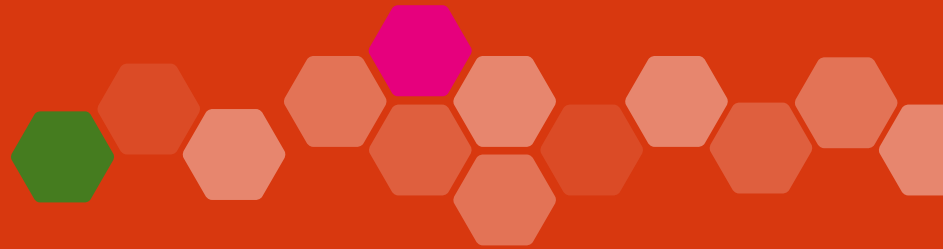


Repeat Violence in Scotland: A Qualitative Approach



CRIME AND JUSTICE

Repeat Violence in Scotland: A Qualitative Approach

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Content warning

Please note that due to the focus on lived experiences of repeat violence, this research report necessarily provides descriptions of childhood abuse (including incest, physical and sexual abuse, and neglect), domestic abuse (including serious physical violence, emotional abuse, verbal abuse, and coercive control), serious physical assault and injury, stalking, kidnapping, murder, rape, sexual assault, sexual exploitation, anti LGBTQI+ violence, racial violence, violence in institutions (including residential children's homes, schools, prisons, and homeless accommodation), self-injury (including suicide), death, bereavement, miscarriage, blood, wounding, drug and alcohol use (and addiction), and psychological trauma. The Executive Summary, and Chapters 1, 2 and 8 touch upon these topics in summary form, but do not include any graphic detail. Chapters 3 to 7 cover the issues outlined in greater depth and include verbatim quotations containing graphic detail, which some readers may find distressing. The verbatim quotations also contain swearing, which some readers may find offensive. In line with the aims and qualitative design of the research, we have included verbatim quotations to illustrate the ways in which participants made sense of their experiences – as well as to enable their authentic voices to be heard. The composite narratives presented in Chapter 4 are perhaps the most difficult read, illustrating participants' multiple experiences of various forms of violence and harm, and their cumulative impacts. The Table of Contents provides a guide to the themes covered in each individual chapter.

Executive summary

Interpersonal repeat violent victimisation

The definition and conceptualisation of interpersonal repeat violent victimisation (RVV) is contested. Interpersonal violence refers to violence between individuals, often subdivided into community violence and violence against women and girls, including domestic abuse. These two forms of interpersonal violence are often studied separately, using divergent theoretical and methodological approaches (Batchelor et al. 2019). Mainstream research on RVV is largely quantitative in orientation, counting recurrent incidences of the same type of violent offence against the same target and identifying risk factors that make some people more prone to victimisation than others. Feminist research on men's violence against women and girls more often draws on qualitative methods to explore experiences of overlapping and intersecting forms of violence, conceptualising repeat physical violence as part of a process of coercive control located within a context of gendered inequality and norms.

Building on these insights, the current research adopts a qualitative approach to unpack patterns of RVV evident in official statistics on non-sexual violence in Scotland. Unlike survey research, which asks respondents to self-report the number of incidents they have experienced over a specified period, typically the previous 12 months, the present study acknowledges the impact of repeat violence and associated trauma on memory, imposing no time limit on participants' experiences. As a result, whilst we invited participants to reflect on recent experiences of physical violence, they also often related experiences of other forms of violence, experienced across the life course.

Background

Within the official crime groupings in Scotland, interpersonal violence is categorised under 'non-sexual crimes of violence', which includes murder and culpable homicide, assault, robbery, crimes recorded under the Domestic Abuse Act 2018, threats and extortion, and stalking. Non-sexual violence in Scotland has fallen significantly since 2008/09 but remained broadly stable over the last decade (Scottish Government 2023a). The most recent data from the Scottish Crime and Justice Survey (Scottish Government 2021) showed that in 2019/20 the likelihood of experiencing violent crime (including assault and robbery) was highest for men, those living in deprived areas, and those living in urban locations. Victims of repeated incidences (i.e., those experiencing two or more violent crimes) accounted for two-thirds (65%) of the violent crime experienced in 2019/20. Experiences of partner abuse (including psychological and physical abuse) were highest amongst women, those aged 16 to 24 years, and those living in deprived areas. In 2018/20¹ three in ten respondents (31%) who

¹ Latest SCJS findings from the self-completion modules, including partner abuse, combine data from two survey years, 2018/19 and 2019/20, and are referred to as 2018/20.

experienced partner abuse within the 12 months prior to interview had experienced more than one incident; around two-thirds (67%) also experienced at least one incident prior to this period.

In response to these patterns, the Scottish Government commissioned qualitative research to better understand repeat violent victimisation, informed by the social-ecological model (Powell et al. 1999) adopted by public health approaches to violence prevention, which regards interpersonal violence as the outcome of the complex interplay between individual, relationship, community, and societal factors. A public health approach to violence prevention focuses on preventing violence by addressing underlying causes at each of these levels.

