

# CONFIDENTIAL - Sefton Domestic Abuse Community Survey

We are carrying out a Domestic Abuse Needs Assessment to understand the needs of people who have experienced domestic abuse in Sefton.

This survey is a chance for people to tell us about their own experiences and about any services they may have used. This includes understanding any impact that the COVID-19 pandemic may have had. The survey can also be completed on behalf of other people, if you know someone who has experienced domestic abuse and tried to help them.

The assessment will be used to help develop services across the borough that better meet the needs of people who have experienced domestic abuse.

The deadline for responses is The deadline for responses is 03/12/2021

Please take part in our survey – all responses will be anonymous with no personally identifiable information reported.

## DOMESTIC ABUSE CONTACT DETAILS

If you or someone you know, whose family or partner is threatening them, controlling their behaviour or being violent, this is domestic abuse. If you need support or know someone who does visit:

National Domestic Abuse Helpline: 0800 2000 247

Sefton Women's and Children's Aid 0151 922 8606 [www.swaca.com](http://www.swaca.com)

Include Sefton IDVA Team 0151 934 5142 [idva.team@sefton.gov.uk](mailto:idva.team@sefton.gov.uk)

In an emergency, always call 999

[www.sefton.gov.uk/behindcloseddoors](http://www.sefton.gov.uk/behindcloseddoors)

## CONFIDENTIALITY

The information collected in this survey will be used by Sefton Metropolitan Borough Council officers to help improve our services. We may share the results of the survey. All information produced will be anonymised.

Sefton Metropolitan Borough Council



## EXPERIENCE OF DOMESTIC ABUSE

In this survey, we would like you to think about a time when you or someone you know accessed domestic abuse services as a result of experiencing domestic abuse.

Domestic abuse can be an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer.

Domestic abuse can include, but is not limited to, the following:

Coercive control (a pattern of intimidation, degradation, isolation and control with the use or threat of physical or sexual violence)  
 Psychological and/or emotional abuse  
 Physical or sexual abuse  
 Financial or economic abuse  
 Harassment and stalking  
 Online or digital abuse

1. Have you or anyone you know ever experienced domestic abuse?

*Mark only one oval.*

Yes

No *Skip to question 44*

## SUPPORT FROM A DOMESTIC ABUSE SUPPORT SERVICE

Here, we would like you to think about a time when you or someone you know received support from a domestic abuse support service.

This could have been via a helpline, web chat, online search, or a support group.

2. Have you or anyone you know ever used a domestic abuse support service? (e.g. IDVA service, SWACA)

*Mark only one oval.*

Yes *Skip to question 3*

No *Skip to question 29*

## SUPPORT FROM A DOMESTIC ABUSE SERVICE IN SEFTON

If you or someone you know received support from a service within Sefton, we would like to know a bit more about their experiences of services.

3. Have you or anyone you know ever used a domestic abuse support service?

*Check all that apply.*

	In Sefton	Outside of Sefton
Yes, in last year	<input type="checkbox"/>	<input type="checkbox"/>
Yes, between 1 and 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>
Yes, longer than five years ago	<input type="checkbox"/>	<input type="checkbox"/>
No, I have not received support from a domestic abuse service	<input type="checkbox"/>	<input type="checkbox"/>

4. If you have accessed services in Sefton, how many times have you used them?

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5. If you or anyone you know has used domestic abuse services in Sefton, please indicate how you received support. Additionally, please rate your experience of the service.

Mark only one oval per row.

	Very Good	Good	Average	Bad	Very Bad	Not Used
Helpline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Structured Adult Group Work Programme (e.g. SWACA's Mirror Project, Sefton Freedom Programme)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One to One support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One to One support for Children / Young People	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refuge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police support/ interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single point of contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Structured Children / Young People Group Work Programme (e.g. SWACA's Together Programme)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to legal advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional/ Moral Support when attending formal meetings (e.g. Child Protection/ Early Help)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. If you selected 'Other', please add your answer below:

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7. Please use the space below to tell us about your positive experiences of services in Sefton. Please tell us which service you are describing, things that went well, and things that you found helpful.

