns that the victim/survivor was 'disengaging' due to pressure from the perpetrator. The next section describes how workers managed the impact of immediate networks on service users' engagement, and how they framed disengagement that appeared to have been prompted by these networks.

Level 3: workers

The ecological model places workers at level three: they have direct contact with service users (level one and the centre of the model) and have the power to make decisions about service user engagement. Workers' conceptualisations of engagement and responses to service users are also influenced by level two (immediate networks), in relation to which they have varying levels of power, as described in the previous section. Workers' interactions with service users and immediate networks are shaped and directed by the other levels of the model (services level 4, commissioners level 5, and national policy level 6) compared with which, workers have limited power.

There was consistency between the conceptualisation of engagement across all workers in the four services involved in this study. This study was focused on workers' support for adult women as victims/survivors; discussions on engagement relating to other groups of victims/survivors may have produced different findings (Donovan and Barnes, 2020). In relation to women's experiences of engagement with services, while there was nuance and complexity to workers' conceptualisations, there was broad agreement.

Despite the multi-faceted concept of engagement demonstrated by this study (see Figure 7.2), workers described the need to make binary decisions as to whether service users were engaged, or not engaged, aligning with presentations of engagement in the literature (Wright et al., 2020; Tomkins et al., 2023). While workers did make nuanced distinctions, for example identifying ‘meaningful’ engagement to distinguish between the first and second components in Figure 7.2 above, they did not appear to recognise that their decision-making reduced a complex concept to a binary, which could lead to service users not getting support from the specialist service. The components of service user engagement in Figure 7.2 were largely presented by workers as incontestable, and requiring the compliance of service users, appearing to contradict workers’ core ethos of empowering service users who had little power to influence the construction of the concept of engagement. Very few workers challenged the use of the concept, and when they did so, it largely related to other services’ use of the term within victim-blaming narratives.

Workers’ emphasis on empowerment reflects the sector’s history in the feminist movement (Cattaneo and Goodman, 2015), albeit this study found that the ethos had adapted to focus on empowering each individual service user, rather than victims/survivors as a group (Turgoose, 2016). This study found that, in their conceptualisations of engagement, workers’ emphasis on empowerment was coupled with neoliberal narratives of individual, personal responsibility rather than a perspective that recognised women’s collective and shared experiences of domestic abuse (Hunnicutt, 2019). It was this emphasis on personal responsibility that led to workers appearing to require compliance from service users, despite no workers using that term. Workers’ responses demonstrated their attempts to work in a non-hierarchical way, by positioning themselves as ‘equal’ to service users, an approach that was central in the earliest ‘services’ for victims/survivors in the feminist movement (Nichols, 2013). Yet these attempts were limited by their roles as ‘professionals’ in a ‘public service’ which meant they inherently had more power than service users and responsibilities to their employers and funders. In contrast, service users reflected an awareness of this power imbalance but were positive about it. They did not expect to be workers’ equals, and while valuing the interpersonal relationship with workers, appreciated the power of workers to advocate with other professionals on their behalf.

Another difference was identified between how workers saw their roles and how service users saw workers in relation to empowerment. Influenced by the need to make decisions around engagement, as well as by neoliberal narratives of personal responsibility, meant workers' focus was on service users' compliance in taking responsibility for actions and not becoming dependent on the worker or service. Contrary to workers' views of empowerment, service users highlighted how important it was that workers took actions on their behalf, because they had more power to effect change. They also appreciated when workers instructed them, because that reflected workers' expertise in relation to domestic abuse, which service users felt they themselves lacked. Service users also felt empowered when workers related to them with empathy and compassion, understanding and no judgement.

Workers recognised the importance of building relationships with service users to facilitate engagement. Relationship-building therefore had an instrumental function in facilitating engagement. It was also seen by workers as worthwhile on its own terms, as something that helped service users recover from their experiences of abuse. Despite this recognition by workers, to fit within the concept of engagement, the working relationship was not sufficient; they needed to feel that they were actively 'doing something', that is, to be identifying the practical needs of service users and ensuring these were met by themselves or by service users. Practical needs were, for example, seeking civil orders, applying to local authority housing, or supporting with criminal justice processes; once no practical actions were needed, regardless of service user engagement, workers saw their role as no longer required. Engagement thus moved workers' relationship-based approach to service users into the realm of 'emotional labour', defined by Hochschild (2003, p. 7) as "*the management of feeling to create a publicly observable facial and bodily display; emotional labor is sold for a wage and therefore has exchange value*" (emphasis in original). Workers felt empathy for service users, which led to them prioritise relationship-building. Yet they were also required to 'manage' their empathy in order to prioritise the identification of service users as engaging – or not – within the model of engagement identified in this study, shown above in Figure 7.2, which included feeling that they were, as professionals, ‘doing something’ practical. Hochschild (2003) argued that emotional labour was a particularly important concept for women due to cultural expectations that they are both more responsible for the management of emotions and perceived as more able to carry such management out, compared with men. Hochschild identified – as did many feminist researchers and activists (Duggan, 2020) – how professional caring roles are primarily carried out by women, with specialist domestic abuse services being no exception. The dominance of women in the sector can also be explained through the feminist history of services addressing the needs of female victims/survivors only (Turgoose, 2016) and a historical focus on domestic abuse as a feature of gender inequality (Dobash and Dobash, 1992). All the workers in this study identified as women, and interviews focused on their support for service users who were women. Additionally, two workers stated that part of their journey to work in domestic abuse services was their own experiences of abuse, and service users stated their belief that workers must have experienced abuse to understand and empathise with them. No workers spoke about gender inequality in relation to the work they did and their support for service users; the use of more specific questions in this area would have added to this finding. Workers described managing their emotional responses to their work in ways that separated them from service users and placed boundaries between them. A worker’s role was to ‘empower’ service users; a service user’s role was to ‘be empowered’. Yet workers maintained a position of power over how empowerment and engagement were constructed, for example requiring service users to adhere to service-defined processes, not just contacting the worker when the service user felt they needed support. As such, workers’ and services’ power to make decisions on what constituted empowerment and engagement had real impacts on whether service users were provided with support or not.

Workers’ prioritisation, in their relationships with service users, of both empowerment and engagement can be understood through Hochschild’s (1979, p. 572) concept of “*feeling rules*” that implicitly guided the interactions between service users and workers. Such feeling rules included how workers took for granted that they needed professional boundaries in place to ensure service users maintained personal responsibility and did not become dependent on services –

and to protect professionals from service users' trauma (Walsh et al., 2020). Research has clearly shown the need for professionals to feel supported, and the challenges of the work that can lead to many negative effects (Bromley et al., 2023). Yet the perception of the need for professional boundaries further challenged workers' attempts to create equal or reciprocal relationships with service users and demonstrated how far services had moved from the earliest services set up within the women's movement of the 1970s (Dobash and Dobash, 1992). Service users in this study were aware of these boundaries and did not attempt to challenge them; at times when they wanted more from workers, they often held back from being critical, reflecting a concern that they could jeopardise the relationship they had developed.

Another feeling rule was that to be empowering workers could guide service users towards courses of actions but not tell them directly what to do, which led to carefully navigated conversations in which they knew what they wanted the service user to do, but resisted telling them, because they did not want to replicate the perpetrator's behaviour. Kolb (2014) and Powell-Williams, Dale White and Powell-Williams (2013) highlighted how workers can struggle with this component of their emotional labour because it can involve standing back while service users take actions that may inhibit their own safety, which is workers' overriding priority. This study found examples of workers potentially overriding their focus on empowerment to prioritise service users' safety by telling them what to do. Contrary to workers' expectations, in those examples, service users welcomed this because it both demonstrated that the worker cared and drew on workers knowledge about domestic abuse; consequently, it did not impact on their engagement. However, this may not be true of all service users, and it may be that others who had experienced workers being directive had 'disengaged'.

Similarly, service users who were unable to adapt to workers' expectations relating to empowerment – and thus engagement – of taking actions for themselves, may have disengaged from the service. Yet, as service users in this study highlighted, their lack of power meant there were practical actions workers must take on service users' behalf. The 'feeling rule' implicit in workers' conceptualisations of engagement was the need to negotiate with service users over who would take on the practical actions, with workers doing some and service users doing others. As already indicated, their approach reflected neoliberal narratives of personal responsibility (Hunnicutt, 2019) and the conditionality inherent in the delivery of public services so that a dependency culture can be avoided (Savigny and Scullion, 2019). Workers were in control of the negotiations and had the power to decide what level of service user-action taking was sufficient to evidence engagement. This varied from service user to service user, depending, for example, on how much the worker perceived them to be struggling with their mental health in the aftermath of abuse; or their access to resources such as a mobile telephone to make calls to other services. In those situations, workers would comfortably take on more actions, but this was seen as a temporary, time-limited measure. If the situation continued, the worker would question the service user's engagement with them. Workers' approaches were also task or action-oriented; as demonstrated in the Findings (Chapters 5 and 6), both service users and workers emphasised the importance of developing a trusting relationship; but within the context of decisions on engagement, tasks or actions were the focus.

Kolb (2014) found that workers managed their own emotional responses when service users didn't behave as expected, or as workers wished, through framing service users' behaviours as "*part of the healing experience*" (p. 85). As with the time-limited measure of doing actions on behalf of service users, as just described, Kolb identified limits to workers' abilities in continuing to see service users' problematic behaviours as part of their healing. When a service user's behaviour was deemed to be "*too much, they reserved the right to cut her off in order to preserve the reputation of the staff, the organization, and the wider [anti-abuse] movement*" (p. 101). Workers in this study did not reflect the latter part of Kolb's finding; instead, it was their conceptualisations of engagement that gave them 'the right' to 'close cases' when service users were not adhering to all components (see Figure 7.2). Challenges workers faced in balancing their empowerment approach with the restrictions imposed by engagement could be seen in their framing of service users' non-engagement as a 'choice' or a reflection of the service user not being 'ready' for support.

Individual ‘choice’ is inherent to neoliberal ideology (Needham, 2008), and workers appeared to indicate that service users were ‘free to choose’ whether they engaged with specialist services or not. Workers were very aware that the nature of domestic abuse was that perpetrators used coercion and control, drastically limiting victims’/survivors’ “*space for action*” (Kelly, Sharp and Klein, 2014, p. 4). Workers also needed to evidence their services’ empowerment ethos in which service users’ choices were respected (Kolb, 2014); this led them to frame engagement and non-engagement in relation to service users’ choices, even when the actions of perpetrators, or other services, put barriers in the way. This was closely linked by workers with the need for service users to be ‘ready’ to engage, which could require them to be prepared to see themselves as victims. Once service users saw that they were victims of domestic abuse, they would be ready, and would choose to engage with the service, thus starting their journey towards becoming survivors (Bumiller, 2008). In the meantime, workers – due to the demands of services and commissioners, discussed in the next sections – would ‘close the case’, reassuring service users, and perhaps themselves, that they could return when they were ready. The capacity of services to accommodate returning service users was nevertheless a challenge to this perspective, as described in the later section on commissioning and funding.

Workers appeared to distance themselves, and the support offered by their service, from responsibility for service users who disengaged, including the dehumanising terminology of ‘cases’ rather than women, victim/survivors, or service users. The findings of this study indicate that workers may have used these distancing techniques as a component of emotional labour (Hochschild, 2003). Workers had to manage feeling responsible for service users – through their knowledge, evidenced in this study, that service users often had nowhere else to turn – and feeling unable to help them because they were not ‘engaged’. Potentially, this enabled workers to continue to align themselves with the constructed “*moral identity*” of a specialist domestic abuse service worker (Kolb, 2014, p. 54); being “*caring and compassionate*” (Kolb, 2014, p. 22) and performing a role that they perceived not everyone could do. This, along with the support and shared ethos of colleagues and the service, enabled them to remain in roles that were challenging.

Level 4: services

Despite some differences between the design of the four services involved in this study, there was consistency in how workers conceptualised engagement and how service users experienced it, as the previous sections have demonstrated. Service users' interactions with workers were shaped and influenced by the design and structure of the service they are based in, presented here as level four of the ecological model (Figure 7.1).

All specialist domestic abuse services are indebted to the women's feminist movement of the 1970s and onwards, including those that have developed more recently and do not claim a feminist perspective on domestic abuse (Mackay, 2014). Of the four services in this study, two explicitly identify themselves with a feminist ethos on their websites (not in interviews), including the perspective that domestic abuse is a form of violence against women and girls, and both a cause and a consequence of gender inequality, in line with the European Institute for Gender Equality (2017). This was a tenet for many involved in the women's movement in the 1970s and beyond, emphasising women's collective experiences of abuse from male partners as a means of highlighting women's unequal position in society, and to challenge previously dominant individualised explanations of abuse (Yllö, 1993; DeKeseredy, 2021). Alongside this ethos, one service works with men, women, and people with other gender identities. The other service states that it works in an intersectional way, which is evidenced through dedicated support for victims/survivors (women) from racialised minorities and a separate intervention for those who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual (men, women, and all gender identities). There is a significant need for such 'by and for' services (Domestic Abuse Commissioner, 2022), and the understanding they bring of minoritised victims'/survivors' experiences of abuse. When delivered from within one service there is an increased opportunity for intersectional working with victims/survivors with multiple minoritised identities.

The impact of service design and structure was presented through workers' focus on engagement in relation to individual service users, and the lack of attention, in interviews, to wider structural and systemic inequalities that impacted on service users. This does not mean the services were not aware of such inequalities or were not involved in local or other campaigning in relation to domestic abuse. Rather, it reflects how the concept of engagement for services was centred on individual service users and their unique situations and needs.

As shown in the previous section, workers appeared to present their services' conceptualisations of engagement as incontestable. The influence of service design and structure was seen in the final component of engagement in Figure 7.2: the construction of service users as being on a 'journey', both towards recovery from their experiences to become a survivor, and towards the end of their contact with the service, that is, 'case closure'.

Workers in this study reflected a perspective on victims/survivors similar to that described by Bumiller (2008), who argued that specialist services have developed in such a way that their "*primary objective*" is now to "*turn women who have experienced the traumas of violence into successful survivors*" (p. 64). This was evident in how workers framed service users' journeys through services as being the same as their journeys towards 'being survivors'. When service users were perceived by workers to have engaged – as set out in Figure 7.2 – they started to move from being victims to being survivors: victims needed support and to be empowered; survivors no longer needed support and had been empowered. Workers rejected victim-blaming narratives through their construction of domestic abuse as the responsibility of the perpetrator, not the service user. They also constructed the identity of victim implicitly or explicitly as a negative one that service users must want to move away from (Stringer, 2014; Warner, 2023).

From workers' perspectives, the identity of survivor did not mean service users no longer had any needs; just that they no longer had practical needs the service was designed to address. In this sense, service users' journeys were overlaid with neoliberal narratives of personal responsibility (Coy and Kelly, 2019) within which services were responsible for empowering service users, who had an equal amount of responsibility to 'be empowered', that increased over time. Sweet (2019, p. 241) identified this as services' requirement that service users "*do the psychological self-work*" of recovery and becoming 'survivors'.

In Services 1, 2 and 4, once workers had identified service users had no further practical needs, they would move onto 'recovery'-focused interventions, usually delivered in service user groups. In Service 3, workers would refer service users to external emotional support-based interventions, or workers would satisfy themselves that service users had emotional support in place through formal or informal means. In all services, workers' emphasis was on closing service users to interventions or the service, because they had moved forward on their journey; but these journeys were defined by the services and the interventions available, rather than by service users. Services constructed service users' journeys to be linear, contrary to research which has shown the recovery process to be "*composed of numerous factors that cycle through as survivors move through life*" (Flasch, Murray and Crow, 2017, p. 3395). Service 4 welcomed victims/survivors to remain in contact for as long as they needed, which was highly valued by service users, and recognised by workers as important because of their awareness that perpetrators, and issues relating to the abuse, could resurface. The other three services' designs appeared to assume that once service users were engaged with recovery interventions, the perpetrators' roles in their lives had ended, which was not the case for several service users in this study and those involved in other research (Crawford, Liebling-Kalifani and Hill, 2009).