Research design

This summary sets out key findings from the RVV study, describing the views and experiences of people with lived experience of repeat violence, not all of whom identify as victims. This included people with convictions and people defined as having multiple complex needs. Research questions included:

1. What are the characteristics and circumstances/contexts of people who experience interpersonal RVV?
2. What are victim-survivors' understandings and experiences of RVV?
3. What impact does interpersonal RVV have on victim-survivors?
4. What are victim-survivors' experiences of seeking help and support with RVV?

The research involved qualitative interviews with people who have lived experience of repeat, interpersonal violence (n=62) and community stakeholders who support them (n=33). In the main, participants were recruited from specific Urban, Town and Rural case study areas characterised by high levels of deprivation and violent victimisation. This case study design allowed the research team to consider the community contexts as well as the individual characteristics of people who experience interpersonal repeat violence, in line with the social-ecological model.

Stakeholder interviews comprised questions about representatives' understanding of the nature, context and circumstances surrounding repeat violence within their relevant communities; its impact on victims; as well as their views on existing service provision and barriers to accessing support. Lived experience interviews focused on participants' experiences of 'repeat violence', which we allowed them to self-define. The interview topic guide steered the discussion towards repeated experiences of non-sexual physical violent victimisation in the recent past, but these experiences were often inextricably linked to childhood experiences of neglect and abuse, institutional violence, domestic abuse and sexual violence, as well as violent offending and robbery. Interviews also explored experiences of and views on support services.

Key findings

In developing a qualitative understanding of repeat violence, the research emphasises that such violence must be understood as a dynamic process, rather than a series of discrete events, in which different forms and contexts of violence interact and reinforce one another. The report also illustrates the dynamic and contested character of the categories of 'victim' and 'perpetrator', which overlap and shift across the life course.

Repeat violence typology

Most participants experienced violence across the life course, but the nature and intensity of this violence changed according to their circumstances, for example increasing in tandem with escalating substance use and diminishing during periods of recovery support. For others, experiences of violence were more time-limited, though the impact of such violence could be long-lasting.

We distinguished between three groups or 'clusters' of lived experience of repeat violence:

- **Unsettled lives:** Comprising men and women aged 25 to 59 years, many of these participants were currently homeless or living in supported accommodation and in recovery from addiction, experiencing deep poverty. They reported the most persistent patterns of repeat violence across the life course, often beginning with childhood experiences of abuse, with men reporting more physical violence and women reporting more sexual violence. Domestic abuse was another common experience in this group, reported by some men and almost all women. Recent experiences of repeat violence were usually related to the drug economy.
- **Mutual violence:** Mostly men, aged 16 to 44 years, living in social housing, this cluster of participants was predominantly involved in violence between young people in the community, tit-for-tat neighbour disputes, or violence in or around the night-time economy. Often fuelled by excessive amounts of alcohol, such violence was normalised: described as 'recreational', or as an informal form of dispute resolution. This group were resistant to thinking of themselves as victims despite sometimes receiving very serious injuries.
- **Intermittent victimisation:** Mostly women, aged 25 to 44 years, this group of participants portrayed violence as being 'out of the ordinary', confined to particular contexts or periods. Most repeat violence experienced was either (a) domestic or sexual abuse confined to one relationship² or (b) multiple, unrelated incidents of sexual and/or physical violence usually starting in their teens and mostly perpetrated by peers or acquaintances, and sometimes strangers. Victims of intermittent violence reported alcohol and drug problems or recreational substance use, commonly presented as a means of coping with victimisation.

² Within the confines of this one relationship, participants usually reported a pattern of controlling behaviour alongside the threat or use of physical or sexual violence. Sometimes experiences of violence within relationships were described as 'a one off' rather than part of a pattern.

The role of gender

The research confirmed gender-based understandings and patterns of repeat violence, with men who have been on the receiving end of violence more likely to identify as perpetrators and women as victims. These identifications were linked to gendered norms relating to violence and victimisation since most of the men and women we interviewed had both perpetrated violence and been on the receiving end of violence, though men had typically engaged in more persistent and more serious forms of physical violence and women had experienced more sexual violence. A minority of men and a majority of women reported physically violent victimisation within the context of intimate relationships, with physical violence perpetrated by men often more persistent, more serious, and more commonly accompanied by coercive control.

The role of drugs and alcohol

Drugs and alcohol featured prominently in participants' accounts, with connections commonly made between poverty, violence and the drug economy, and alcohol, violence and the nighttime economy (NTE). As well as being understood as drivers of repeat violence, both drug use and alcohol use were described as a means of coping with the impacts of repeat violence and trauma. People who experienced drug- and alcohol-related harms faced barriers to accessing victim support.

Community context

Participants made a connection between poverty, violence and the drug economy within their communities, linked to generational deprivation, lack of local jobs and withdrawal of services, housing inequalities, social norms sanctioning specific forms of violence, a defensive culture of non-cooperation with the police, and models of masculinity emphasising self-reliance. Within this context, violence was presented as an endemic, embedded, routinised and normalised feature, that people in the community become accustomed to but do not necessarily accept. Positive features of communities included close family connections and community spirit.