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8. Please use the space below to tell us about your negative experiences of services in Sefton. Please tell us which service you are describing, and things that you think could have been improved.

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9. Prior to accessing help due to domestic abuse, were you:

*Mark only one oval.*

Homeless

At risk of homelessness

10. Thinking about the support that you or the person you are answering questions about received, was the support relating to the court and legal proceedings (e.g. family law, court hearings, immigration law)

*Mark only one oval.*

Yes    *Skip to question 17*

No    *Skip to question 11*

#### DID YOU RECEIVE HELP WITH ISSUES RELATING TO HOUSING AND ACCOMMODATION?

11. Thinking about the support that you or the person you are answering questions about received, was the support relating to housing and accommodation?

*Mark only one oval.*

Yes    *Skip to question 19*

No    *Skip to question 12*

#### DID YOU RECEIVE HELP WITH ISSUES RELATING TO CHILDREN

12. Thinking about the support that you or the person you are answering questions about received, was the support relating to your children?

*Mark only one oval.*

Yes    *Skip to question 21*

No    *Skip to question 13*

*Skip to question 13*

#### DID YOU RECEIVE HELP WITH ISSUES RELATING TO HEALTH

13. Thinking about the support that you or the person you are answering questions about received, was the support relating to health?

*Mark only one oval.*

- Yes     *Skip to question 23*
- No     *Skip to question 14*

**DID YOU RECEIVE HELP FROM THE POLICE?**

14. Did you receive any domestic abuse support from the police?

*Mark only one oval.*

- Yes     *Skip to question 25*
- No     *Skip to question 15*

**DID YOU RECEIVE HELP FROM SCHOOLS OR EDUCATIONAL ESTABLISHMENTS?**

15. Did you receive any domestic abuse support from schools or educational establishments?

*Mark only one oval.*

- Yes     *Skip to question 27*
- No     *Skip to question 16*

**WHAT SUPPORT DID YOU RECEIVE?**

16. Please briefly describe the support that you or the person you are answering questions about received.

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*Skip to question 29*

**SUPPORT RELATED TO THE COURT AND LEGAL PROCEEDINGS**

17. In relation to court and legal proceedings, please indicate what support you received. Additionally, please rate your experience of the service you received.

*Mark only one oval per row.*

	Very Good	Good	Average	Bad	Very Bad	Not Used
Support to attend court hearings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice/ support on family law matters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice/ support on immigration law matters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice/ support on court orders to protect yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice/ support on other legal matters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Please add any additional information below:

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*Skip to question 11*

**SUPPORT RELATING TO HOUSING AND ACCOMMODATION**



19. In relation to housing and accommodation, please indicate what support you received. Additionally, please rate your experience of the service you received.

Mark only one oval per row.

	Very Good	Good	Average	Bad	Very Bad	Not Used
Extra security for your own home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice/ support on finding a new home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary or refuge accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Please add any additional information below:

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Skip to question 12

**SUPPORT RELATING TO CHILDREN**

21. In relation to your children, please indicate what support you received. Additionally, please rate your experience of the service you received.

Mark only one oval per row.

	Very Good	Good	Average	Bad	Very Bad	Not Used
Support for your children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice on local schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on the impacts of domestic abuse on children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Please add any additional information below:

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*Skip to question 13*

### SUPPORT RELATING TO HEALTH

23. In relation to your health, please indicate what support you received. Additionally, please rate your experience of the service you received.

*Mark only one oval per row.*

	Very Good	Good	Average	Bad	Very Bad	Not Used
Advice/ support on managing your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice on local GPs and Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice/ support on managing your mental health and wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Please add any additional information below:

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*Skip to question 14*

### SUPPORT FROM THE POLICE

25. In relation to the police's response, please indicate your experience of the service you received.

Mark only one oval per row.