Interviews with service users demonstrated the close connections they had formed with workers and services. Service users described the significant difference made to them by specialist services, and, despite workers' focus on avoiding dependency, service users reflected how reliant they were on them. As discussed in the section on level two of the ecological model, some of this reliance was created by the lack of understanding, and/or victim-blaming, service users received from their immediate networks of family, friends and other services. Service users' reliance on specialist services was evident in two ways: firstly, that they tried to avoid being critical of the service and shared how 'lucky' they felt they were to get the support; secondly, they talked of their worries over intervention offers coming to an end, and not knowing how they would cope without the service. Recognition of the need for ongoing support had informed the development of the SafeLives 'Beacon' sites (Services 1 and 2), specifically the development of 'peer support' interventions (SafeLives, no date-a). It also shaped the structure of Service 4, which offered drop-in sessions that service users could access for as long as they wanted once they had been closed to other interventions in the service. The service users interviewed from the 'Beacon' sites were approaching the end of recovery-based group interventions and would be expected to move on to peer support if they continued to feel that they needed support. But for those service users, it was the group-based nature of the intervention, with a worker involved, that they felt they had benefited from. Some had formed friendships through these groups which offered some reassurance for when the interventions were over. What had not changed for many service users was their lack of connectedness with family, friends and their local communities; the only source of support they talked about was the service, and the other service users on group interventions.

Humphreys and Joseph (2004), drawing on the work of Herman (1994) identified that "*an essential aspect of the healing process lies … in the reconnecting of traumatised individuals to their communities*" (2004, p. 562). In the context of engagement, services focused on individual service users' journeys, which ended with the completion of 'recovery' interventions or referrals on to emotional support. Conceptualisations of engagement did not encompass women's immediate networks or communities, lending support to Goodman et al.'s (2023) argument that services focused on "*meeting the needs of individual survivors and possibly their children as if they lived in a vacuum, disregarding their attenuated social connections and the costs of isolation*" (p. 2). Thus, many service users in this study, who were coming to the end of their contact with services, remained isolated in their communities. They could continue to access support, but only by remaining within the identity of ‘survivor of domestic abuse’. Flasch, Murray and Crow (2017, p. 3379) found:

> *For some, an ongoing identity as a survivor may feel like a badge of honor. For others, such an identity serves as a constant reminder of past negative experiences and the shame and guilt they faced in relation to them.*

In this study, while a small number of service users reflected on the identity of ‘victim’, none referred to feeling themselves to be ‘survivors’. Workers reflected the construction of service users being on journeys towards being survivors, and this identity was framed as a positive one through comparison to the identity that came before it, which was victim. Implicit in this was that the identity of survivor was a ‘badge of honour’ and one that service users would be happy to adopt. While workers did refer to service users who didn’t want to be ‘constantly reminded’ of their experiences, this was not in the context of the identity of survivor, but in the context of service users who were ending their engagement before workers felt they should be.

Flasch, Murray and Crow (2017) went on to ask, “*what, if anything, comes after survivor*?” (p. 3379). A possible answer to this can be found in the concept proposed by Heywood, Sammut and Bradbury-Jones (2019) of ‘thrivership’, in which survivors “*are ‘prosperous, growing, or flourishing’*” (p. 2, quoting OED Online). Without naming thrivership, workers shared similar ideas for was the outcome they wanted for service users, and this was often seen as something they would achieve through engaging with the service and being empowered by the worker to become a ‘survivor’.

As with survivorship, thrivership is both “*non-linear*” and has “*a variable time-scale*” depending on the individual (Heywood, Sammut and Bradbury-Jones, 2019, p. 10). They therefore recommend specialist services to “*ensure women are not pressured to recover within a certain time*” (p. 10). The services involved in this study had done this to a certain extent, in offering different interventions, but – except for Service

4 – these were all time limited, and shaped by the service, not by service users. Heywood, Sammut and Bradbury-Jones went on to argue that an essential characteristic of 'thriving' was women's new, or repaired, connections with their social networks; something that this study has highlighted remains a challenge for specialist services (Goodman et al., 2016) due to their focus on engagement with individual service users.

In placing time limits on engagement, services in this study appeared to be responding to the demands of commissioners and funders. A lack of funding meant services did not have the capacity to be flexible with engagement or interventions, leading to a need to keep service users 'moving through' their engagement journey until they could be closed to the service; or closing those who did not engage in the ways the service expected. A second reason for the need to close cases was to meet data and reporting demands from commissioners. These factors were key findings in this study in relation to level five of the ecological model and are explored in the next section.

Level 5: commissioners and funders

To enable them to support victims/survivors, all specialist services need funding. Early in the feminist movement support had been provided by volunteers (Dobash and Dobash, 1992) but over time the demand for support became so high that it was no longer possible to rely on volunteers giving their time. Alongside this development, there was recognition that supporting victims/survivors was a demanding role that needed knowledge and expertise and should be paid accordingly (Home Office, 2005). Support for victims/survivors became a service 'sector' (Goodman et al. 2023), albeit remaining largely in the voluntary sector. Domestic abuse services, similar to many other voluntary sector or community-based organisations, have become largely reliant on funding from the state in the form of local authorities and government departments (Milbourne and Cushman 2013). Organisations have always sought funding from charitable donors and through fundraising, but these have largely supplemented funding from the state;

the consistent under-funding of the domestic abuse sector has been well documented (Barter et al., 2018; Women's Aid Federation of England, 2024).

As a result of drawing funding from the state, the domestic abuse sector experienced the shift that started to occur in the 1990s away from grant funding and towards procurement processes, in which services were commissioned under contracts managed by local authorities (McMillan, 2007; Barter et al., 2018). The use of procurement processes came under a national narrative of 'value for money' (Milbourne and Cushman, 2013), with domestic abuse services, again like other voluntary sector organisations, required to deliver on performance indicators in order to maintain funding (Bunce, Carlisle and Capelas Barbosa, 2023). Milbourne and Cushman (2013) argued that through these processes, commissioners were able to "*define the categories of what is meaningful and what is marginal*" in services (p. 490). While these changes have been most evident in state-generated procurement processes, charitable funders similarly demand performance measures and indicators to gain or maintain grant funding (Barter et al., 2018).

Three of the services involved in this study had been commissioned, and one only received charitable and other sources of funding. One service was commissioned by the local authority, and two services had been commissioned by SafeLives as part of delivery of the Roadmap Project. Commissioning arrangements shaped what could be delivered by the services. For the SafeLives 'Beacon' sites, this included the delivery of seven different interventions, five of which were intended for victims/survivors: Community IDVA, Complex Needs IDVA, Step Down and Recovery, Children and Young People's Work (which worked with victims/survivors as mothers), and Peer Mentoring.

The evaluation of the Roadmap Project reported that senior managers from both Beacon sites felt commissioning process had "*created specific issues for implementation*" (Stanley et al., 2021, p. 62). In one site, this included the fact that the commissioned organisation was not a specialist domestic abuse service, creating challenges when they were delivering the commissioned interventions alongside the existing, local, specialist domestic abuse service. This was the site in which only one worker, and no service users, were involved in this study, and so it is not possible to reflect on how this impacted on engagement. Due to the nature of the Roadmap Project grant funding from the Big Lottery, both Beacon sites were time-limited pilots. The aim was to gain sustainable funding to enable the services to continue beyond the end of the Roadmap Project; this did not occur. This study saw the impact of short-term funding in these and the other services which were involved. Service users did not want the service to close, because they had such positive experiences of it; workers did not want it to close because they were concerned for the service users who were engaged, and what would happen once the service was no longer there for them.

Service users and workers reflected on the ways in which engagement was impacted by lack of funding. For service users, it appeared to create a situation – described earlier in the chapter – in which they were reluctant to criticise services: they wanted the service to be successful, and to continue offering support, to themselves and other victims/survivors, and were aware of how precarious funding could stop this from happening. Workers have been described as undertaking 'emotion management' (Hochschild, 2003), but in these situations it was service users who managed their emotional responses by resisting being critical and empathising with workers, who service users perceived were doing the best they could with insufficient funding.

Service users' concerns over services no longer being available demonstrated that they were as aware as workers were of the precarity of funding, and the way services could close at short notice when funding was withdrawn, reduced or allocated to a newly commissioned service. This placed demands on services, and thus workers, to deliver services according to commissioner requirements. Within neoliberal procurement structures, competition and value for money are central (Penna and O'Brien, 2013). But, in the context of the limited funding for specialist domestic abuse services, there cannot be a market in which victims/survivors can choose which service they attend (Fotaki, 2009). Thus, there is no real competition between providers except when they are bidding for contracts. In most local areas, there is only one provider of specialist services, and service users must engage with that, or find support elsewhere – which this study, and other research, has shown, often fails to be available. Engagement thus becomes crucial to service users and workers, and creates tensions with specialist services' ethos of choice, flexibility, and empowerment of service users. Research has shown that the limits placed on this ethos through commissioning specifications has the most impact on marginalised groups, when generic services are unable to provide the type of specialist support needed (Kumar, 2019). This featured in a limited way in this study, through workers not responding to or challenging service users' experiences of racism; as already highlighted, partly due to the questions asked, workers were focused on each unique individual service user, not on the structural oppressions they experienced.

Within engagement conceptualisations, the lack of reference to gender inequality was of note in this study, and potentially informed by the fact that three of the four services were commissioned to work with 'all' victims/survivors as well as the interview questions asked. Specialist services have increasingly been commissioned as 'generic' providers of domestic abuse support for people of all gender identities (Messing et al., 2015). Specialist services with a history in the feminist movement have thus had to adapt their delivery to work with men and people with other gender identities. The implication within these commissioning requirements was that 'one size fits all' in relation to the need for support due to domestic abuse (Turgoose, 2016). A universalised perspective on victims/survivors has been challenged throughout the history of the feminist movement and specialist services by victims/survivors from racialised minorities (Kumar, 2019), those from sexually minoritised communities (Donovan and Hester, 2014), and those demanding recognition of men's experiences of domestic abuse (Hine, Wallace and Bates, 2022). Potentially to respond to these challenges and meet the needs of all victims/survivors, but also reflecting the neoliberal emphasis on the individual, workers in this study highlighted that every service user was unique and came with different needs. Workers attempted to fulfil their services' contractual requirements to work with all service users regardless of their differences, but also, to facilitate engagement, felt they must focus on individual and unique needs. However, this leads to a lack of attention to gender inequality, which remains central to understanding women's experiences of domestic abuse (Nixon and Humphreys, 2010), and intersectionality, which should direct attention at the multiple and overlapping systems of oppression and discrimination experienced by victims/survivors (Chantler and Thiara, 2017). In this context, the need for service user engagement to be evidenced can be seen as contributing to workers' focus on service users as individuals, separate from their social contexts.

While services were commissioned to work with 'all' victims/survivors, this was limited by their risk level; all three commissioned services were limited to working with service users identified as being at medium or standard risk. Service users and workers referred to these restrictions: service users would be 'closed' to a service, despite fulfilling engagement expectations, because the service was 'not allowed' to work with high-risk service users. They would be referred on to another service that was commissioned to work with high-risk service users; but this created challenges for service users who felt they had formed trusting working relationships with workers. To suddenly be told they could no longer be in contact with that trusted service and had to be in contact with a new service they had no previous experience of, removed their agency and could lead to 'disengagement'. Workers framed such restrictions as ensuring service users received the 'right' support from appropriately qualified professionals; but it was experienced by service users as disempowering. In this context, the focus on risk and the way it removed agency from service users, puts specialist services in a position that is contrary to earlier feminist approaches. It also implicitly gave power to perpetrators, whose actions were the cause of changes in the risk level identified and determined where service users had to engage. Service users' attempts, in interviews, to articulate why they didn't get the support they wanted also referenced risk. Service users hypothesised that they would have got more support, or more 'meaningful' interactions with workers – characterised by empathic relationship building – if they had been high risk. In some cases, they referenced a perceived hierarchy of abuse, with service users stating that victims/survivors experiencing physical violence were more important to services; others felt their experiences of abuse were seen as 'historic' and thus not high risk.

Risk was a dominating factor in the commissioning of services involved in this study; it was also central to the structure of the service that was grant funded rather than commissioned, reflecting the dominance of risk-related processes in specialist services (Wire and Myhill, 2018). The tools and multi-agency processes relating to risk were firmly embedded in workers' approach to service users, similar to the way the components of engagement appeared to be incontestable. The ways this impacted on service users, through denying them contact with the service they trusted, reflected Coy and Kelly's (2019, p. 159) conclusion that the focus on risk was "*eclipsing the alternative framings of safety, self-determination or empowerment*".

Another dominating framework to engagement, directed by commissioning, was the need to collate and report data on service users. Services were required to report 'engagement rates' to commissioners and funders which, combined with the limited capacity created by insufficient funding, influenced workers to ensure they were 'closing cases' when there had been a lack of engagement. Engagement rates were an implicit or explicit indicator of success: if the service or worker had a high engagement rate, they would be perceived as delivering an effective intervention, a factor identified in the literature review (Harris, 2016; Trabold et al., 2020), underlining the importance of this study: if engagement is a measure of success, then it is essential that commissioners and services are clear on what is meant by the term. Powell et al. (2022) showed how victims/survivors are rarely involved in the development of success measures; and Milbourne and Cushman (2013) critiqued the power of commissioners to set the priorities for services. My study reflected both of those sets of findings, demonstrating a discrepancy between the simplistic, often binary measure of engaged/not engaged, and the multi-faceted, nuanced concept presented by service users and workers.

Level 6: national policy and attitudes

From the 1970s onwards, national attention to domestic abuse has increased, with national inquiries, policies, action plans and legislation increasing over the decades

(Nixon and Humphreys, 2010). Services, largely in the voluntary sector, have also been shaped by national narratives and policies relating to partnership working (Welsh, 2005; Harvie and Manzi, 2011), the focus on risk (Barlow and Walklate, 2021), competitive tendering for the commissioning of services at a local level (Ishkanian, 2014), and by the neoliberal emphasis on personal and individual responsibility (Coy and Kelly, 2019). Consequently, national developments frame all levels of the ecological model presented in this thesis.

Most recently, the Domestic Abuse Act 2021 created a statutory definition of domestic abuse, arguably cementing a gender-neutral approach to domestic abuse, despite recognition that it remains "*a gendered crime*" (HM Government, 2022, p. 60). Acknowledgement of the importance of gender is based on substantial data, built over decades, showing women are at higher risk of being victims of domestic abuse from perpetrators who are primarily men (Walby et al., 2017). Systemic gender inequality as a cause and consequence of domestic abuse is a frequent argument of academic researchers, and many specialist services maintain their feminist framework for responding to victims/survivors. Domestic abuse, despite being perceived widely as a form of violence against women and girls, has been responded to separately by successive governments with a gender-neutral framing (Nicols, 2013). This has led to an absence of the feminist framings – and potentially their expertise – that brought domestic abuse to public attention during the women's movement of the 1970s (Towers and Walby, 2012). While not asked about specifically (and thus an area that would benefit from further research), references to feminism and gender inequality, or any other explanations for domestic abuse, were notably absent from workers' conceptualisations of engagement in this study and from service users' reflections on accessing support from specialist domestic abuse services and other services.

Legislation, national policy, funding and commissioning have historically focused on support being available for victims/survivors, with an emphasis on them being supported to leave perpetrators to gain safety for themselves and their children (Coy and Kelly, 2019). Despite some national or local campaigns aimed at perpetrators (for example the 'Enough' campaign, https://enough.campaign.gov.uk), responses to perpetrators have largely focused on the criminal justice system (Welsh, 2023). New offences such as Controlling and Coercive Behaviours (section 76, Serious Crime Act 2015) have been introduced, and there is ongoing work to improve the responses of police and criminal justice agencies to all forms of domestic abuse (Barlow and Walklate, 2021). The ways in which new initiatives and policies are focused on victims/survivors, combined with the neoliberal emphasis on personal responsibility that has become embedded across crime and safety policy approaches (Yardley, 2020), maintains a focus on individuals as responsible for identifying they are being abused, and seeking help accordingly (Hunnicutt, 2019). This emphasis on individual responsibility consequently reinforces victim blaming narratives that judge victims for being victims, and for appearing not to seek help (McInness, 2015).

In this study, the focus on victims'/survivors' responsibility for their own safety – and that of their children – was evident in workers' conceptualisations of engagement that framed service users as making choices about engaging with specialist services. Despite describing multiple barriers service users face in engaging with services, and workers' recognition that due to perpetrators' abusive and controlling behaviours service users often had little or no choice or control in their lives, workers frequently proposed that barriers impacted service users' 'choice' to engage. Workers' statements that service users needed to be 'ready' to engage with support similarly had an implicit choice framework, implying service users needed to choose to see that the perpetrators' behaviours were wrong, and thus engage with services. Workers did not use victim-blaming narratives in holding service users responsible for engagement; the concept was more nuanced, and rested on a set of behaviours service users were expected to comply with, reflecting another neoliberal tenet of 'conditionality' in public services (Dwyer, 2008). In other words, service users could access support, but only if they engaged in ways that had been prescribed by services.