Individual characteristics

The life histories of people who experienced repeat violence were characterised by childhood experiences of neglect and abuse, bereavement and loss, and psychological trauma. They had also often experienced a series of systemic exclusions across their life course, including experiences of being 'looked after' and 'locked up'. Participants reporting a greater number of diverse experiences of trauma and harm in their background reported more persistent repeat violence as-adults. These institutional histories had an important impact on their vulnerability to violence and exploitation, their sense of self-worth, their faith in state systems, and their help-seeking behaviours.

Experiences of repeat violence

Participants discussed a range of different forms of violence, including violence between young people, violence in the NTE, community disputes, violence related to the drug economy, violence in institutions, sexual violence and domestic violence. These different forms of violence were described as being overlapping and co-constituted, emphasising an understanding of repeat violence as a dynamic process,

wherein diverse forms of violence inform, transform and amplify one another. Pervasive violence across diverse settings informed participants' perceptions of what constituted violence, with 'real' violence restricted to serious violence involving physical injuries inflicted against 'innocent' victims. Physical fights as means of dispute resolution or a form of recreation were deemed to involve willing participants – and therefore no 'victims' (unless things went too far).

Impacts of repeat violence

The impacts and effects of repeat violence are difficult to disentangle from accumulated experiences of associated trauma and harm. Participants disclosed a range of physical and mental health problems with profound and sometimes permanent consequences. A number of participants had received diagnoses for complex PTSD, but an even greater amount described recognised trauma symptoms, including flashbacks, nightmares, paranoia, and anxiety. For some this resulted in social withdrawal and feelings of isolation; others described hypervigilance and emotional reactivity. These reactions negatively impacted personal relationships and social networks. Strategies for coping with trauma included regular binge or heavy drinking, drug use, fighting, and self-harm. Participants were often driven towards such behaviours because family and social support systems were absent.

Attitudes towards reporting repeat violence

The majority of participants in our 'unsettled lives' and 'mutual violence' groups said that they did not and would not consider reporting victimisation to the police, even in cases involving serious injury and hospitalisation. This was linked to rules and repercussions of 'no grassing' and a desire to deal with violence themselves, as well as previous negative experiences with the police, e.g. as a result of being arrested. Within our 'unsettled lives' cohort, there was a sense of resignation about victimisation linked to stigma and deeply internalised disadvantage. These participants did not see any point in reporting because they did not think they would be taken seriously, or that they deserved support. Participants in our 'intermittent victimisation' group were more likely to consider reporting but expressed reservations based on previous experience of police and criminal justice interactions as victims.

Experiences of the criminal justice system

A small number of participants had ever reported experiences of victimisation to the police, and fewer still had their cases taken forward to court by the procurator fiscal. Most of these participants were in the 'intermittent victimisation' group. As a group, these participants reported dissatisfaction with their treatment by the criminal justice system, recounting examples of insensitive questioning, invalidation, and lack of support or representation, experienced as secondary victimisation. Negative experiences with criminal justice contributed to a lack of faith in formal systems, reinforcing a pervasive sense that nobody cares, and no one is coming to help. Despite these negative views and experiences, participants often held community police in high regard, largely because they had taken the time to build meaningful relationships with people within the community.

Experiences of accessing support

Outwith the 'intermittent victimisation' group, very few of our participants had accessed victim support services. Participants in the 'mutual violence' group did not see themselves as victims and tended to adhere to masculine norms emphasising self-reliance. People with 'unsettled lives' often considered themselves as exempt from support services due to their own involvement in violence, or they were actively excluded due to their substance use or housing status. Low levels of uptake were also related to the timing of referrals and readiness for engagement, with several participants reflecting that they did not feel ready to access support immediately after the event, sometimes as a result of insecure living circumstances. One of the major difficulties in offering victim support services to people with lived experience of repeat violence is that they often have other more pressing concerns, such as finding suitable accommodation, alongside prior experiences of trauma.

Preference for informal and grassroots solutions

Many participants explained that they would prefer to deal with issues directly rather than report to the police or any other statutory authorities. This preference for informal resolutions sometimes resulted in an escalating series of tit-for-tat disputes, related to further violent victimisation. Grassroots support services were valued for their community connections and emphasis on holistic response. Smaller, locally based organisations were also seen to offer more individualised support, with an emphasis on building longer-term relationships of trust. Lived experience gave workers credibility, alongside the experience and skills to engage people who are distrustful of more formal sources of support.

Recommendations

Taken together, these findings demonstrate that people who experience frequent and serious repeat violence usually do not bring this to the attention of the authorities, meaning that their victimisation 'doesn't count' in terms of the officially recorded picture of crime. When they do report victimisation they feel dismissed, discredited, and devalued by state-funded organisations and institutions.

Public health and gender-informed violence prevention

These findings support a public health approach to violence prevention (Powell et al. 1999), identifying multiple forms of violence that intersect, alongside a complex interplay of individual, relationship, community, and societal factors which shape vulnerability to victimisation and support-seeking strategies. However, they also support a gendered approach to violence prevention, which recognises that men and women are differently impacted by different forms of RVV, with men disproportionately the victims of violence from other men in public and women disproportionately affected by sexual and domestic violence from men known to them. Prevailing social constructions of masculinity mean that men who experience RVV struggle to perceive themselves as victims and this can prevent them from seeking support. Men also receive less recognition as victims and there is a lack of services tailored to their needs.