	Very Good	Good	Average	Bad	Very Bad	Not Applicable
Response when incident was reported from officers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking your allegation seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initial investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to breaches of orders and bail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring and signposting to domestic abuse support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of bail and court orders (domestic violence protection notices/ protection orders)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Please add any additional information below:

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Skip to question 15

**SUPPORT FROM SCHOOLS**

27. In relation to school's responses, please indicate your experience of the service you received.

Mark only one oval per row.

	Very Good	Good	Average	Bad	Very Bad	Not Applicable
Response when incident was reported	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring and signposting to domestic abuse support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information and advice from schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering of parental training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering of counselling/ mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Please add any additional information below:

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Skip to question 29

**DID YOU MOVE ACCOMMODATION DUE TO DOMESTIC ABUSE?**

Here, we would like to know more about your needs relating to you or someone you knows accommodation following experiencing domestic abuse.

29. Have you had to move accommodation due to domestic abuse?

Mark only one oval.

- Yes Skip to question 30
- No Skip to question 37

WHAT TYPE OF ACCOMMODATION DID YOU MOVE TO?

30. What accommodation did you or the person you are answering questions about move to due to experiencing domestic abuse?

Mark only one oval.

- Domestic Abuse Accommodation (e.g. Refuge) Skip to question 31
- Accommodation via Sefton Housing Options Team Skip to question 34
- Property Pool Plus Skip to question 34
- Other: \_\_\_\_\_

SPECIALIST DOMESTIC ABUSE ACCOMMODATION

31. Why did you or the person you are answering questions about move to domestic abuse accommodation?

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32. Were there any issues to you or the person you are answering questions about accessing domestic abuse accommodation?

*Check all that apply.*

- Issues relating to the accommodation location
- Issues relating to size of accommodation
- Issues relating to male only accommodation
- Issues relating to the availability of accommodation for specific ethnic groups
- Issues relating to housing pets
- Delays in the availability of suitable accommodation
- Delays in the availability of suitable accommodation for those with disabilities
- Delays in the availability of suitable accommodation for those with mental health needs
- Delays in the availability of suitable accommodation for those with drug/ alcohol needs

Other:  \_\_\_\_\_

33. Was there anything that could have been done to help you or the person you are answering questions about remain in your own home?

*Check all that apply.*

- More support regarding how to stay safe in your own home
- More support regarding benefits
- More support regarding your mental health and emotional wellbeing
- More support regarding your children
- More support regarding your physical health
- More support regarding drug/ alcohol misuse
- More support regarding employment
- More support regarding legal advice
- More support with English

Other:  \_\_\_\_\_

*Skip to question 44*

## NON SPECIALIST DOMESTIC ABUSE ACCOMMODATION

34. Did you or the person you are answering questions about move to another accommodation that was not specialist domestic abuse accommodation?

*Mark only one oval.*

Yes

No

35. Was there anything that could have been done to help you or the person you are answering questions about remain in your own home?

*Check all that apply.*

- More support regarding how to stay safe in your own home
- More support regarding benefits
- More support regarding your mental health and emotional wellbeing
- More support regarding your children
- More support regarding your physical health
- More support regarding drug/ alcohol misuse
- More support regarding employment
- More support regarding legal advice
- More support with English

Other:  \_\_\_\_\_

36. What stopped you or the person that you are answering questions about moving to specialist domestic abuse provision?

*Check all that apply.*

- Issues relating to the accommodation location
- Issues relating to size of accommodation
- Issues relating to male only accommodation
- Issues relating to the availability of accommodation for specific ethnic groups
- Issues relating to housing pets
- Delays in the availability of suitable accommodation
- Delays in the availability of suitable accommodation for those with disabilities
- Delays in the availability of suitable accommodation for those with mental health needs
- Delays in the availability of suitable accommodation for those with drug/ alcohol needs