The focus on victims/survivors, and the lack of attention to perpetrators, is also evident in the national funding and local commissioning of specialist domestic abuse services (Domestic Abuse Commissioner, 2022). The specialist services involved in this study, as highlighted in the previous section on commissioning – level five of the model – were funded or commissioned in different ways. Two – the SafeLives 'Beacon' sites – were commissioned to deliver a voluntary intervention with perpetrators, alongside support for victims/survivors and for children. One was commissioned only to work with adult victims/survivors, and the service that was grant funded, not commissioned, worked only with adult victims/survivors. All services expected to work with men and other genders in some way, either as a requirement through commissioning or, for the grant funded service, as a decision to ensure support was provided for gay and bisexual men and people with trans, non-binary and other gender identities. The commissioned services thus reflected the national construction of domestic abuse as 'gender-neutral', and local commissioning that expected services to meet the needs of all victims/survivors (Messing et al., 2015). This expectation, as well as challenging to local domestic abuse services who are expected to deliver a 'one size fits all' service, is made regardless of the insufficient funding that has historically been provided by national government departments as well as local authority commissioners (Adisa et al., 2020). Specialist services are increasingly asked to do more for less (Women's Aid Federation of England, 2024), which can be seen through current conceptualisations of engagement that require workers to move service users through services, and to close them to services if they are not perceived to be engaging.

One of the ways in which services are asked to do more for less is evident in the move away from services for women only, to services needing to provide support for all victims/survivors, regardless of sex or gender identity. A national approach to domestic abuse that presents it as largely gender neutral has arguably embedded the 'one size fits all' approach to specialist domestic abuse services (Messing et al., 2015) described in the previous section on commissioning. When services did recognise the need for intersectional approaches, this was presented through the establishment of separate 'by and for' interventions (Domestic Abuse Commissioners Office, 2022), or referring service users to 'by and for' services that could more adequately meet their specific identity-related needs such as their faith.

The services involved in this study also reflected the national policy approach that services be commissioned and delivered at a local level, usually within local authority boundaries (Bowstead, 2015). This led to service users struggling to gain support, despite their engagement with services, because they were not in the right geographical area for the service to be 'allowed' to work with them. Services were also commissioned to deliver services at designated risk levels, as the previous section described. While a focus on risk is not contained in statute, it features in the Tackling Domestic Abuse Plan (HM Government, 2022) and is firmly embedded in local responses (Wire and Myhill, 2018; SafeLives, 2024). The impact of the national emphasis on risk was, like geographical boundaries, that it placed restrictions on service users' access to support. Service users shared situations in which they had not received the support they needed because of the risk level they had been placed at, and some consequently diminished their own experiences of abuse, appearing to adhere to a hierarchy of abuse because of the way services had responded. Workers also gave examples of having to stop contact with a service user who was engaged with them because their risk level had changed. Despite these situations, and the fact that risk assessment and responses have been consistently challenged in research (Barlow and Walklate, 2021), for all workers, risk was a non-contestable feature of their services and work.

Despite the national attention to domestic abuse described in this section, there was a remarkable lack of awareness among service users – prior to their engagement with specialist services – and for some, their family, and friends, of domestic abuse. Service users reflected that they had not known they were being abused, in some cases this was because they had not experienced physical violence. Their lack of awareness demonstrates that controlling and coercive behaviour, including the introduction of the new offence in 2015, remains less understood by the public than by specialist services (Vodafone, 2022; Lagdon et al., 2023). Victim-blaming narratives from family, friends and other professionals were referenced by service users and by workers, indicating an ongoing lack of understanding of the experiences of victims/survivors outside of specialist domestic abuse services. This finding underlines the importance of their role in service users' lives, which was articulated by service users in hyperbolic language seen elsewhere in the literature in which such services are genuine ‘lifesavers’ (Lea and Callaghan, 2016). Equally, the victim-blaming and lack of understanding experienced by victims/survivors outside of specialist services makes their ability to ‘engage’ with such services even more crucial, hence the need to understand the concept. Yet this study suggests that the influence of national policy – focusing on victims/survivors rather than perpetrators, service user choice and responsibility, and local commissioning but with insufficient funding – all contribute to a conceptualisation of engagement that relies on service users’ compliance with behavioural expectations of workers and services. The outcome is that service users are disempowered, contrary to the aim of specialist services.

Implications

The research aim for this study was: to explore the concept of service user engagement in relation to female victims’/survivors’ interactions with specialist domestic abuse services and the facilitators and barriers to it. In conducting the study, the aim was both to highlight the importance of the concept, and to produce new knowledge on its meaning that could be useful for researchers and services in their work in relation to service user engagement.

This section describes the implications of this study for the specialist domestic abuse sector, and those responsible for commissioning services, and setting policy in relation to domestic abuse. Implications from a research and theory perspective are then discussed.

Implications for policy, commissioning and practice

Through an exploration of the concept of engagement from workers’ perspectives, this study has highlighted how current specialist domestic abuse services have been influenced and shaped by neoliberal and gender-neutral national policy, including the need to deliver services for all victims – at specific risk levels – but with limited resources available from local commissioning. Despite these influences, such services continue to deliver positive experiences and outcomes for victims/survivors. Indeed, they remain crucial in supporting victims/survivors, often as the only place where victims/survivors feel understood and empathised with.

The concept of service user engagement is embedded within services. The commissioning requirement for specialist services to report on ‘engagement rates’ influences services and workers to turn the multi-faceted and complex concept of engagement into a binary decision in which service users are either engaged, or not engaged. Contract reporting on engagement, combined with workers’ own motivations to offer support, creates a sustained pressure on workers not only to facilitate engagement, but to identify non-engagement and thus ‘close’ service users on case management systems. These developments reflect the shift towards ‘professionalisation’ in the voluntary sector (Ishkanian, 2014) and the expectation they will conform to ‘managerial’ approaches from the private sector (Harris, 2014). A requirement is created for service users to comply with engagement expectations, which leads to tension for workers who are also trying to empower service users. This study has shown that across the four services involved in the research there was a broad consensus on the meaning of engagement; but that this agreement does not mean the concept can be defined simplistically.

In presenting service user engagement through an ecological model, this study has highlighted the interconnectedness of multiple layers involved in domestic abuse service provision. The study demonstrated that the ways in which commissioners, services and workers conceptualise and influence service user engagement has direct consequences for victims/survivors of domestic abuse: if they do not comply with engagement requirements, they will be closed to the service and will not receive support. This is critical when the outcomes of engagement are highly positive for service users, many of whom do not have access to support elsewhere: this study found that service users experience victim-blaming, lack of understanding and a lack of support from friends, family, and other services. That lack of support was reflected when service users spoke about their concerns about no longer having contact with the specialist service. Despite some services offering ongoing contact, workers were focused on a concept of engagement that involved avoiding service user dependency, potentially leading to a lack of recognition that many service users remained isolated, and thus dependent on the specialist service for continued understanding and support towards recovery.

The findings also point to the fact that specialist services are often trying to support victims/survivors within complex multi-agency and information sharing arrangements. Multi-agency working is firmly embedded in specialist services, and workers can influence some services to enable service users to gain the support they need. But other services, and the demands of multi-agency working, can also create barriers to service user engagement, and create tensions for workers and services when they try to balance safeguarding and information sharing procedures with providing empowerment-based support to service users. Commissioning arrangements place limits on what specialist services can do, and services themselves may have little say on what they deliver, to whom, and within which structures. Services thus come under pressure to work with all victims/survivors – albeit within rigid risk-level assessments that remove service user choice over which service to access – despite the awareness that they may not have the specialist knowledge and skills needed to respond to, for example, racially minoritised or disabled victims/survivors.

Closely connected with commissioning expectations is the way in which the concept of engagement is influenced by the national policies and narratives, and commissioning processes that lead to workers and services being focused on individual, unique service users. Despite recognising service users' common experiences of abuse, each service user is perceived as unique, with unique needs to be identified and responded to. Thus, although services potentially wish to work in intersectional ways, they remain focused on individual identities, not on how they intersect nor attending to the structural discrimination and oppression that are at the core of intersectional perspectives.

Key messages from this study for policy, commissioning and practice are that the use of a binary of engaged/non-engaged needs to be considered in the context of the restrictions it places on expectations of service user behaviours, that can ultimately be disempowering. This study suggests victims/survivors unable to comply with engagement expectations are excluded from specialist services. Combined with the finding – in this study and elsewhere – of the vital and unique role of specialist services for victims/survivors, such exclusion is problematic. A way of addressing this would be for commissioners to work more closely with specialist services in procurement design, as well as with victims/survivors, including those who have not accessed specialist support. Importantly, this study suggests that consultation with victims/survivors should continue beyond the service design and commissioning, enabling changes to services as they continue to be delivered. Greater flexibility in how specialist services met service users' needs, and less focus on quantitative, 'tick-box', outcomes such as 'engagement rates' would also contribute to more service user-led support.

When commissioning processes develop in partnership with specialist domestic abuse services, the latter's expertise and experience in supporting victims/survivors should be recognised and valued. This includes the recognition that additional specialities in responding to diverse service users – such as those provided by 'by and for' services – are required, as also identified by the Domestic Abuse Commissioner (2022).

In measuring engagement, it is important specialist services ensure that understanding of the concept is shared across their service, with consistency between workers around which behaviours count as 'engagement'. Importantly, specialist services could recognise how their crucial and valued ethos of empowerment has become restricted by the concept of engagement. Empowerment has become intertwined with compliance and personal responsibility, risking services moving away from solidarity and the challenge to inequalities. While this has been directly shaped by commissioning and national policy, my study suggests that this way of constructing empowerment has become embedded and thus uncontested.

Implications for research

This study has shown the limitations of the literature on engagement in relation to specialist domestic abuse services. It has highlighted the importance of researchers defining engagement, and the opportunities and limitations present in potential definitions. Engagement has been shown to be complex and multi-faceted, requiring greater attention than simplistic binary meanings and conceptualisations.

The feminist focus taken in this study, informed by intersectionality, shows an absence of both theories in conceptualisations of engagement in specialist domestic abuse services. Specific questions about each were not asked, in order not to lead participants' responses; yet their absence can be seen as underlining the challenge for the theory of intersectionality to become a reality in service provision, particularly when those services are underfunded and required to meet commissioning and contractual requirements which may not attend to gender and other intersectional framings. Through their engagement with specialist services, victims/survivors are seen as unique individuals, separated from their social context; when national policy and local commissioning focus on service provision, not prevention, service users become responsible for their own safety and the avoidance of becoming victims again.

In their reflections on engagement, service user and worker participants did not draw on feminist understandings of domestic abuse; but the feminist ethos of empowerment remained central to services' approaches. Importantly for the domestic abuse research field, this study has shown how conceptualisations of engagement place restrictions and limits on empowerment, raising important questions on what empowerment means in contemporary specialist domestic abuse services.

The innovative ecological model presented in this study has the potential to be an effective framework for understanding the delivery of specialist domestic abuse services and service users' experiences of these, whether focused on engagement or another factor such as intersectionality, feminism, or empowerment. The model can focus attention on service users' experiences, the influence of their immediate networks, how workers and services operate, and how they are shaped by commissioners and by national policy. The ecological model challenges a perspective that was found in this study that, contrary to feminist and intersectional frameworks, each service user is only seen as an individual. Instead, it is essential to explore their social context, inequality, and discrimination they have experienced, and the impact of their immediate networks; and how their interactions with services are impacted by workers, services, commissioners and national policy.

Chapter summary

This chapter has presented the thesis discussion, bringing together the findings from the literature review and interview data; and presented and analysed these findings within the framework of the adapted ecological model developed through this study. The chapter demonstrates the significance of services' use of the concept of engagement, which was constructed around workers' expectations of service users. It described how neoliberal narratives of personal responsibility, and the avoidance of dependency on services, had influenced workers' ethos of empowerment. Alongside the influence of national policy and commissioning processes, these narratives have shaped specialist services, which focus on the engagement of individual service users within restrictions relating to geography and risk. All levels of the ecological model influenced service user engagement, which was framed not as the multi-faceted and complex concept presented in this study, but as a binary decision that workers must make. The outcome was that that some service users did not receive support from specialist services; support they may have had a significant need for, in the absence of support from immediate networks.

CHAPTER 8: CONCLUSION

Introduction

This study aimed to explore the concept of service user engagement in relation to the female victims'/survivors' interactions with specialist domestic abuse services and the facilitators and barriers to it. It was funded by, and took place within the parameters of, the University of Central Lancashire's evaluation of the SafeLives and Women's Aid Federation England 'Roadmap for System Change'.

Research questions

This aim was underpinned by the following research questions; reflections are added following each question on the success of the study in answering them. As previously highlighted, the study's approach to the questions was more specific than the wording suggests. The study focus was on 'service user engagement', not other potential meanings of 'engagement':

1. What constitutes engagement in domestic abuse literature, including research and sector publications? What is missing from this, with reference to other fields?

   These questions are comprehensively addressed in the Literature Review, Chapter 2.
2. What does engagement mean to women accessing specialist domestic abuse services? How does this meaning differ according to the differences between women (i.e., intersecting identities/characteristics, situations, and experiences)?

   This study did explore with service users how they experienced their involvement with services, but did not directly address the meaning of the term 'engagement' with them, as outlined in the Methodology, Chapter 3. As described in the findings chapters (5 and 6) and the Discussion (Chapter 7), the data enabled some exploration of the differences between service users, but not to the extent that had been aimed for. As a result, this question can be said to have been partially answered, and reflections are added later in this chapter for future research to address this gap.

3. What does engagement mean for workers at specialist domestic abuse services?

   This question has been comprehensively answered in relation to workers' conceptualisations of how service users evidence they are engaged or not engaged. Wider meanings of engagement were not explored, as explained in the Introduction (Chapter 1), and the question could have been put more clearly as 'What does service user engagement mean for workers at specialist domestic abuse services?'.
4. What facilitators and barriers exist to service user engagement with specialist domestic abuse services?

   The second findings chapter (6) comprehensively covers barriers and facilitators to women's engagement with specialist services, if engagement is taken to mean the concept described by workers in the first findings chapter (5).
5. To what extent, and in what ways, is the concept of engagement useful to develop more effective domestic abuse services?

   This question has been answered through the Discussion (Chapter 7), which included the implications of the findings of this study for specialist domestic abuse services.

Methodology

The study was completed using feminist-informed qualitative methodology in the form of semi-structured interviews with service users and workers in four specialist domestic abuse services. Interviews were analysed following a process of reflexive thematic analysis informed by the research questions, and the study's theoretical frameworks of feminism and social constructionism. This led to the development of an ecological model of service user engagement, which was used to present and analyse the findings.

Final reflections on the study

This study was undertaken with the aim of presenting findings and analysis on how engagement is conceptualised by workers in specialist domestic abuse services in England, and how engagement is experienced by service users within those same services. The implication for the research, set out in the previous chapter, aims to be useful for researchers, services, and commissioners in their work in relation to service user engagement.

As the study concludes, I feel I have met those aims – albeit with limitations, set out below – and that I have interesting, relevant and constructive findings to inform services and commissioners in the domestic abuse sector, and future researchers who may look at service user engagement. As set out in the sections below, the two models set out in this thesis can be a starting point for further research, for example with managers and commissioners to establish their applicability across other services. Crucially, they could be explored with service users to understand their perspectives and feelings in relation to what is expected of them by domestic abuse services.

Original contribution to knowledge

The Discussion (Chapter 7) analysed in detail the ways in which this study has made a significant and original contribution to knowledge: presenting the first qualitative exploration of the concept of service user engagement, and the first time an ecological model of service user engagement has been proposed. The ecological model is shown in this thesis to be an effective framework for understanding how specialist domestic abuse services are delivered, and how service users experience them.

The study presents, for the first time, a model of the concept of service user engagement within specialist domestic abuse services, from the perspectives of workers and supplemented with the perspectives of service users. This is despite the concept being embedded within specialist domestic abuse services (AVA, 2019; Women's Aid Federation of England, 2020a), and used frequently in the literature

(Howarth and Robinson, 2016; Backes et al., 2022). The study showed that usage of service user engagement in the literature is limited to single component conceptualisations, without recognition of the multi-faceted and nuanced conceptualisation demonstrated in this study.