The complex nature of the challenges identified means that no one sector can prevent repeat violence on its own, but rather there is a need for a strategic response involving multi-sectoral collaboration.

Examples of what this might look like include:

- Community justice and Violence Against Women and Girls (VAWG) partnerships: Identify and strengthen relationships between different planning processes, where relevant undertaking joint consultation, needs assessment, or progress reporting.
- Police, health, homelessness: Develop shared training for staff on the gendered experiences of people with lived experience of repeat violence, their rights and entitlements and how to respond appropriately.
- Prison, housing, and criminal justice social work: Coordinate efforts to ensure that those returning to the community from prison have access to safe accommodation on release.
- Children and families, education, health: Establish shared protocols for recognising and addressing trauma among children and young people.

Community development and lived experience

The findings also emphasise the central and critical role of the community in violence prevention. Histories of marginalisation within socio-economically deprived areas are associated with a lack of trust in state institutions. This contributes to a culture of self-reliance and non-cooperation with the police. 'Grassroots' community development approaches that encourage dialogue and ownership have the potential to develop positive relationships between community members and partner agencies, tackling key drivers of repeat violence through participatory processes.

Features that participants identified as helpful include:

- Grassroots organisations with knowledge of the local community
- Community policing presence
- Peer support from someone with lived experience
- Trauma-informed and personalised support at the right time
- Co-located services, so there is 'no wrong door' to accessing support

Victim empowerment

Finally, the findings point to the need to develop support services that are inclusive of people with experiences of repeat violence and promote empowerment for victims going through the criminal justice system. Services can challenge stigmatisation and internalised disadvantage by adopting a person-centred approach which empowers people to have the confidence and the ability to access justice, should they wish. This involves acknowledging the agency of individual victims and supporting them to make informed decisions. Such an approach supports and builds on existing strengths and resources – both personal strengths and resources and strengths and resources in their social networks.

Within the literature on violence against women and girls (e.g., Russell and Light 2006), the components of a victim empowerment approach are identified as:

- Respectful treatment of victims
- Validating victim experiences
- Showing empathy and compassion for victims
- Regarding victim reports as credible
- Understanding victim reluctance to report
- Appreciating the needs of diverse victims

Further research

This report has presented the findings of the first qualitative study of RVV in Scotland based on 95 in-depth interviews with people who have experienced repeat violence and community stakeholders who support them. In doing so it has addressed an important knowledge gap, providing a detailed insight into:

- factors that increase vulnerability to repeat victimisation amongst high-risk groups, including people living in deprived areas, people with convictions, and people defined as having complex needs.
- the lived experience of repeat violence and related forms of psychological trauma and social harm, including violent offending.
- the support needs and experiences of people who experience repeat violence, who tend to be less likely to seek and access police and victim services.

Important gaps in knowledge remain. In particular, the report identifies a lack of evidence on repeat violence and access to justice within the following communities and contexts in Scotland:

- Disabled people
- People in the LGBTQI+ community
- Racialised/ethnic minority communities, including migrant communities and asylum seekers
- Men who experience domestic abuse and sexual violence
- People living in institutions

All these groups have unique recruitment considerations that were beyond the scope of this study and should be a priority for future research.

Acknowledgements

The co-investigators gratefully acknowledge the fieldwork support of our two lived experience research assistants, who are not named for participant confidentiality reasons, but who played a central role in data collection in our East Urban and Town case study areas. We also extend our thanks to Claire Chapman, intern, who assisted us with the literature review, and Moyra Guilar, for her transcription services. We are also immensely grateful to the numerous community organisations, statutory agencies and local groups who supported us with the research, and to the members of the Research Advisory Group who gave us timely and valuable assistance. Finally, we would like to say thank you to everyone who took part in the interviews; this report wouldn't be possible without participants trusting us to tell these important stories.

1. Background

Overview

Within the official crime groupings in Scotland, interpersonal violence is categorised under ‘non-sexual crimes of violence’, which includes murder and culpable homicide, assault, robbery, crimes recorded under the Domestic Abuse Act 2018, threats and extortion, and stalking. Non-sexual violence in Scotland has fallen significantly since 2008/09 but remained broadly stable over the last decade (Scottish Government 2023a). The most recent data from the Scottish Crime and Justice Survey (Scottish Government 2021) suggests that the risks of violent victimisation are highest for men, those living in deprived areas, and those living in Urban locations. Victims of repeated incidences of violence account for most of the non-sexual physical violence experienced, accounting for almost two-thirds (65%) of violent crime in 2019/20. Experiences of partner abuse (including psychological and physical abuse) were highest amongst women, those aged 16 to 24 years, and those living in deprived areas. In 2018/20³, three in ten respondents (31%) who experienced partner abuse within the 12 months prior to interview had experienced more than one incident; around two-thirds (67%) also experienced at least one incident prior to this period. In response to these patterns, the Scottish Government commissioned qualitative research to better understand repeat violent victimisation (RVV), by exploring the views and experiences of those who are victims.