Other:  \_\_\_\_\_

*Skip to question 44*

#### DID YOU REMAIN IN YOUR OWN HOME?

37. Did you or the person you are answering questions about remain in your own home?

*Mark only one oval.*

- Yes     *Skip to question 38*
- No     *Skip to question 44*

*Skip to question 38*

#### REMAINED IN YOUR OWN HOME

38. Did you or the person you are answering questions about want to move to specialist domestic abuse provision?

*Mark only one oval.*

- Yes     *Skip to question 39*
- No     *Skip to question 39*



## OWN HOME - WHAT STOPPED YOU MOVING TO SPECIALIST PROVISION?

39. What stopped you or the person you are answering questions about moving to specialist domestic abuse provision?

*Check all that apply.*

- Issues relating to the accommodation location
- Issues relating to size of accommodation
- Issues relating to male only accommodation
- Issues relating to the availability of accommodation for specific ethnic groups (?)
- Issues relating to housing pets
- Delays in the availability of suitable accommodation
- Delays in the availability of suitable accommodation for those with disabilities
- Delays in the availability of suitable accommodation for those with mental health needs
- Delays in the availability of suitable accommodation for those with drug/ alcohol needs

Other:  \_\_\_\_\_

40. What aided you or the person you are answering questions about to remain in your/ their own home?

*Check all that apply.*

- Support regarding how to stay safe in your own home
- Support regarding benefits
- Support regarding your mental health and emotional wellbeing
- Support regarding your children
- Support regarding your physical health
- Support regarding drug/ alcohol misuse
- Support regarding employment
- Support regarding legal advice
- Support with English

Other:  \_\_\_\_\_

*Skip to question 44*

## UNDERSTANDING OF DOMESTIC ABUSE

41. Which of the following types of domestic abuse are you aware of?

*Check all that apply.*

- Physical
- Sexual
- Emotional
- Financial
- Psychological

42. Who do you think can be affected by domestic abuse?

*Check all that apply.*

- Men
- Women
- Children
- Family members
- People in relationships
- People with disabilities
- Older people
- Those from LGBT groups

43. Do you feel you would know what to do if a colleague or member of staff disclosed domestic abuse to you?

*Mark only one oval.*

- Yes
- No

## ABOUT YOU

To help us develop our services we would like to know a little bit about you and your situation. All information collected here is confidential.

If you are answering about someone else, please provide details of the person who experienced domestic abuse.

44. How old are you?

*Mark only one oval.*

Under 16

16-17

18-24

25-34

35-44

45-54

55-64

65-74

75+

45. What do you consider your ethnic background?

*Mark only one oval.*

- White English, Welsh, Scottish, Northern Irish or British
- White Irish
- White Gypsy or Irish Traveller
- White
- Other White Background
- Mixed White and Black Caribbean
- Mixed White and Black African
- Mixed White and Asian
- Other Mixed or Multiple Ethnic Background
- Asian or Asian British Indian
- Asian or Asian British Pakistani
- Asian or Asian British Bangladeshi
- Asian or Asian British Chinese
- Other Asian Background
- Black or Black British African
- Black or Black British Caribbean
- Other/Black/African/Caribbean background
- Arab
- Other: \_\_\_\_\_

46. What best describes your gender?

*Mark only one oval.*

- Male
- Female
- Prefer to self describe (please give details below)
- Prefer not to say

47. If you would like to self-describe your gender, please do so below.

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48. Please add the first part of your postcode. (e.g. L20)

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49. What is your sexual orientation?

*Mark only one oval.*

- Bisexual
- Homosexual/ gay/ lesbian
- Heterosexual/ straight
- Prefer not to say
- Other

50. Do you currently have children under 18?

*Mark only one oval.*

- No, I don't have children under 18
- Yes, I have children under 18 living with me
- Yes, I have children under 18 but they do not live with me
- Prefer not to say
- Other: \_\_\_\_\_

51. If you completed this on behalf of someone who does not speak English, please indicate the language they speak below.

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# Google Forms