The study demonstrates why understanding the concept of service user engagement is important, due to the implications its use has on service users' experiences of support from specialist services. Specifically, including through the study's adapted ecological model, it shows that workers are directed – by services, influenced by commissioners/funders – to make binary decisions about service user engagement. These decisions can directly disempower service users who have not been able to comply with the behaviours expected within the model of service user engagement. This is problematic both from the perspective of the feminist-empowerment based history of domestic abuse services; and in a context in which victims/survivors are unlikely to get the right support elsewhere.

The concept of engagement is a useful lens through which to view the current ways of working in specialist services in relation to risk and multi-agency working. Risk processes, embedded in the services involved in the study through service design and commissioning, could lead to service users being denied support and directed to a different service due to their risk level changing. Alongside the neoliberal narratives already mentioned, these multi-agency processes, and the need to make binary decisions on engagement, led to the disempowerment of victims/survivors through overriding their wishes in relation to sharing information with other agencies, or closing them to services. Services were desperately needed by victims/survivors, who struggled to access non-judgemental and empathetic responses elsewhere, in particular from other services in multi-agency contexts and from family and friends who lacked understanding of the dynamics of domestic abuse.

The study has added to existing research on contemporary specialist domestic abuse services, specifically how they are situated in relation to the history of the feminist movement, and the impact of neo-liberal narratives on domestic abuse services and activism. Services in England are nearly always commissioned by the state (such as local authorities), which has served to restrict their activities. This study’s exploration of service user engagement enables analysis and understanding of the ways in which services have come to focus on individual service users, rather than, or alongside, collective activism and campaigning. This focus on individuals is demanded through commissioning and contract reporting in a context of under-funding and high demand: ‘value-for-money’ requires evidence that service users are ‘engaged’. The Discussion (Chapter 7) additionally outlines implications for this study’s findings in relation to academic research and for the domestic abuse sector. Importantly, this study highlights how service user engagement is used as a key performance measure by services and commissioners/funders; problematic, in a context in which the concept has not been defined. It is further problematised by this study’s finding that workers’ binary decision-making can disempower service users who need support and could access it if engagement expectations were less rigid. Commissioners and services have the power to decide what these expectations are, and, as outlined in the next section, further research is needed to understand service users’ perspectives.

Limitations and future research

This section presents the limitations to the study, and sets out some areas for possible future research, suggested by the findings of this study.

Limitations of the study

As doctoral research, this was inevitably a relatively small study. It took place in England, with four specialist services. Therefore, it might not be applicable outside an English context. It is also possible that other services in England may conceptualise engagement differently, however my experience in the sector, and discussions with services throughout the study, suggest that it is unlikely to differ significantly within mainstream domestic abuse services. The interpretivist approach to this study aims to tell a specific story in depth; thus, generalisation is not necessarily an aim of a study such as this. Despite its small scale, there was consistency across the service users and workers in the four services in conceptualising engagement and outlining the facilitators and barriers.

Further, this study set out to explore women's experiences as service users. Thus, it is possible that men and people with other gender identities may have different experiences of engagement with services, and workers may conceptualise their engagement differently.

Finally, a significant limitation to this study, as in most studies that focus on victims/survivors of domestic abuse due to recruitment processes, is that the research was with service users who had remained engaged with specialist services. Workers were able to share examples of service users who were perceived to have 'disengaged', but their voices were not heard. The study has attempted to draw conclusions on their experiences from the data available.

Directions for future research

As discussed in the previous section on limitations, research with victims/survivors who have not met engagement expectations, or have been perceived to have disengaged from services, could contribute a great deal to conceptualisations of engagement. Additionally, as outlined earlier in this chapter, the second research question on service users' understanding of engagement was not fully answered, and further research could explore whether engagement is a term or concept they have an understanding of, and their perspectives and experiences relating to the concept. Extending the research in this way could support the development of the model of service user engagement, incorporating their views in a more holistic way. A part of this would be to explore further this study's finding in relation to empowerment, and whether services continue to deliver this as intended when constrained by the use of the concept of service user engagement.

A further study would usefully explore the experiences of, and the conceptualisations of engagement related to, men, trans people and those with other gender identities. Research suggests that their support service needs may differ from women's, and it may be that service user engagement is also different.

Additionally, further research could focus on the areas that were relevant, but less explored than they needed to be in this study: intersectionality, and gender inequality/feminist theories.

To extend this study's findings, research could be undertaken with those on the other levels of the ecological model: service users' immediate networks; commissioners; and national policy makers. This could include addressing the issue, raised in this study, of whether 'service user engagement' is an effective measure of a service's 'success'.

Reporting back and dissemination

On the conclusion of this study, I will report to the commissioners of the Roadmap Project evaluation: SafeLives and Women's Aid Federation of England. The Roadmap Project was completed during this study, and the UCLan evaluation was published at the end of 2021, three years prior to this study ending. The findings of this study will be of interest and use to both organisations and to the two additional organisations that were involved. I will provide a briefing to all organisations (to be adapted from the participant's briefing in Appendix 14) and offer to meet with them to discuss the findings, or present them to staff in a workshop.

As described in the Methodology (Chapter 3) I offered to share updates about the research with all participants, if they consented to be contacted again. Many did, and I have produced a short briefing to summarise the findings of the research to share with service user participants (Appendix 13) and worker participants (Appendix 14).

In addition to reporting back to those who participated in the study, I plan to disseminate my findings more widely. I will offer to present the findings to domestic abuse organisations I work with regularly, including Standing Together Against Domestic Abuse and the Domestic Abuse Commissioner's office. Prior to submission, I presented some of my findings at the UCLan Connect Centre conference, and plan to present a Connect Centre webinar in the future; the Connect Centre newsletter also offers an opportunity for dissemination. Following thesis submission, I will present some of my findings at the joint conference from the Violence Against Women and Girls Research Network (VAWGRN), Law, Gender and Sexuality Research Network (LEX), Feminist Legal Research and Action Network (FRAN) and the Centre from the Study of Emotion and Law (CSEL). I will identify future conferences to put papers forward to.

In addition to presenting my findings as outlined in the previous paragraph, I also plan to write at least one article for a peer reviewed journal; I plan to submit to the Journal of Gender Based Violence and/or Violence Against Women journal.

Concluding remarks

This study continues a long history of research on domestic abuse, and the services that exist to respond to victims/survivors. It underlines the importance of continuing to listen to victims/survivors about their experiences of seeking help. The new knowledge on the concept of service user engagement within specialist domestic abuse services demonstrates the continued importance of research in this field in response to developments in national policy frameworks, and national and local funding environments.

On a personal level, despite the anticipated ups and downs of completing a PhD and the unexpected changes that disrupted the research, the overall experience has been positive. It has felt a privilege to be able to devote large amounts of my time to reading the academic literature, and to speaking with service users and workers. The guidance and support of my supervisors has been invaluable, prompting me through their own reflections, and questions, to think differently or to approach the research differently in ways that helped me to move forward.

Conducting the research alongside my work in and with the domestic abuse sector provided me with opportunities to discuss the topic with colleagues working with victims/survivors and working in policy or other areas. My aim throughout has been to use my research to make a difference to the specialist domestic abuse sector in which I work, and the previous section outlined how I plan to do this. The PhD also provided me with professional development through the academic research skills I have gained, as well as academic writing and presenting. My interrogation of the concept of service user engagement in the study informed the reviews, evaluations, and research I have delivered in my work capacity through providing an additional layer of analysis when the concept was presented. I am looking forward to taking this further as I continue to work in the field of domestic abuse.

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APPENDICES

Appendix 1: PhD research overview for workers

Althea Cribb PhD Research: Overview

Introduction

My name is Althea Cribb. I am a PhD Student at the University of Central Lancashire. I have worked in the domestic abuse sector for 14 years. My PhD is funded by, and attached to, the UCLAN Roadmap for System Change evaluation but does not form part of the evaluation.

My Research

My research seeks to explore the way 'engagement' is understood in domestic abuse services. I am interested in the relationships between service users and workers: what they look like, what supports their development, and any barriers.

I aim to:

- Interview all staff working with adult (over-18) female survivors.
- Interview service users accessing IDVA, Engage and Peer Support interventions.
- Hold a focus group with service users accessing Group Work (interviews would be possible with these service users, if they do not want to join a focus group).
- Analyse case file records (this is being explored, more information to follow).

Interviews with Staff

Please see the attached Information Sheet. Please feel free to ask any questions about this. My aim is for interviews to start in January. I will be as flexible as possible with timescales to fit in with your work schedules.

Interview / Focus Groups with Service Users

I would very much appreciate your help in recruiting service users for interviews and the focus group. Recruitment can start any time. You know your service users best, and will be able to assess their well-being in terms of participating in the research; if you have any queries or concerns, please do talk to me. If you feel that a service user would like to participate but there are barriers to them doing so, please talk to me. Service users who have participated in the UCLAN evaluation should not be approached for involvement in my research. Otherwise there are no prior requirements for them to fulfil in order to participate.

Please see the attached Information Sheet that can be given to potential participants.

Appendix 2: Service user interview consent form

Althea Cribb PhD Research

INTERVIEW CONSENT FORM

Please read the following statements and tick the boxes if you agree:

I have read the research information sheet and I have had the opportunity to ask questions.	☐
I agree to this interview being recorded.	☐
My participation is voluntary. I understand I am free to withdraw at any time without giving a reason and up to four weeks after by texting NO CONSENT to 07435 286662 / emailing NO CONSENT to acribb@uclan.ac.uk. Text/email to include my unique code (on information sheet). If I withdraw, all data relating to me will be deleted (including interview recording/transcript).	☐
I understand information which suggests that there may be serious risks to me, another adult or a child cannot be kept confidential and I have had this explained to me.	☐
I understand my participation will be anonymous and any details that identify anyone will not be included in any publications produced from the research.	☐
I agree to take part in the research.	☐

Please sign below to give your consent

Name (PRINT): ______________________________

Signature: ______________________________ Date: / /

Name of researcher (PRINT): ______________________________

Signature of researcher: ______________________________ Date: / /

Appendix 3: Service user group interview consent form

Althea Cribb PhD Research

GROUP INTERVIEW CONSENT FORM

Please read the following statements and tick the boxes if you agree:

I have read the research information sheet and I have had the opportunity to ask questions.	☐
I agree to this interview being recorded.	☐
My participation is voluntary. I understand I am free to withdraw at any time without giving a reason and up to four weeks after by texting NO CONSENT to 07435 286662 / emailing NO CONSENT to acribb@uclan.ac.uk. Text/email to include my unique code (on information sheet). (I understand if I withdraw after the group that the recording cannot be deleted, but my contributions in the transcript and all other data will be deleted and not used in research.)	☐
I understand information which suggests that there may be serious risks to me, another adult or a child cannot be kept confidential and I have had this explained to me.	☐
I understand my participation will be anonymous and any details that identify anyone will not be included in any publications produced from the research.	☐
I agree to take part in the research.	☐

Please sign below to give your consent

Name (PRINT): ______________________________

Signature: ______________________________ Date: / /

Name of researcher (PRINT): ______________________________

Signature of researcher: ______________________________ Date: / /

Appendix 4: Service user interview information sheet

Althea Cribb PhD Research: Information Sheet

Who is this information for? This information sheet is for service users of [SERVICE] to introduce Althea Cribb's research project. It provides information for you to decide if you want to be involved in the research.

Why is this research being done? This research is being done as part of a PhD course being undertaken by Althea Cribb. Althea is researching the way 'engagement' is understood in domestic abuse services, and the nature of the relationships between service users and workers in domestic abuse (and other) services. Althea would like to:

- Hear about your experience of being in contact with services, including specialist domestic abuse services.
- Explore with you what your working relationships were like when you were in contact with domestic abuse and other services.
- Understand what is important to you when you are in contact with a specialist domestic abuse service.

Who is doing the research? Althea Cribb is a PhD student at the University of Central Lancashire. Althea has worked in the domestic abuse sector for 16 years including supporting survivors of domestic abuse and working with statutory and voluntary organisations on their responses to domestic abuse.

What will I be asked to do? You don't have to be involved if you don't want to. If you do agree to participate, Althea will arrange an interview with you (see below). The interview will last around one hour and will be arranged at a date and time that suits you. The interview will be recorded. You do not have to share information that you do not wish to. If you agree to participate, you can withdraw at any time up to and during the interview, and for up to four weeks after interview. If you participate or withdraw, this will not impact on the service you receive from [service] or others. If you withdraw, the recording, transcript, and all other data about you will be deleted. After the group Althea will provide a £15 voucher to compensate you for your time; this will be provided even if you withdraw during/after the group.

What will the interview be about? Althea will ask about your experiences of being in contact with [SERVICE], and other services. She will ask you about your working relationships with staff in this and other services and about what is important to you when you are in contact with services.

Will what I say be confidential? Yes. Your responses and the interview recording will be stored securely by Althea and not shared with anyone else. Althea will produce a transcript of the interview that will also be stored securely and not shared. You can see the transcript if you wish to. Althea will produce a thesis for the PhD that will use quotes from your interview but will not identify you or any other participants.

Who has approved the study? To make sure the research project is conducted in a professional manner, the project has been approved by the University of Central Lancashire's Ethics Committee. If you wish to contact them you can email them at ethicsinfo@uclan.ac.uk. More information from UCLAN for research participants: https://www.uclan.ac.uk/data_protection/privacy-notice-research-participants.php.

What happens next? Thank you for reading this information sheet. For further information on this study, please contact Althea Cribb (see below).

If you wish to take part, please inform your worker and give them consent to give your contact details to Althea, who will contact you to arrange an interview (this can be telephone or Zoom©). Your worker will give you an information sheet and a consent form, if it is safe to do so. If that is not safe for you, your worker will keep them for you to refer to. If you would like to participate but something gets in the way, e.g., language, please talk to your worker or Althea.
Contact Details: Althea Cribb acribb@uclan.ac.uk / 07435 286662

If you are unhappy, or if there is a problem, please contact Christine Barter (CABarter@uclan.ac.uk) and we will try to help. If you remain unhappy, or have a complaint you feel you cannot come to us with, please contact the Research Governance Unit at OfficerForEthics@uclan.ac.uk. The University strives to maintain the highest standards of rigour in the processing of your data. If you have any concerns about the way in which the University processes your personal data, it is important you are aware of your right to lodge a complaint with the Information Commissioner's Office 0303 123 1113.

If you want further support or would like to discuss domestic abuse with someone:

National Domestic Violence Helpline	0808 2000 247
Men’s Advice Line	0808 8010327
National Lesbian Gay Bisexual Trans + Domestic Abuse Helpline	0800 999 5428
The Samaritans	116 123

Appendix 5: Service user group interview information sheet

Althea Cribb PhD Research: Information Sheet

Who is this information for? This information sheet is for service users of [SERVICE] to introduce Althea Cribb's research project. It provides information for you to decide if you want to be involved in the research.

Why is this research being done? This research is being done as part of a PhD course being undertaken by Althea Cribb. Althea is researching the way 'engagement' is understood in domestic abuse services, and the nature of the relationships between workers and services in domestic abuse (and other) services. Althea would like to:

- Hear about your experience of being in contact with services, including specialist domestic abuse services.
- Explore with you what your working relationships were like when you were in contact with domestic abuse and other services.
- Understand what is important to you when you are in contact with a specialist domestic abuse service.

Who is doing the research? Althea Cribb is a PhD student at the University of Central Lancashire. Althea has worked in the domestic abuse sector for 16 years including supporting survivors of domestic abuse and working with statutory and voluntary organisations on their responses to domestic abuse.

What will I be asked to do? You don't have to be involved if you don't want to. Althea would like to set up a group interview with you and others who have attended the group work sessions. If you agree to participate, you can be part of that group discussion. It will last around one hour and will be recorded. You do not have to share information you do not wish to. If you agree to participate, you will then be able to withdraw at any time up to and during the group, and for up to four weeks after. If you participate or withdraw, this will not impact on the service you receive. If you withdraw after the interview has finished (or during it), the recording of the group cannot be deleted but your contributions will be removed from the transcript, and any other data about you will be deleted. After the group Althea will provide a £15 voucher to compensate you for your time; this will be provided even if you withdraw during/after the group.

What will the interview be about? Althea will ask about your experiences of being in contact with [Service], and other services. She will ask you about your working relationships with staff in this and other services and about what is important to you when you are in contact with services.

Will what I say be confidential? Yes. Your responses and the interview recording will be stored securely by Althea and not shared with anyone else. Althea will produce a transcript of the interview that will also be stored securely and not shared. You can see the transcript if you wish to. Althea will produce a thesis for the PhD that will use quotes from your interview but will not identify you or any other participants.