This report documents the findings of the RVV research study. It provides information relating to the community context and individual characteristics of people with lived experience of repeat violence in Scotland, not all of whom identify as victims. This includes people with convictions and people facing multiple disadvantage. The research explores participants’ experiences and understandings of repeat violence and its impact, as well as their experiences of seeking help and support. In developing a qualitative understanding of repeat violence, the report emphasises that such violence must be understood as a dynamic process, rather than a series of discrete events, in which different forms and contexts of violence interact and reinforce one another. The report also illustrates the dynamic and contested character of the categories of ‘victim’ and ‘perpetrator’, which overlap and shift across the life course.

The current chapter provides background and context for the study, covering: definitions and policy context; patterns and trends of violence in Scotland; research-based literature on RVV, trauma and harm; and the structure of the report. Subsequent chapters will cover the research design, findings, and recommendations of the study.

³ Latest SCJS findings from the self-completion modules, including partner abuse, combine data from two survey years, 2018/19 and 2019/20, and are referred to as 2018/20.

Definitions and policy context

The definition and conceptualisation of interpersonal RVV is contested. Interpersonal violence refers to violence between individuals, often subdivided into community violence and violence against women and girls, including domestic abuse. These two forms of interpersonal violence are often studied separately, using divergent theoretical and methodological approaches (Batchelor et al. 2019). Mainstream research on repeat violent victimisation is largely quantitative in orientation, counting recurrent incidences of the same type of violent offence against the same target and identifying risk factors that make some people more prone to victimisation than others. Feminist research on men's violence against women and girls more often draws on qualitative methods to explore experiences of overlapping and intersecting forms of violence, conceptualising repeat physical violence as part of a process of coercive control located within a context of gendered inequality and norms.

The Violence Prevention Framework for Scotland

Scotland's public health approach to tackling violence is set out in the [Violence Prevention Framework](#), informed by the World Health Organisation (WHO) social-ecological model which encourages focus on reducing risk and increasing protective factors at the individual, relationship, community and societal levels (Scottish Government 2023b).

The WHO defines violence as:

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. (Krug et al. 2002)

By including the word 'power' in addition to 'physical force' the WHO definition is broader than a conventional understanding of violence as a physical act and includes neglect, alongside all types of physical, sexual and psychological abuse. The WHO have also created a typology of violence which offers a useful way to understand the contexts in which violence occurs and the interactions between types of violence:

- **Self-directed violence** refers to violence in which the perpetrator and the victim are the same individual and is subdivided into self-abuse and suicide.
- **Interpersonal violence** refers to violence between individuals and is subdivided into family and intimate partner violence and community violence. The former includes child maltreatment; intimate partner violence; and elder abuse. The latter includes youth violence; assault by strangers; violence related to property crimes; and violence in workplaces and other institutions.
- **Collective violence** refers to violence committed by larger groups of individuals and can be subdivided into social, political and economic violence.

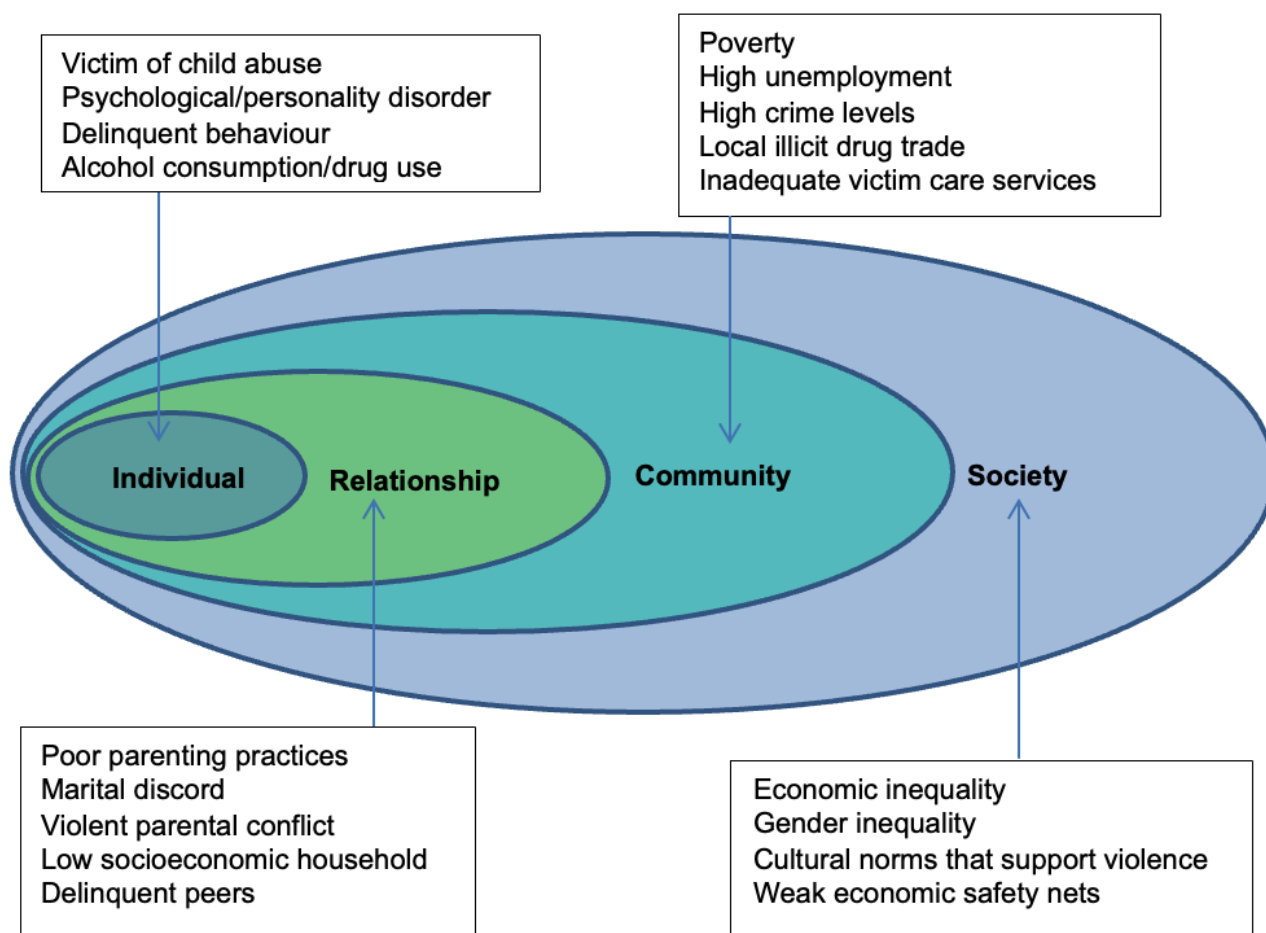
The current study is focused on (but not limited to) interpersonal violence, specifically non-sexual violence against an individual person.

A public health approach to violence prevention highlights that violence prevention needs to be addressed at multiple levels to reduce the risks that can lead a person to be a victim and/or a perpetrator of violence (Powell et al. 1999). The social-ecological model adopted by public health approaches regards interpersonal violence as the outcome of the complex interplay between individual, relationship, community, and societal factors:

- **Individual:** The first level identifies personal factors, such as age, education, income, substance use or history of abuse, that increase the likelihood of becoming a victim or perpetrator of violence.
- **Relationship:** The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle of peers, partners and family members influences their behaviour and contributes to their range of experience.
- **Community:** The third level explores the settings, such as schools, workplaces, and communities, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.
- **Societal:** The fourth level looks at the broad societal factors, such as health, economic, educational and social policies, that help create a climate in which violence is encouraged or inhibited and help to maintain economic or social inequalities between groups in society. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts.

Risk factors associated with each of these levels are illustrated in Figure 1 (adapted from World Health Organisation n.d.). The overlapping rings of the model are intended to show how factors at one level influence those at another.

Figure 1: The ecological framework (adapted from World Health Organisation n.d.)



In acknowledging the different levels at which risk and protective factors exist, a public health approach suggests that in order to prevent violence, it is necessary to act across multiple levels at the same time. In other words, a sustained reduction in violence is only possible through a shared agenda across sectors and organisations.

Equally Safe: Scotland’s strategy to eradicate violence against women

Scotland’s approach to preventing violence against women and girls is set out in the joint Scottish Government and COSLA strategy, [Equally Safe](#), which includes a definition of gender-based violence as developed by the former National Group to Address Violence against Women (and based on the United Nations Declaration on the Elimination of Violence against Women). It states:

Gender based violence is a function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly carry out such violence, and women who are predominantly the victims of such violence. By referring to violence as 'gender based' this definition highlights the need to understand violence within the context of women's and girl's subordinate status in society. Such violence cannot be understood ... in isolation from the

norms, social structure and gender roles within the community, which greatly influence women's vulnerability to violence. (Scottish Government 2018a: 10)

This analysis shares some commonalities with the public health model of violence prevention, identifying violence as an abuse of power that occurs at individual, relationship, community, and societal levels, and which involves a continuum of connected behaviours including physical, sexual, verbal and emotional abuse. Crucially, however, it emphasises that VAWG is gendered, stemming from unequal power relations between men and women and cultural norms that reinforce aggressive and violent forms of masculinity. Rather than approaching violence as a discrete action, which is exceptional, external and threatening, it recognises the everyday, pervasive nature of VAWG, which means that women and girls make sense of individual actions in relation to a continuum of related experiences across the life course (Kelly 1988; Stanko 1990).

In line with the public health model, Equally Safe focuses on primary prevention as a core objective, challenging the notion that VAWG is inevitable. This involves changing societal attitudes and the structures which produce inequality, which in turn involves making links across different areas of Government policy, including health, education and justice.

Non-sexual violence in Scotland

According to all three key official sources – police recorded crime, the Scottish Crime and Justice Survey (SCJS), and data on hospital admissions due to assault and assault with a sharp object – there has been a significant reduction in non-sexual violence in Scotland in the years following 2008/09, with broader stability seen more recently. Between 2008/09 and 2019/20, the Scottish Crime and Justice Survey (SCJS) found a 39% drop in the estimated number of violent crimes experienced by adults, including those not reported to the police (down from 317,000 to 194,000) (Scottish Government 2021). Between 2012/13 and 2021/22, NHS Emergency Hospital Admissions due to assault with a sharp object decreased by 40% (from 646 to 399) (Public Health Scotland 2022). The number of non-sexual crimes of violence recorded by the police in Scotland has decreased by 21% since 2008/09. Looking at the latest ten years as a whole, the number of non-sexual crimes of violence has remained broadly stable (increasing by only 1%), from 67,918 in 2013-14 to 68,858 in 2022-23. Between 2021-22 and 2022-23, the number fell by 1%, from 69,286 to 68,870 (Scottish Government 2023a).