Who has approved the study? To make sure the research project is conducted in a professional manner, the project has been approved by the University of Central Lancashire's Ethics Committee. If you wish to contact them you can email them at ethicsinfo@uclan.ac.uk. More information from UCLAN for research participants: https://www.uclan.ac.uk/data_protection/privacy-notice-research-participants.php.

What happens next? Thank you for reading this information sheet. For further information on this study, please contact Althea Cribb (see below). If you wish to take part, please give your worker consent for your contact details to be given to Althea, who will then contact you. Your worker will give you an information sheet (containing your unique participation code) and a consent form, if it is safe to do so. If that is not safe for you, your worker will keep them for you to refer to. If you would like to participate but something is getting in the way, for example language, please talk to your worker or Althea.

Contact Details: acribb@uclan.ac.uk / 07435 286662

If you are unhappy, or if there is a problem, please contact Christine Barter (CABarter@uclan.ac.uk) and we will try to help. If you remain unhappy, or have a complaint you feel you cannot come to us with, please contact the Research Governance Unit at OfficerForEthics@uclan.ac.uk. The University strives to maintain the highest standards of rigour in the processing of your data. If you have any concerns about the way in which the University processes your personal data, it is important you are aware of your right to lodge a complaint with the Information Commissioner's Office 0303 123 1113.

If you want further support or would like to discuss domestic abuse with someone:

National Domestic Violence Helpline 0808 2000 247

Men’s Advice Line 0808 8010327

National LGBT+ Domestic Abuse Helpline 0800 999 5428

The Samaritans 116 123

Appendix 6: Worker consent form

Althea Cribb PhD Research

INTERVIEW CONSENT FORM

Please read the following statements and tick the boxes if you agree:

I have read the research information sheet and I have had the opportunity to ask questions.	☐
I agree to this interview being recorded.	☐
My participation is voluntary and I understand I am free to withdraw from the interview at any time without giving a reason and up to four weeks after by texting NO CONSENT to 07435 286662 or emailing "NO CONSENT" to acribb@uclan.ac.uk. Text/email to include my unique code from the Information Sheet.	☐
I understand information which suggests there may be serious risks to me, another adult or a child cannot be kept confidential and I have had this explained to me.	☐
I understand my participation will be anonymous and any details that identify anyone will not be included in any publications produced from the research. I understand the limitation to this.	☐
I agree to take part in the research.	☐

Please sign below to give your consent

Name (PRINT): ______________________________

Signature: ______________________________ Date: / /

Name of researcher (PRINT): ______________________________

Signature of researcher: ______________________________ Date: / /

Appendix 7: Worker information sheet

Althea Cribb PhD Research: Information Sheet

Who is this information for? This information sheet is for staff in [SERVICE] to introduce Althea Cribb's research project. It provides information for you to decide if you want to be involved in the research.

Why is this research being done? This research is being done as part of a PhD course being undertaken by Althea Cribb. Althea is researching the way 'engagement' is understood in domestic abuse services, and the nature of the relationships between service users and workers in domestic abuse (and other) services. Althea would like to explore with you what your working relationships are like with service users: what supports the building of those relationships, and what gets in the way, both thinking about interpersonal factors and how service design/systems influence this.

Althea's PhD is funded within the UCLAN evaluation of the SafeLives/Women's Aid Roadmap for System Change evaluation but does not form part of the evaluation.

Who is doing the research? Althea Cribb is a PhD student at the University of Central Lancashire. Althea has worked in the domestic abuse sector for 16 years including supporting survivors of domestic abuse and working with statutory and voluntary organisations on their responses to domestic abuse.

What will I be asked to do? You don't have to be involved if you don't want to. If you do agree to participate, Althea will arrange an interview with you (see below). The interview will last around one hour and will be arranged at a date and time that suits you. It can be on the telephone or Zoom©. The interview will be recorded. You do not have to share information that you do not wish to. If you agree to participate, you will then be able to withdraw at any time up to and during the interview, and for up to four weeks after the interview. If you withdraw, the recording, transcript, and all other data about you will be deleted.

What will the interview be about? Althea will ask about your experiences of being in contact with service users. She will ask you about your working relationships with service users and about what is important to you, and what influences you, when you are in contact with service users.

Will what I say be confidential? Yes. Your responses and the interview recording will be stored securely by Althea Cribb and not shared with anyone else. Althea will produce a transcript of the interview that will also be stored securely and not shared. You can see the transcript if you wish to. Althea will produce a thesis as part of the PhD that will use quotes from your interview but will not identify you or any other participants. The limitation to this is that Althea's research is being conducted in a small number of services and will reference SafeLives Beacon/Connect, and therefore what you say could potentially identify you. Althea will work to minimise this as far as possible, e.g., through using generic job titles, and can talk this through with you at the interview if you have concerns.

Who has approved the study? To make sure the research project is conducted in a professional manner, the project has been approved by the University of Central Lancashire's Ethics Committee. If you wish to contact them you can email them at ethicsinfo@uclan.ac.uk. More information from UCLAN for research participants: https://www.uclan.ac.uk/data_protection/privacy-notice-research-participants.php.

What happens next? Thank you for reading this information sheet. For further information on this study, please contact Althea Cribb (see below).

If you wish to take part, please inform Althea who will contact you to arrange an interview. If you agree, you will be provided with a copy of this information sheet that contains your unique participant reference number, and a consent form.

Contact Details: Althea Cribb acribb@uclan.ac.uk / 07435 286662

If you are unhappy or there is a problem, please feel free to tell us by contacting Christine Barter (CABarter@uclan.ac.uk) and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with please contact the Research Governance Unit at OfficerForEthics@uclan.ac.uk. The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

Appendix 8: Service user interview schedule

1. Introduction

- Check if still ok to talk at this time; are you in a private space; do you feel safe? Will we be interrupted, and how would you like to manage that? E.g. for safe reason or unsafe reason. If I feel you are at risk, I will contact the service you are working with.
- My name
- I have worked on domestic abuse for around 16 years, including frontline work with survivors and work in and with statutory and voluntary organisations to improve responses to domestic abuse.
- I am part way through my PhD, I am interested in how women interact with and work with specialist domestic abuse services.
- Thank you so much for speaking with me.
- Thank you for sending back your consent form; did you have any questions, or anything you wanted to discuss?
- Before we get started, I need to go through some housekeeping matters, to ensure our discussion works as well as possible:
    - If you change your mind about the interview, that is completely fine, just let me know.
    - If you need to leave for any reason, please tell me.
    - If you lose your connection, I will call you back. If I can’t reach you, I will send a text. If you don’t respond, I will contact [service] to ensure that you are OK.
    - If you need to take a break, please tell me, and we can restart when you are ready, or reschedule for another time.
    - I will also check in with you after the interview in case you need any support, or would like to talk further with me about the research.
- I have emailed you an information sheet, it has your unique number on it, please keep it if you need to contact me in the future.
- If you have any difficulties with the document, let me know.
- I will arrange for a voucher to be provided to you to thank you for your time – finding out how to do this – will be via [worker].

2. Interventions [Beacon sites only]

What service(s) did you use? Tick all that apply (may need name of worker, might not know name of intervention).

	Used	When	How long for
Community IDVA			
Step down and recovery group			
Complex IDVA			
Engage			

Ask: children / none; did they access the service as well?

3. Background

I would like to ask you about your experiences of seeking help, from others and then from this service.

3.1. Please tell me about your experiences, before this service, of seeking support about domestic abuse.

3.2. Probe if needed: which specific services; when

3.3. Probe if needed: responses; believed, judged, heard, validated; referrals onward.

3.4. Follow up question if not covered in answer to 3.1: How did this make you feel?

3.5. How did the response you got compare with your expectations?

3.6. Please tell me how you came to be in contact with this service.

3.7. Probe if needed: Heard of it, where and when.

3.8. Please can you tell me what your first contact with this service was like.

3.9. Probe if needed: how contact was made e.g. telephone; what person was like; at your pace/rushed; short/long; focus of conversation. How did you feel about that first contact?

3.10. Probe if needed: supported, validated, believed, understood what was going to happen.

3.11. What were you expecting, or hoping to get, before contact?

4. Contact with worker(s)

I would now like to move on to ask you about your experiences of being in contact with your worker(s). [May need to ask about more than one; or focus on most recent; depending on previous answers.]

4.1. Please can you tell me about your relationship with your worker.

4.2. Probe if needed: what were they like; how contact has been made; how that made them feel.

4.3. Has this changed over time, if so, how and why?

4.4. Please can you give me an example of a time when your worker supported you in the way you needed them to?

4.5. Probe if needed: what it was about what they did that was good/helpful; impact of that.

4.6. Please can you give me an example of a time when you felt your worker did not respond as you needed?

4.7. Probe if needed: what it was about what they did that was unhelpful; impact of that.

4.8. Please can you give me an example of a specific need or goal that you had, and how this was responded to by your worker? (May have been answered 4.4/4.6)

4.9. Did anything that got in the way of you keeping in contact?

4.10. What helped you stay in contact?

5. About you

I would now like to talk to you about what has happened since you have been in contact with the service.

5.1. What is life like now for you?

5.2. Probe if needed: safer/not; feel better/worse; more knowledge; whether/how service has impacted.

5.3. Did your needs change over time?

5.4. Probe if needed: How was that managed?

5.5. Thinking about the overall service, what worked well for you?

5.6. Probe if needed: specific e.g., why?

5.7. What didn’t work so well?

5.8. Probe if needed: anything the worker did about it?

5.9. Do you feel your answers today have been affected by the current coronavirus situation? In what way?

5.10. Probe/prompt if needed: big/small impact? What was impacted, e.g. developing a relationship, trust, amount or ease of contact?

6. Services

I would like to ask you some general questions about services like this one.

6.1. How would you describe an ideal worker?

6.2. What should a service like this focus on?

7. Closing

7.1. Is there anything we have not discussed which you would like to say?

7.2. Is there anything else you would like to share about your contact with the service that has not already been covered?

Switch off recorder and tell participant it is being switched off and the interview has ended.

8. Debrief

8.1. Was this conversation ok for you? If not, what could I do better?

8.2. Do you need any support following this discussion? If yes, who can you talk to?

8.3. Would you like a summary of the findings sent to you? If yes, how? Be clear when this will be.

Thank you.

Appendix 9: Service user group interview schedule

1. Introduction

- My name
- I have worked on domestic abuse for around 16 years, including frontline work with survivors and work in and with statutory and voluntary organisations to improve responses to domestic abuse.
- I am part way through my PhD, I am interested in how women interact with and work with specialist domestic abuse services.
- Thank you so much for being here.
- Thank you for sending back your consent forms; did you have any questions, or anything you wanted to discuss?
- Before we get started, I need to go through some housekeeping matters, to ensure our discussion works as well as possible:
    - If you change your mind about being in the group, that is completely fine, just let me know, or you can just leave.
    - If you need to leave for any reason, please send me a note in the chat – you can make it a private message.
    - If you lose your connection, I will let you back in, please don't worry.
    - If you need to take a break, please put your microphone on mute, and turn your camera off, and come back if and when you are ready.
    - If you leave without letting me know, I will check in with you afterwards to ensure you are ok.
    - I will also check in with everybody afterwards in case you need any support, or would like to talk further with me about the research.
- I have emailed you an information sheet, it has your unique number on it, please keep it if you need to contact me in the future.
- If you have any difficulties with the document, let me know.
- I will arrange for a voucher to be provided to you to thank you for your time – finding out how to do this – will be via [worker].

2. Interventions [Beacon sites only]

What service(s) did you use? Tick all that apply (may need name of worker, might not know name of intervention).

	Used	When	How long for
Community IDVA			
Step down and recovery			
Complex needs			
Engage			

Ask: children / none; did they access the service as well?

3. Background

I would like to ask you about your experiences of seeking help, from others and then from this service.

3.1. Please tell me about your experiences, before this service, of seeking support about domestic abuse.

3.2. Probe if needed: which specific services; when

3.3. Probe if needed: responses; believed, judged, heard, validated; referrals onward.

3.4. Follow up question if not covered in answer to 3.1: How did this make you feel?

3.5. How did the response you got compare with your expectations?

3.6. Please tell me how you came to be in contact with this service.

3.7. Probe if needed: Heard of it, where and when.

3.8. Please can you tell me what your first contact with this service was like.

3.9. Probe if needed: how contact was made e.g. telephone; what person was like; at your pace/rushed; short/long; focus of conversation. How did you feel about that first contact?

3.10. Probe if needed: supported, validated, believed, understood what was going to happen.

3.11. What were you expecting, or hoping to get, before contact?

4. Contact with worker(s)

I would now like to move on to ask you about your experiences of being in contact with your worker(s). [May need to ask about more than one; or focus on most recent; depending on previous answers.]

4.1. Please can you tell me about your relationship with your worker.

4.2. Probe if needed: what were they like; how contact has been made; how that made them feel.

4.3. Has this changed over time, if so, how and why?

4.4. Please can you give me an example of a time when your worker supported you in the way you needed them to?

4.5. Probe if needed: what it was about what they did that was good/helpful; impact of that.

4.6. Please can you give me an example of a time when you felt your worker did not respond as you needed?

4.7. Probe if needed: what it was about what they did that was unhelpful; impact of that.

4.8. Please can you give me an example of a specific need or goal that you had, and how this was responded to by your worker? (May have been answered 4.4/4.6)

4.9. Did anything that got in the way of you keeping in contact?

4.10. What helped you stay in contact?

5. About You

I would now like to talk to you about what has happened since you have been in contact with the service.

5.1. What is life like now for you?

5.2. Probe if needed: safer/not; feel better/worse; more knowledge; whether/how service has impacted.

5.3. Did your needs change over time?

5.4. Probe if needed: How was that managed?

5.5. Thinking about the overall service, what worked well for you?

5.6. Probe if needed: specific e.g., why?

5.7. What didn’t work so well?

5.8. Probe if needed: anything the worker did about it?

5.9. Do you feel your answers today have been affected by the current coronavirus situation? In what way?

5.10. Probe/prompt if needed: big/small impact? What was impacted, e.g. developing a relationship, trust, amount or ease of contact?

6. Services

I would like to ask you some general questions about services like this one.

6.1. How would you describe an ideal worker?

6.2. What should a service like this focus on?

7. Closing

7.1. Is there anything we have not discussed which you would like to say?

7.2. Is there anything else you would like to share about your contact with the service that has not already been covered?

Switch off recorder and tell participants it is being switched off and the interview has ended.

8. Debrief

8.1. Was this conversation ok for you? If not, what could I do better?

8.2. Do you need any support following this discussion? If yes, who can you talk to?

8.3. Would you like a summary of the findings sent to you? If yes, how? Be clear when this will be.

Thank you.

Appendix 10: Worker interview schedule

1. Introduction

- Check if still ok to talk at this time; are you in a private space; do you feel comfortable?
- My name
- I have worked on domestic abuse for around 16 years, including frontline work with survivors and work in and with statutory and voluntary organisations to improve responses to domestic abuse.
- I am part way through my PhD, I am interested in how women interact with and work with specialist domestic abuse services.
- Thank you so much for speaking with me.
- Thank you for sending back your consent form; did you have any questions, or anything you wanted to discuss?
- Before we get started, I need to go through some housekeeping matters, to ensure our discussion works as well as possible:
    - If you change your mind about the interview, that is completely fine, just let me know.
    - If you need to leave for any reason, please tell me.
    - If you lose your connection, I will call you back. If I can't reach you, I will send a text. If you don't respond, I will contact [service] to ensure that you are OK.
    - If you need to take a break, please tell me, and we can restart when you are ready, or reschedule for another time.
    - I will also check in with you after the interview in case you need any support, or would like to talk further with me about the research.
- I have emailed you an information sheet, it has your unique number on it, please keep it if you need to contact me in the future.
- If you have any difficulties with the document, let me know.

2. Interventions [Beacon sites only]

What part of the service do you work in?

	Intervention	How long for

Community IDVA		
Step down and recovery		
Complex needs		
Engage		
Peer Coordinator		

3. Background

I would like to ask first about your role here.

3.1. How long have you worked for [name of service] in this role?

3.2. Did you have any roles for [name of service] before?

3.3. What were your roles before that? (Prompt: experience of working in domestic abuse.)

3.4. Please can you describe your role?

3.5. Please can you describe what outcomes you work towards in your role? (Prompt to explain terms e.g. safety, risk reduction.)