Exactly why Scotland has witnessed overall reductions in (officially recorded and estimated) violent crime remains to be established, but this downward trend mirrors developments elsewhere, across the UK and in other high-income countries, and is therefore likely, at least in part, to be related to wider structural and cultural factors (including demographic changes, fluctuating patterns of socio-economic and other forms of inequality, changing tolerance towards violence, changing patterns of alcohol consumption and regulation, shifting drug markets – and so on) (Batchelor et al. 2019). That said, an analysis of police and survey data by Skott and McVie (2019) found that the biggest overall contribution to the reduction in violence in Scotland can be attributed to fewer incidents involving young people using weapons in public places.

According to the same analysis, incidents involving intimate partner violence perpetuated in a domestic environment also declined, but not to the same extent.

Research carried out by the Scottish Government, based on analysis of a random sample of police recorded crime at two points, 2008/09 and 2017/18, concluded that the fall in attempted murder and serious assault in Scotland was due to fewer cases in the West of Scotland, especially those involving young men and the use of a weapon (Scottish Government 2019a). The fall in serious assaults across Scotland came from fewer cases with a male victim, with little change in the number of cases with a female victim. The same study found no significant change in the proportion of serious assaults that occurred in a public setting or a private setting between 2008/09 and 2017/18 – with most still occurring in a public setting. A similar analysis of the changing nature of police recorded robbery in Scotland, however, found that reductions in this crime category were due to fewer cases of victims being robbed in public spaces by strangers (Scottish Government 2018b). The reduction in the number of those cases with a male victim was larger than the reduction in cases with a female victim, though this might be expected given that almost three-quarters (71%) of robbery victims in 2008/09 were male.

Patterns of victimisation

Whilst official data suggest that the level of violence experienced by people in Scotland has generally decreased, then stabilised, over the past 15 years, trends over time vary for different groups of people. Relevant findings from the 2019/20 SCJS are:

- Looking at the victimisation rate, the SCJS estimated that 2.5% of adults were victims of at least one violent crime in 2019/20. Looking at trends over time, the proportion of adults experiencing violent crime dropped from 4.1% in 2008/09 to 2.5% in 2019/20.
- Young people have seen the greatest reductions in their levels of violent victimisation but still have the highest levels of prevalence. Young people aged 16-24 years remain the age group most likely to self-report violent victimisation (5.4% prevalence, compared with 3.4% for the next highest group, 25 to 44-year-olds), but their victimisation rates have fallen greatly (from 12.0% in 2008/09), whilst prevalence rate for other age groups has remained more stable.
- While men's rate of violent victimisation has fallen since 2008/09, they remain more likely to experience violent crime (3.1%) compared to women (2.0%). That said, rates of partner abuse, which are answered in a separate self-completion element of the survey, were higher for women (3.7%) than men (2.6%).
- Prevalence rates in rural and urban areas have also narrowed over the past decade. Since 2008/09, the proportion of those living in urban areas experiencing violence have fallen (from 4.6% to 2.8%), whilst the prevalence rates for those in rural areas have remained more stable (from 2.2% to 1.4%).
- Deprivation doubles the likelihood of experiencing a violent crime. Adults living in the 15% most deprived areas in Scotland were more than twice as

likely to have been victims of violence than people living elsewhere in 2019/20 (5.3% versus 2.1%).

- Victims of repeated incidences of violence account for the majority of violent crime. In 2019/20, 1.0% of respondents reported RVV (two or more violent crimes) and these repeat victims accounted for almost two-thirds (65%) of all violent crime reported over the period.

These findings show that there are distinct victimisation patterns and experiences that require differentiation. The SCJS pooled sample analysis, which combined responses to nine surveys from 2008/09 to 2019/20, found that there were no differences in victimisation for violent crime (as measured by the SCJS) between ethnic groups and the national average. However, this analysis is limited by the fact that ethnic minorities and those who experience violence both make up very small proportions of the Scottish population, indicating that focused research is needed to examine minority groups' experiences of violence and victimisation.

As McVie and colleagues note, a key factor in the overall crime drop in Scotland has been the substantial decline in one-off victimisations, mainly related to property offending, but also in violent offending. Using latent class analysis of the SCJS sweeps between 1992 and 2014/15, McVie et al. (2020) categorised the surveyed population into four groups:

- 'Non-victims' were the largest class, 82.3% across this period, who have 'a very low (almost zero) probability of experiencing any type of crime'.
- 'One-off Property Victims' were the next largest class, making up 12% of the population overall, comprising those who 'had experienced on average just over one incident of crime in the previous year, most commonly a motor vehicle or household crime'.
- 'Multiple Mixed Victims' represented 5.4% of the population, and 'they tended to experience an average of around two incidents of crime per year, consisting of a mixture of motor vehicle crime, household crime, and assault and threats.
- 'Frequent Personal Victims' were the final group, representing just 0.3% of the population overall, experiencing 'an average of 3.5 incidents of crime per year, mostly 'assaults and threats, personal theft and robbery'.