4. Contact with Service Users

I am going to move on now to ask some questions about how you work with service users.

4.1. Thinking about when you first have contact with a service user, please can you describe the process you follow?

4.2. Listen out for, and prompt if needed: telephone / face to face; areas they have to cover / forms to complete e.g. risk / needs / safety plan.

4.3. Thinking now about your ongoing contact with service users, please can you describe the approach you take to building relationships with them?

4.4. Prompt if needed: things they do / behaviours.

4.5. How do you go about identifying and agreeing goals with a service user?

4.6. Prompt if needed: establishing safety / needs plan.

4.7. Probe if needed: set by service user; actions by both; who is in control; changes over time.

4.8. Please can you talk me through a specific case when things worked well with a service user: starting with the first contact and telling the journey from there.

4.9. Probe if needed: Behaviours of service user/worker. Outcomes. How this feels. Any turning points.

4.10. Please can you talk me through a specific case when things did not work well with a service user: starting with the first contact and telling the journey from there.

4.11. Probe if needed: Behaviours of service user/worker. Outcomes. How this feels. How did you manage this?

4.12. Are there any organisational processes that impact on your relationships with service users?

4.13. Prompt: positive and negative.

4.14. Probe if needed: caseloads; time constraints; forms; performance management, training; supervision; management support; policies/procedures.

4.15. Please can you tell me about your experiences of working with service users with differing backgrounds/identities? E.g., minoritised: ethnicities, religions, ages, sexual orientations, (dis)abilities, languages; socio-economic.

4.16. Prompt if needed: Could use specific e.g. of a service user.

4.17. Prompt if needed: additional / different barriers and facilitators?

5. Engagement

I am going to ask some questions now that are about the use of the word ‘engagement’ in your service.

5.1. Does your service use the word engagement in relation to the service provision?

5.2. If yes, how is it used by the service?

5.3. What does it mean to you? Prompt: any difference between the two?

5.4. Please describe what it looks like when a service user is ‘engaged’ in the service.

5.5. Prompt: Could use specific e.g. of a service user.

5.6. ASK: What helps someone to be engaged? AND what gets in the way? How to overcome these barriers?

5.7. Please can you describe what it looks like when a service user is not engaged or has disengaged?

5.8. Prompt: Could use specific e.g. of a service user.

5.9. ASK: What influences non-engagement? What do you do?

5.10. Do you feel your answers today have been affected by the current coronavirus situation? In what way?

5.11. Probe/prompt: big/small impact? What was impacted, e.g. developing a relationship, trust, amount or ease of contact?

6. Closing

6.1. Is there anything we have not discussed which you would like to say?

6.2. Is there anything else you would like to share about your contact with the service that has not already been covered?

Switch off recorder and tell participant it is being switched off and the interview has ended.

7. Debrief

7.1. Was this conversation ok for you? If not, what could I do better?

7.2. Do you need any support following this discussion? If yes, who can you talk to?

7.3. Would you like a summary of the findings sent to you? If yes, how? Be clear when this would be.

Thank you.

Appendix 11: Literature search process and outcomes

Domestic abuse service user engagement search

Search completed on EBSCOHost Search, covering: Academic Search Complete; MEDLINE; CINHAL; Criminal Justice; SocINDEX; Social Sciences; PsycARTICLES; Child Development and Adolescent Studies

Dates: from 01/01/2009 to 30/07/2018

Language: English

Review of abstracts to identify: results about domestic abuse service-related engagement in England, UK, USA, Australia.

Relevant results: 96

Search Terms:

1	2	3	4	5	6	Results
survivor	engagement	domestic	abuse			16
survivor	engagement	domestic	violence			22
victim	engagement	domestic	abuse			29
victim	engagement	domestic	violence			46
survivor	worker	relationship	domestic	abuse		8
survivor	worker	relationship	domestic	violence		10
victim	worker	relationship	domestic	abuse		25
victim	worker	relationship	domestic	violence		33
survivor	professional	relationship	domestic	abuse		28
survivor	professional	relationship	domestic	violence		35
victim	professional	relationship	domestic	abuse		94
victim	professional	relationship	domestic	violence		124
client	engagement	domestic	abuse			16
client	engagement	domestic	violence			22
service	user	engagement	domestic	abuse		29
service	user	engagement	domestic	violence		46
client	worker	relationship	domestic	abuse		8
client	worker	relationship	domestic	violence		10
service	user	worker	relationship	domestic	abuse	25

service	user	worker	relationship	domestic	violence	33
client	professional	relationship	domestic	abuse		28
client	professional	relationship	domestic	violence		35
service	user	professional	relationship	domestic	abuse	94
service	user	professional	relationship	domestic	violence	124

Service user engagement in other fields search

Search completed on EBSCOHost Search, covering: Academic Search Complete; MEDLINE; CINHAL; Criminal Justice; SocINDEX; Social Sciences; PsycARTICLES; Child Development and Adolescent Studies

Dates: from 01/01/2009 to 30/07/2018

Language: English

Search terms:

client or service user

AND

engagement

Review of abstracts to identify: results about service-related engagement in England, UK, USA, Australia.

Relevant results: 82

Repeat engagement search

Search completed on EBSCOHost Search, covering: Academic Search Complete; MEDLINE; CINHAL; Criminal Justice; SocINDEX; Social Sciences; PsycARTICLES; Child Development and Adolescent Studies

Dates: from 01/08/2018 to 31/12/2023

Language: English

Search terms:

domestic violence or domestic abuse or intimate partner violence or intimate partner abuse or family violence

AND

victims or survivors or victim or survivor

AND

engage or engaging or engagement

Review of abstracts to identify: results about service-related engagement in England, UK, USA, Australia and about V/S.

Relevant results: 93

Appendix 12: Codes list

Code Group	Codes
Beliefs about domestic abuse	How service users saw themselves
	Victim/survivor identities
	Absence of perpetrator from language
Outcomes	Outcomes workers aimed for
	Service user not getting what she needed
	Women's shared experience
	Service users gaining something from specialist service not received elsewhere
Intersectionality	Service user experiences of discrimination
	Workers talking about differences between service users
Covid impact	Negative
	Positive
	Neutral
Engagement	Barrier
	Compliance
	Facilitator
	Poor responses from other services
	Service user on a 'journey'
	What engagement looks like
	What disengagement looks like
	What worker does to facilitate engagement
Professional	Distance between worker and service user
	Workers monitoring service users
	The need for professionals
	Processes more important than people
	Worker talks about/to service user as a human being
	Worker motivation for the role
Relationship	Service user doesn't want to be negative
	Service user leading

	How worker treated service user
	Power imbalance
	Worker as guide/telling service user what to do
	Impact of different identities
	What the worker does to build a relationship

Appendix 13: Research summary for service user participants

Althea Cribb PhD Research

How ‘service user engagement’ impacts service users and the delivery of specialist domestic abuse services: briefing for participants

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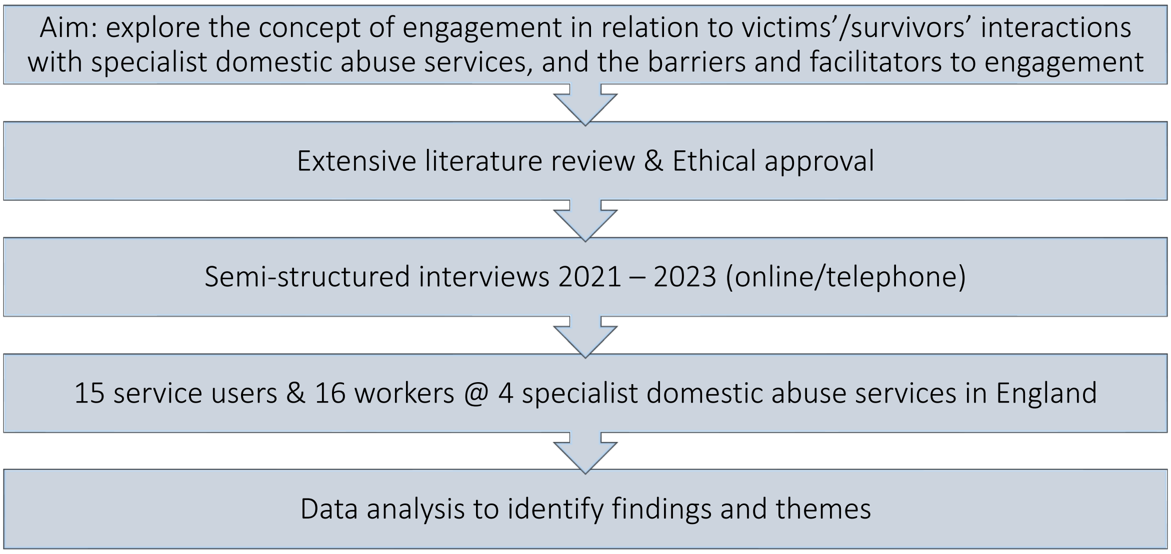
Introduction

This is a briefing for participants in Althea Cribb’s PhD research study who wanted to know more about the findings. It provides information on the outcome of the study, which started in July 2018 and ended in October 2024. All participants have been given alternative names to ensure anonymity.

Overview of the study

- The study identified that specialist domestic abuse services, and researchers, use ‘service user engagement’ to describe victims/survivors who get support from specialist services.
- Despite being used so widely by services, there had been no research on what ‘engagement’ meant, or how it was experienced by service users.
- ‘Engagement’ is not a term that is used by service users to describe their contact with services. But, when service users’ behaviours match workers’ expectations for ‘engagement’, they experienced significant benefits.

The process of the research was as follows:



Aim: explore the concept of engagement in relation to victims’/survivors’ interactions with specialist domestic abuse services, and the barriers and facilitators to engagement

Extensive literature review & Ethical approval

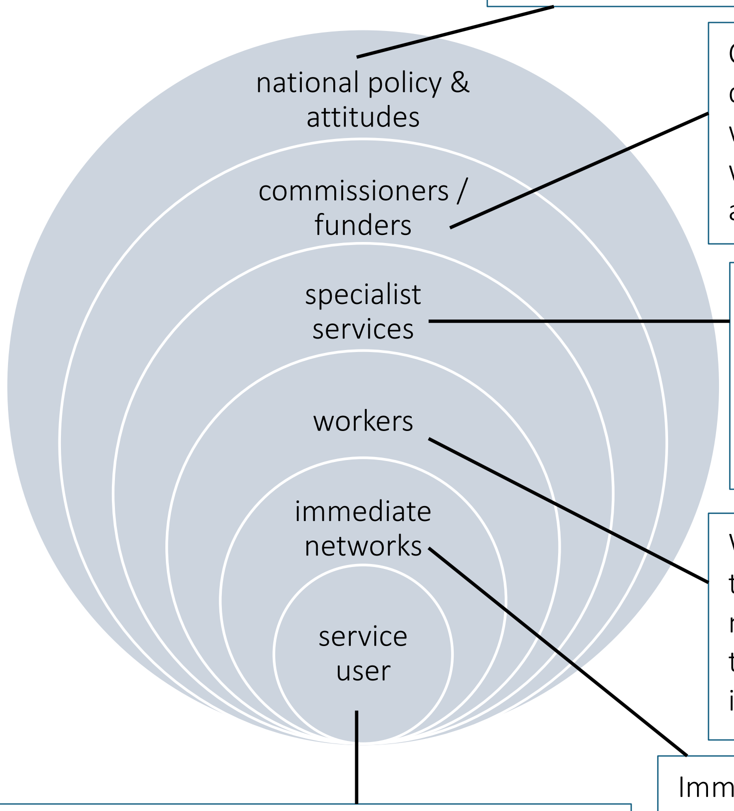
Semi-structured interviews 2021 – 2023 (online/telephone)

15 service users & 16 workers @ 4 specialist domestic abuse services in England

Data analysis to identify findings and themes

Ecological model of service user engagement

The study developed an ‘ecological model’ of service user engagement. This enabled the different layers of influence on service user engagement to be seen and described, as follows:



National policies influence what services – that service users engaged with – are commissioned, and cultural narratives around domestic abuse influence how service users are perceived and supported (or not) by services, workers and immediate networks.

Commissioners, influenced by national policy, direct what services will be delivered and to whom, impacting services, service users and workers; commissioners often use engagement as a measure of services’ success.

Services, informed by commissioners and funders, set the framework for workers to make decisions on service user engagement; but can lack power to change measures required by commissioners.

Workers attempt to facilitate engagement through empowerment; they have the power to make binary decisions – engaged/not engaged – that limits empowerment; the decision is influenced by the service and commissioner.

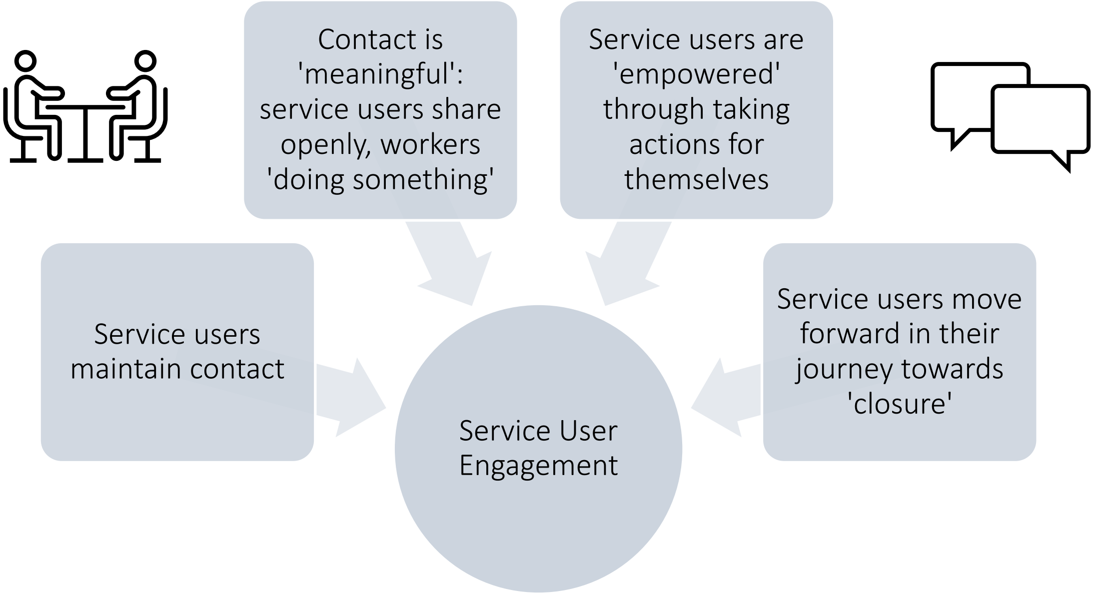
Immediate networks – children, perpetrators, family, friends, other services – create facilitators and barriers to engagement; workers have varying levels of power to influence.

Service users are responsible for using behaviours that are interpreted as engagement; but little power to influence what counts as engagement, or how services are designed or delivered.

The ecological model, above, was developed to demonstrate that there were multiple layers of influence on engagement. Workers described engagement as made up of several behaviours – discussed below – that they expected from service users (level 1). Immediate networks around service users impacted on these behaviours (level 2). The adapted ecological model shows how workers’ understanding of engagement and their work with service users (level 3) was shaped by the design of the specialist services they worked in (level 4). Services were in turn shaped by commissioning and funding arrangements (level 5) and national policy (level 6).

What is ‘service user engagement’?

During the study, workers were asked to describe how they expected service users to behave when they were ‘engaged’ with, or had ‘disengaged’ from, the service. From this data, the study concluded that ‘service user engagement’ was made up of four parts (see the diagram below). All four had to be in evidence for workers to see a service user as ‘engaged’:



Interviews with workers presented the parts of engagement shown above. Service users did not talk about engagement. What really mattered to service users was the trusting relationship they developed with workers, as seen in these quotes:

> [Service] make you feel safe. They have an understanding; they don’t have a judgement [about you] … to be honest I quite trust her [worker]. (Marian)

> I feel honoured to be a part of their service, I really do. I have transformed in the last few years. (Michelle)

Workers focused on empowering service users to take actions for themselves; but workers didn’t always see the difference they made when they took actions on behalf of service users, or used their knowledge of domestic abuse to tell service users what was safe for them. The following quotes demonstrate these experiences:

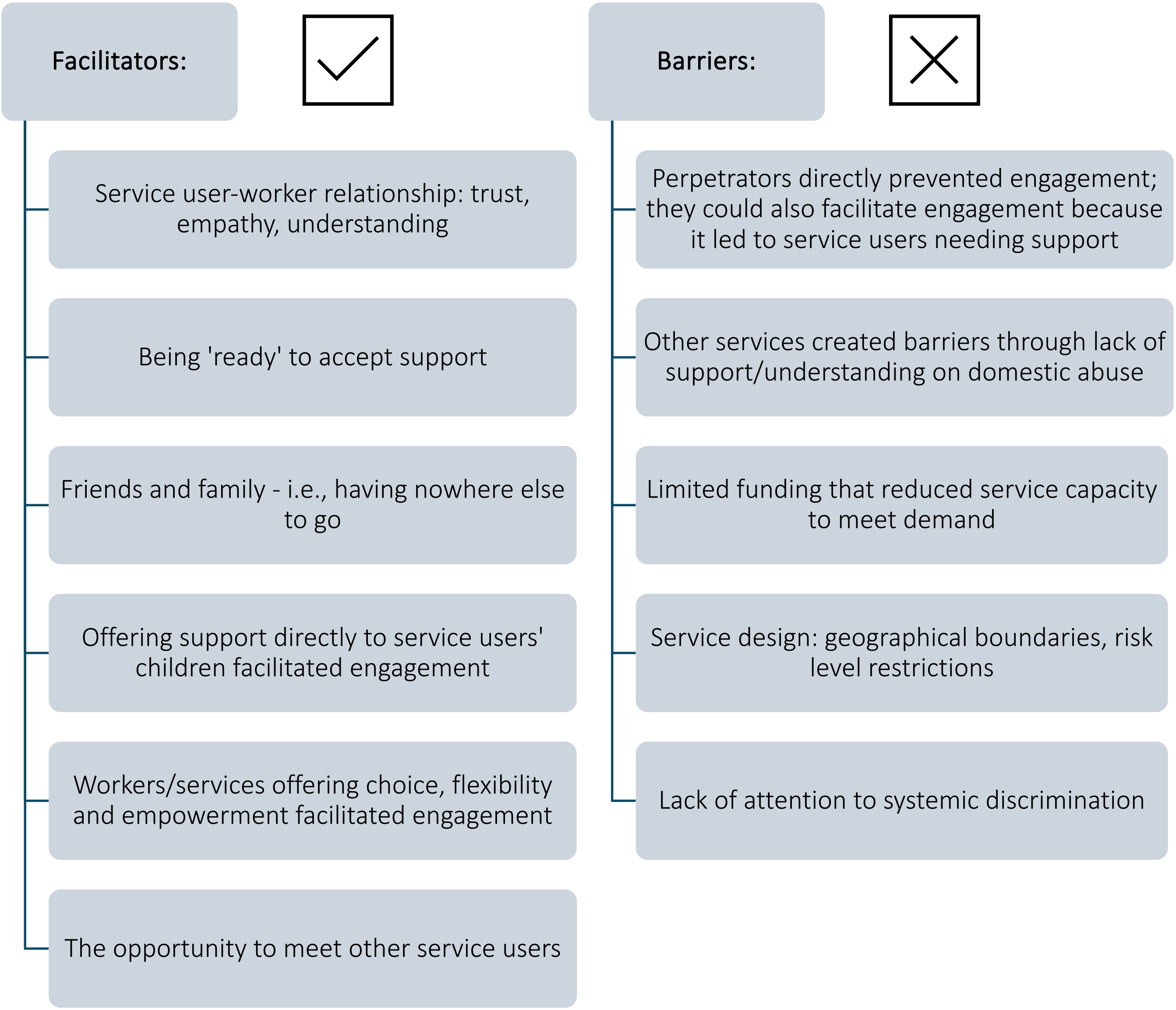
> A lot of the time the [worker] will say to you, well, ‘if you just call the council’ … I'm not [not] doing it because I'm lazy, I'm not doing it because I've already tried to do it and they're not listening to me but because you're a professional, they listen to you. (Hazel)

> [Worker] had the power to get me appointments, get me to see people and do what I needed. … You know, letters when I’ve needed it, phone calls when I’ve needed it. Talking to people that needed to be told stuff. (Sarah)

Service users said that the understanding, knowledge and support they got from specialist services was not something they found elsewhere: other professionals, as well as family, friends and colleagues, didn’t understand domestic abuse and could be judgemental. This made service users’ contact with specialist domestic abuse services much more important; but also meant that service users could still be isolated at the end of their contact with specialist services, because those immediate networks continued to not offer support or understanding.

Facilitators and barriers to engagement

Service users and workers identified multiple factors that created facilitators and/or barriers to service user engagement (taken to mean the components in the diagram above). The most significant facilitator identified by service users was the trusting relationship they developed with workers. These relationships were characterised by empathy, non-judgement, understanding and workers’ knowledge about domestic abuse alongside their ability to create change in service users’ contact with other services.



Study implications and recommendations

It is hoped that the findings of the study will be useful for specialist services, those who commission those services, and researchers focused on service delivery and service users' experiences. The following recommendations were made:

- Specialist domestic abuse services should reflect on, and discuss, what 'service user engagement' means to the service, to workers, and to commissioners or funders; and identify any restrictions on the support offered to service users that may be created by the way in which 'service user engagement' is defined.
- Researchers and others who are using a measure of 'service user engagement' should clearly define what is meant by the term – and consequently, what is meant by 'disengagement'.

- Services, workers, commissioners, and researchers should aim to ensure that ‘service user engagement’ is not presented as being the sole responsibility of the service user, but a product of the relationship between service users and workers/services.
- Specialist services and commissioners should consider the extent to which service users remain isolated despite their contact with specialist services, because the attitudes of other services, family and friends, have not changed. This should also be considered in light of workers’ focus on avoiding dependency, which cannot be avoided when service users have nowhere else to go and cannot influence other professionals due to their lack of power. Prioritising the avoidance of dependency constructs service users as helpless in ways that contradict an empowerment ethos.

Next steps

My PhD study is now completed, my thesis has been published and can be accessed here: [to be added once thesis published on CLoK]

I am now working on writing up my study for an article in a peer reviewed journal, and on a presentation that I hope to share with the specialist domestic abuse sector and researchers. If you have any questions, or would like further information on these next steps, please contact me on my work email address: agcribbconsultancy@gmail.com.

Thank you again for your participation in my PhD study, I greatly appreciated your involvement.

Appendix 14: Research briefing for worker participants

Althea Cribb PhD Research

How ‘service user engagement’ impacts service users and the delivery of specialist domestic abuse services: briefing for participants

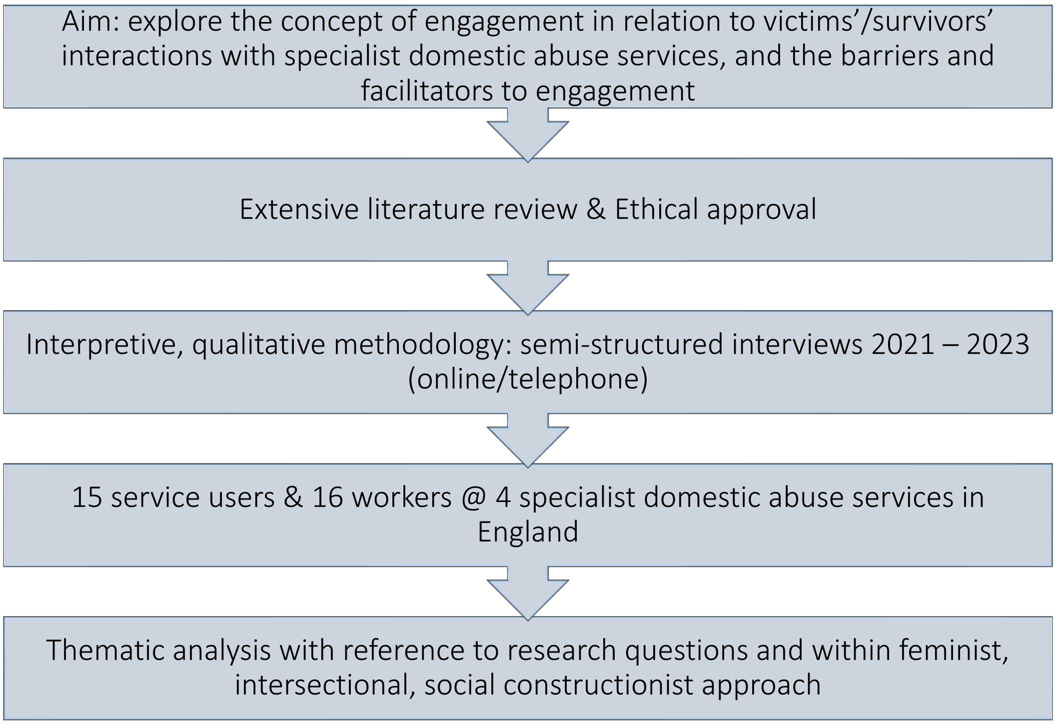
---

Introduction

This is a briefing for participants in Althea Cribb’s PhD research study who wanted to know more about the findings. It provides information on the outcome of the study, which started in July 2018 and ended in October 2024. All participants have been given alternative names to ensure anonymity. A separate briefing has been produced for service user participants.

Overview of the study

The study identified that specialist domestic abuse services, and researchers, use ‘service user engagement’ to describe victims/survivors who are getting support from specialist services. Despite being used so widely, there had been no research on what ‘engagement’ meant, or how it was experienced by service users. The process of the research was as follows:



Aim: explore the concept of engagement in relation to victims’/survivors’ interactions with specialist domestic abuse services, and the barriers and facilitators to engagement

Extensive literature review & Ethical approval

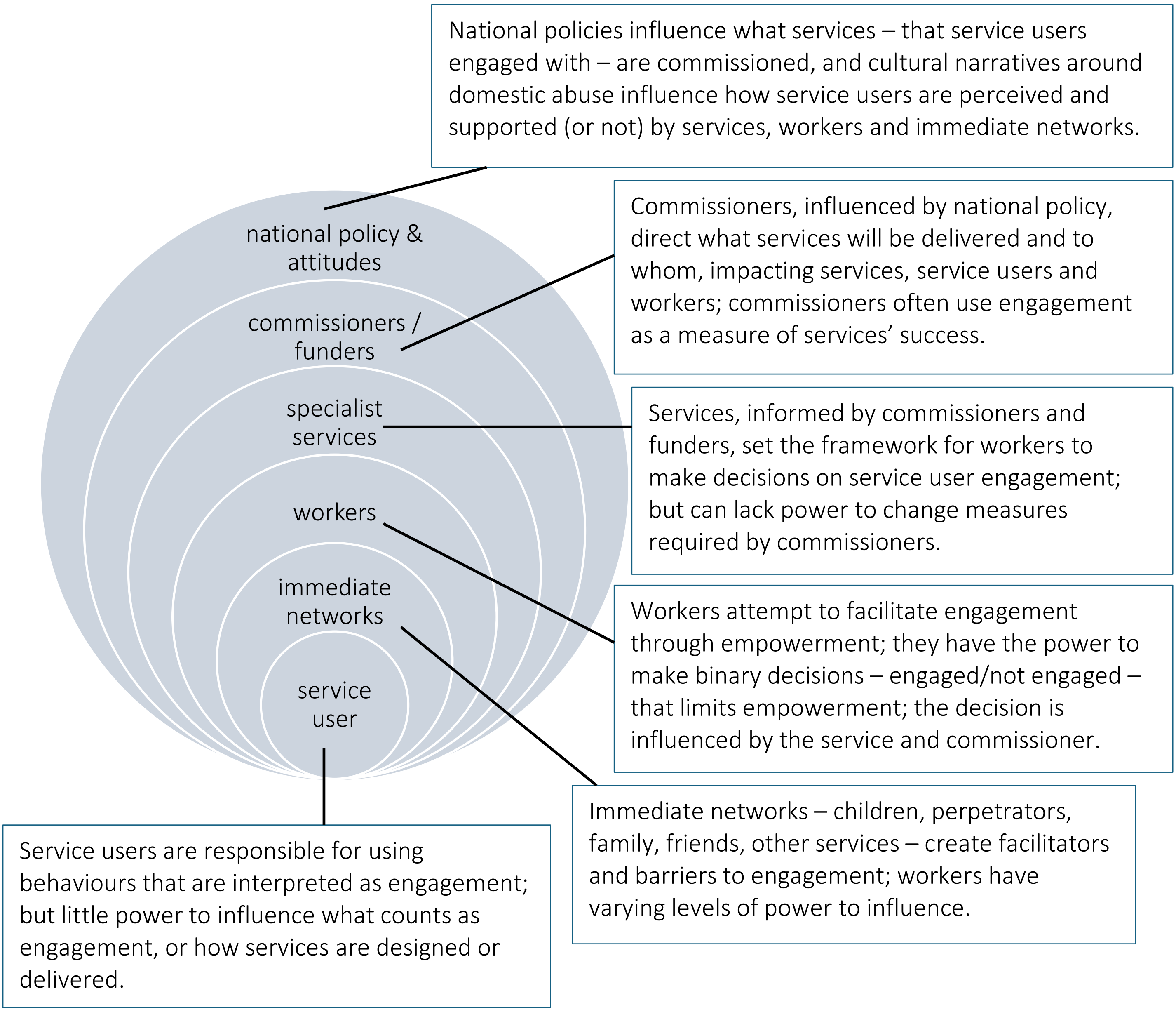
Interpretive, qualitative methodology: semi-structured interviews 2021 – 2023 (online/telephone)

15 service users & 16 workers @ 4 specialist domestic abuse services in England

Thematic analysis with reference to research questions and within feminist, intersectional, social constructionist approach

Ecological model of service user engagement

The study developed an 'ecological model' of service user engagement. This enabled the different layers of influence on service user engagement to be seen and described, as follows:



National policies influence what services – that service users engaged with – are commissioned, and cultural narratives around domestic abuse influence how service users are perceived and supported (or not) by services, workers and immediate networks.

Commissioners, influenced by national policy, direct what services will be delivered and to whom, impacting services, service users and workers; commissioners often use engagement as a measure of services' success.

Services, informed by commissioners and funders, set the framework for workers to make decisions on service user engagement; but can lack power to change measures required by commissioners.

Workers attempt to facilitate engagement through empowerment; they have the power to make binary decisions – engaged/not engaged – that limits empowerment; the decision is influenced by the service and commissioner.

Immediate networks – children, perpetrators, family, friends, other services – create facilitators and barriers to engagement; workers have varying levels of power to influence.

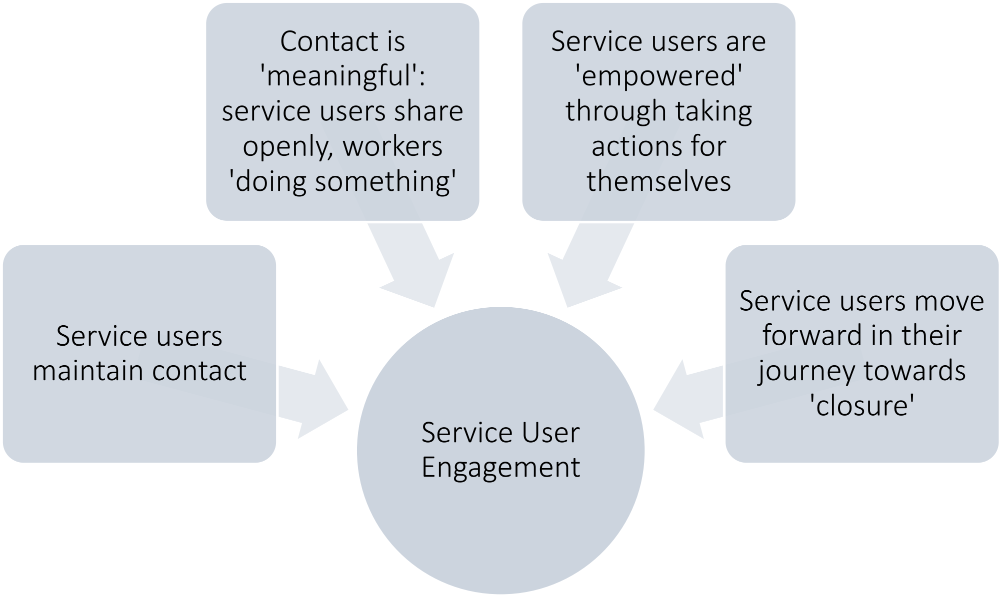
Service users are responsible for using behaviours that are interpreted as engagement; but little power to influence what counts as engagement, or how services are designed or delivered.

The ecological model, above, was developed to demonstrate that there were multiple layers of influence on engagement. Workers described engagement as comprising several behaviours – discussed below – that service users were responsible for demonstrating (level 1). Immediate networks around service users impact on these behaviours (level 2). The adapted ecological model shows how workers' understanding of engagement (level 3) was shaped by the design of the specialist services they operated within (level 4). Services are in turn shaped by commissioning (level 5) and national policy (level 6).

What is 'service user engagement'?

The study demonstrated that exploring the concept of engagement is important: it directly impacts whether service users receive support from a specialist service, and potentially denies service users unique and valued support that they cannot access elsewhere due to other services', and family and friends', lack of understanding of domestic abuse.

The study found engagement comprised four components, all of which needed to be in evidence for a service user to be seen as engaging by workers. As described above, while these components were described consistently by workers, the factors in the ecological model (service design, commissioner demands and national policy) shaped workers' approach. The four components are summarised in the diagram below:



Contact is 'meaningful': service users share openly, workers 'doing something'

Service users are 'empowered' through taking actions for themselves

Service users maintain contact

Service users move forward in their journey towards 'closure'

Service User Engagement

Workers were clear that building relationships with service users was a priority for them. They described the ways in which they tried to develop such relationships, and why relationships mattered for service users. But when asked to describe engagement (and non-engagement), workers were less focused on these relationships and more on the behaviours of the service users. The commissioning and service delivery environment demanded that workers make binary decisions – engaged / not engaged – about service users, which did not account for the multi-faceted nature of the concept.

The following quotes from workers capture the component of engagement in which contact is maintained in a way that is ‘meaningful’; many workers used the word meaningful to describe such engagement, while others including Worker 10 used the term ‘active’:

> … engagement would be, somebody who would meet with me, answer the phone to me, and if she was talking to me about what she wanted to happen, and I was advising her that perhaps how this might happen and that she was actively engaging in that process as well. (Worker 10)

Worker 4 reflected a common perspective shared by workers, that the definitions of their roles – such as being an IDVA – meant there were certain things they were supposed to be doing:

> I just find it hard when they don’t reply for weeks. And then they’ll reply saying can we speak now, but then … they don’t really want to do any practical work, practical or emotional, and, because I’m the IDVA, I need to actually be doing something with them to move them forward. Otherwise, we’re just not really doing anything. And sadly, we have so many referrals coming in, we just can’t sit on cases anymore. (Worker 4)

As Worker 4 shows, expectations related to their roles were transferred onto service users in assessing whether they were ‘engaging’. The quote also demonstrates how limited funding, which negatively impacted services’ ability to meet demand, influenced how engagement was understood.

Workers’ perspectives on service user engagement involved an emphasis on service users being ‘empowered’, and ‘moving forward’ on their journeys. In the first quote, Worker 1 demonstrates how important it is that service users meet the expectations around engagement: if they don’t, they will no longer be able to access the service:

> I’ve had a couple of clients that I’m [closing to the service] now who haven’t been very good engagers. Very flippant with engagement so maybe they’re really good at answering the phone when they’re in a crisis, but when you need to get down to do the work, they kind of don’t answer, they’re cancelling appointments. (Worker 1)

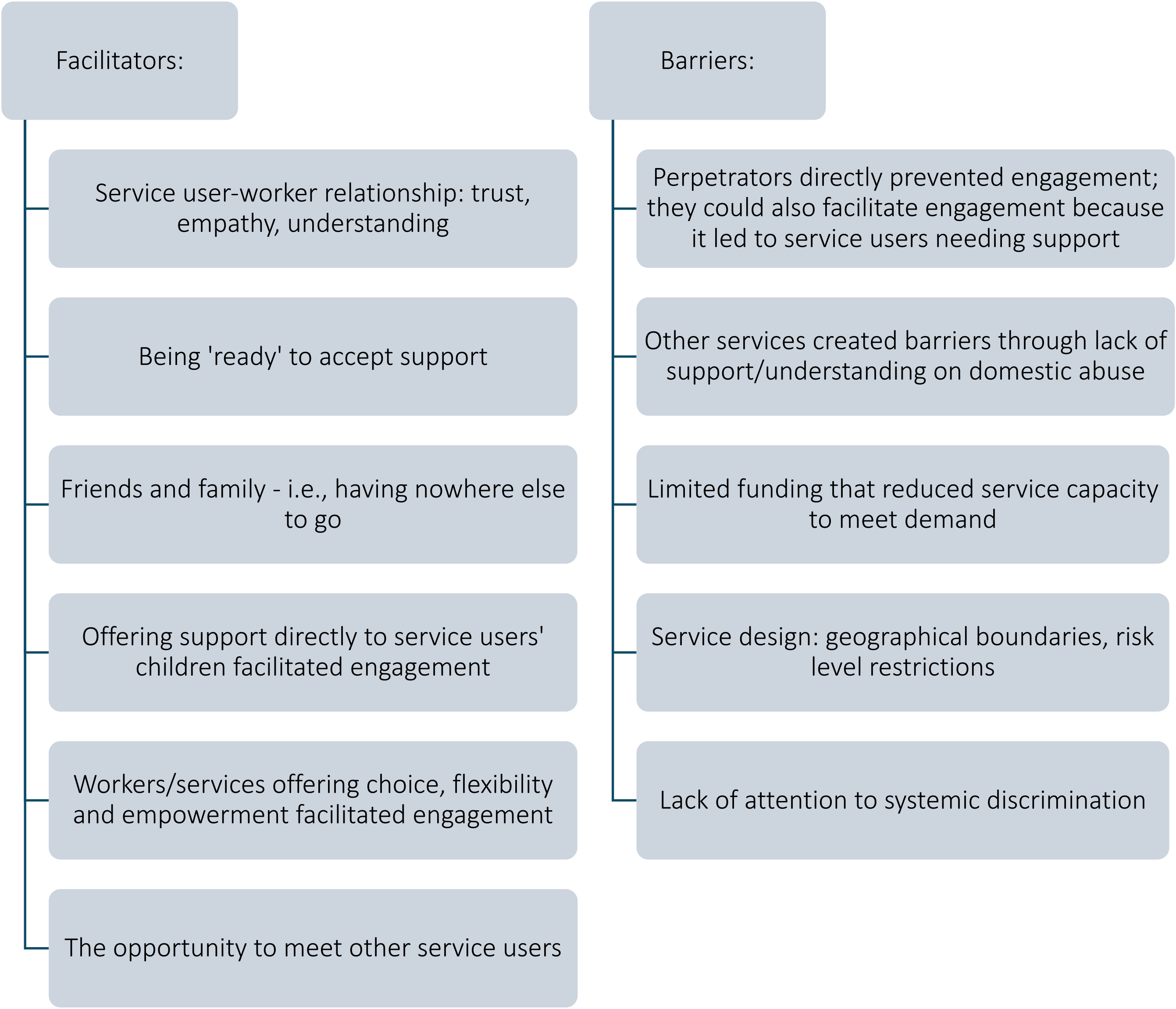
When workers described engagement in these ways, the implication was that service users had to comply with workers’ expectations in order to receive a service. But while workers were responsible for making binary decisions about service users – engaged / not engaged – they were responding to the demands of their services’ designs, which required certain processes to be followed. These service designs and need for processes were often shaped by commissioners, with a focus on gathering data on service users to evidence the effectiveness of the service. Workers never referred to compliance; their emphasis was on empowerment:

> *Interviewer: Is there anything you can do when a service user disengages?*
> In a harsh word, no. Because they have to do it themselves. We're here to empower them. We can give them all the tools in the world. But they have to make their choices. … They need to be ready to engage. All we say is, we offer kind words, and we say if your circumstances change, we’re always here for you in the future. (Worker 7)

Workers in all services shared an emphasis on empowering service users. When this was combined with engagement expectations, empowerment meant service users took actions for themselves. In this, workers were concerned about creating dependency; but from service users’ perspective, they both needed and valued workers taking actions on their behalf, because workers had more power than service users to influence other professionals. For service users, the most empowering factors were the emotional support they received from workers, the trusting relationships they built with workers, and the difference workers made by taking actions for them.

Facilitators and barriers to engagement

Service users and workers identified multiple factors that created facilitators and/or barriers to service user engagement (taken to mean the components in the diagram above). The most significant facilitator identified by service users was the trusting relationship they developed with workers. These relationships were characterised by empathy, non-judgement, understanding and workers' knowledge about domestic abuse alongside their ability to create change in service users' contact with other services.



Facilitators:

- Service user-worker relationship: trust, empathy, understanding
- Being 'ready' to accept support
- Friends and family - i.e., having nowhere else to go
- Offering support directly to service users' children facilitated engagement
- Workers/services offering choice, flexibility and empowerment facilitated engagement
- The opportunity to meet other service users

Barriers:

- Perpetrators directly prevented engagement; they could also facilitate engagement because it led to service users needing support
- Other services created barriers through lack of support/understanding on domestic abuse
- Limited funding that reduced service capacity to meet demand
- Service design: geographical boundaries, risk level restrictions
- Lack of attention to systemic discrimination

Service users' immediate networks (level 2 of the ecological model) presented multiple barriers to service user engagement; but in workers' framing of engagement, these factors did not stop service users from engaging, but influenced their choice, or 'readiness' to do so. The lack of support from other services, family and friends, facilitated engagement; but service users often remained isolated at the end of their contact with specialist services, because those immediate networks continued not to offer support or understanding.

Study implications and recommendations

It is hoped that the findings of the study will be useful for specialist services, those who commission those services, and researchers focused on service delivery and service users' experiences. The following recommendations were made:

- Specialist domestic abuse services should reflect on, and discuss, what 'service user engagement' means to the service, to workers, and to commissioners or funders; and identify any restrictions on the support offered to service users that may be created by the way in which 'service user engagement' is defined.
- Researchers and others who are using a measure of 'service user engagement' should clearly define what is meant by the term – and consequently, what is meant by 'disengagement'.
- Services, workers, commissioners, and researchers should aim to ensure that 'service user engagement' is not presented as being the sole responsibility of the service user, but a product of the relationship between service users and workers/services.
- Specialist services and commissioners should consider the extent to which service users remain isolated despite their contact with specialist services, because the attitudes of other services, family and friends, have not changed. This should also be considered in light of workers' focus on avoiding dependency, which cannot be avoided when service users have nowhere else to go and cannot influence other professionals due to their lack of power. Prioritising the avoidance of dependency constructs service users as helpless in ways that contradict an empowerment ethos.

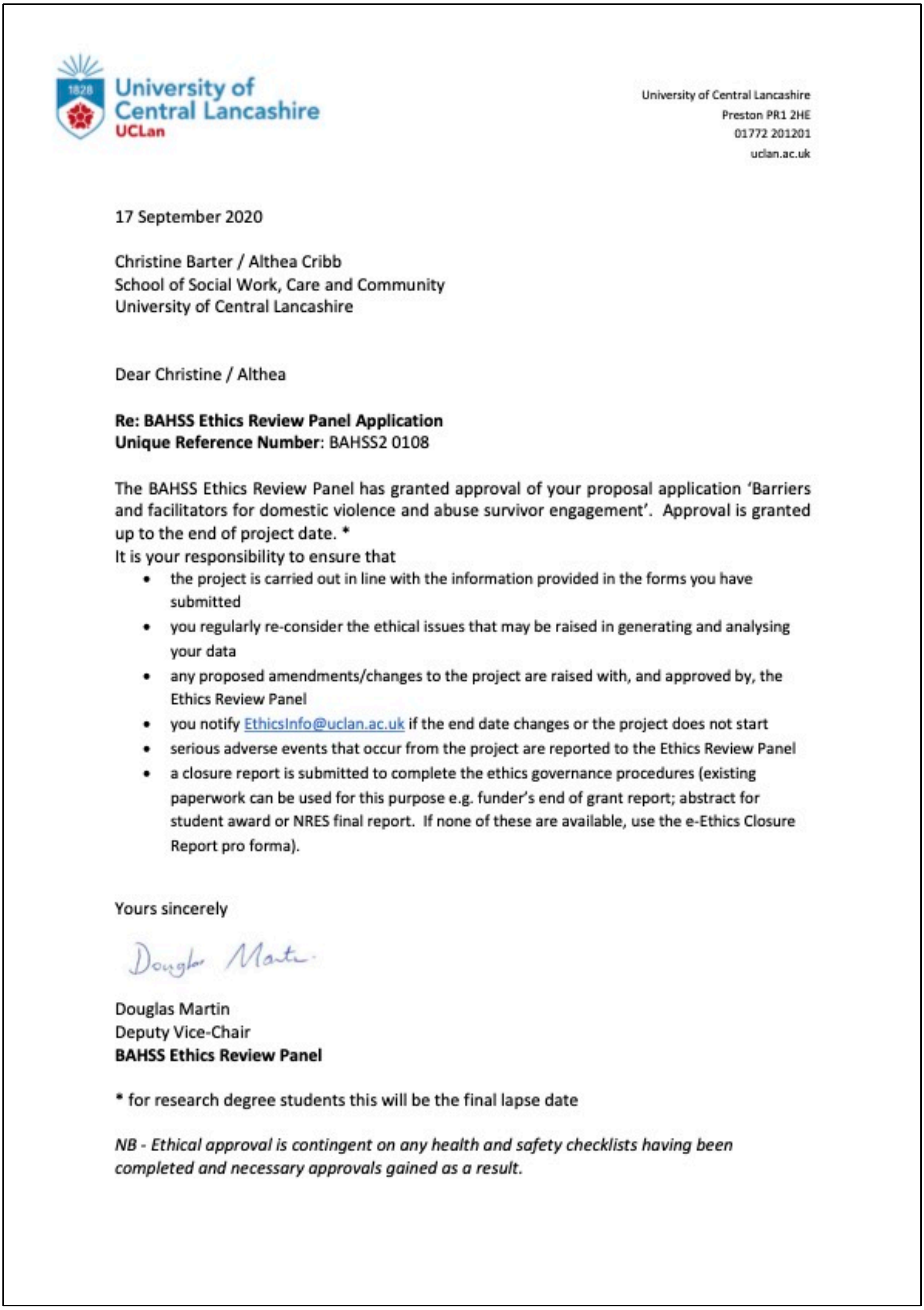
Next steps

My PhD study is now completed, my thesis has been published and can be accessed here: [to be added once thesis published on CLoK]

I am now working on writing up my study for an article in a peer reviewed journal, and on a presentation that I hope to share with the specialist domestic abuse sector and researchers. If you have any questions, or would like further information on these next steps, please contact me on my work email address: agcribbconsultancy@gmail.com.

Thank you again for your participation in my PhD study, I greatly appreciated your involvement.

Appendix 15: Ethics Approval Letters



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17 September 2020

Christine Barter / Althea Cribb
School of Social Work, Care and Community
University of Central Lancashire

Dear Christine / Althea

Re: BAHSS Ethics Review Panel Application
Unique Reference Number: BAHSS2 0108

The BAHSS Ethics Review Panel has granted approval of your proposal application 'Barriers and facilitators for domestic violence and abuse survivor engagement'. Approval is granted up to the end of project date. *

It is your responsibility to ensure that

- the project is carried out in line with the information provided in the forms you have submitted
- you regularly re-consider the ethical issues that may be raised in generating and analysing your data
- any proposed amendments/changes to the project are raised with, and approved by, the Ethics Review Panel
- you notify EthicsInfo@uclan.ac.uk if the end date changes or the project does not start
- serious adverse events that occur from the project are reported to the Ethics Review Panel
- a closure report is submitted to complete the ethics governance procedures (existing paperwork can be used for this purpose e.g. funder's end of grant report; abstract for student award or NRES final report. If none of these are available, use the e-Ethics Closure Report pro forma).

Yours sincerely

Douglas Martin

Douglas Martin
Deputy Vice-Chair
BAHSS Ethics Review Panel

* for research degree students this will be the final lapse date

NB - Ethical approval is contingent on any health and safety checklists having been completed and necessary approvals gained as a result.

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19 May 2021

Christine Barter / Althea Cribb
School of Social Work, Care and Community
University of Central Lancashire

Dear Christine / Althea

Re: BAHSS Ethics Review Panel Application
Unique Reference Number: BAHSS2 0108 Amendment 12 05 2021

The BAHSS Ethics Review Panel has approved your proposed amendment to your application 'Barriers and facilitators for domestic violence and abuse survivor engagement'.

Yours sincerely

Kartina Choong
Deputy Vice-Chair
BAHSS Ethics Review Panel