While the non-victim group increased over the study period (from 76% to 82%) and the one-off property victim and multiple mixed victim groups decreased (from 17% to 12% and 6% to 5% respectively), the frequent personal victim group remained stubbornly persistent at around 0.5% of the population. Also, levels of victimisation amongst the groups reduced for all groups except frequent personal victims. Examining these findings alongside data from the Scottish Index of Multiple Deprivation (SIMD), McVie et al. (2015) found a significant relationship between area deprivation and violent victimisation at the national level, with frequent personal victims more likely than other groups to be living in areas across Scotland characterised as highly deprived using both health and education measures.

Implications for understanding repeat violent victimisation

International data on violent victimisation consistently show that RVV constitutes a large proportion of all violent offences (Kesteren et al. 2013). Existing quantitative analyses also show that re-victimisation rates vary for different types of violent crime (Hough 1986) and amongst different demographic and social groups – with men, young people, those who are single, those who are unemployed, and those living in deprived areas identified as most at risk of community violence (Buss and Abu 1995; Cooper et al. 2000; Jansson et al. 2007; Mukherjee and Carach 1993; van Reemst et al. 2013). Whilst providing important information on levels and individual-level correlates of RVV, these quantitative analyses do not contribute to our understanding of the dynamics or the consequences of RVV, nor do they consider the interplay of individual, relationship, community and socio-structural factors identified in both the Violence Prevention Framework (Scottish Government 2023) and the Equally Safe strategy (Scottish Government 2018a) as essential components of violence prevention.

While quantitative measures like police recorded crime and survey data provide important insights into patterns and trends of victimisation, there are limits to what such data can tell us about RVV for a number of reasons – some of which are well-rehearsed in the literature on official crime statistics but include others which relate to the specific nature of RVV. It is widely acknowledged, for example, that police official data tend to underestimate the extent of crime, as not all incidents are reported. This is compounded in the case of RVV since most people experiencing violent victimisation do not report this to the police (around 52% in the 2019/20 SCJS) and repeat victims are less inclined to report than other victims (Weisel 2005). Analysis of data from the 2008/09 Scottish Crime and Justice Survey demonstrates a striking overlap between variables predicting non-reporting and violent victimisation risk, suggesting that those who face the highest incidence of violence victimisation are least likely to report such incidences to the police (Fohring 2014). Possible reasons for non-reporting include a combination of shame, fear of reprisals, feelings of self-blame, or because routine forms of violence often become normalised as long-suffering victims-survivors become resigned to a certain amount of abuse, e.g. as an expected consequence of ‘difference’ (McBride 2016). Of course, the difficulty here is that the invisibility of this group makes them difficult to access and study, as no official record of their RVV exists (Davies 2001), and in some cases they may not consider themselves ‘victims’ (Fohring 2018a, 2018b).

This invisibility is heightened for specific social groups, including disabled people (Pearson et al. 2022), people who are homeless (Borysik 2019), people with convictions (Jennings et al. 2012), and those with mental health issues (Pettitt et al. 2013) or drug and alcohol dependency (Hammersley et al. 2020; Neale et al. 2005; Stevens et al. 2007). Often these groups do not enjoy positive relations with the police, or they may live in institutions such as prisons, care homes or hospitals which make access to reporting difficult. Crime victimisation surveys further marginalise their experiences because they are based on private residential households (including private and social rented housing) and therefore exclude those living in institutions or communal residences, alongside those living in hostels, temporary accommodation or with no fixed abode, all of whom are particularly vulnerable to violent victimisation

(Peelo et al. 1992). One of the most consistent findings in the literature in this area is the overlap between offending and victimisation (Jennings 2016), with people convicted of violent offences more likely to experience violent victimisation, sometimes because of their own offending (Farrall and Maltby 2003). Being a victim of violence is also associated with reconviction (May 1999).

Limitations of official data in assessing the nature and extent of RVV are also linked to the 'snapshot' they provide of a problem which is characterised by an ongoing and complex pattern of behaviour. For example, research by Walby et al. (2015) has highlighted how the practice of 'capping' incidents of repeat victimisation in survey research (intended to allow for consistent monitoring of crime trends) has served to conceal vast amounts of violence against women, which in contrast to violence against men has increased since 2009 in England and Wales. Additional problems associated with crime surveys are that they are time-based, asking individuals about their experiences during the past 12 months, and tend not to provide adequate data on the wider context and impact of such violence (Davies et al. 2017). This means that some victimisations can appear to be one-off, single incidents when they are in fact part of a series of crimes suffered for years (Shaw and Pease 2000). As a range of feminist researchers has demonstrated, framing domestic violence in terms of incidents not only serves to minimise the scale of the problem but also its essential nature – meaning the 'everydayness' of such violence is hidden, minimised and trivialised (Kelly and Westmarland 2016). Qualitative research is necessary to explore these experiences and to situate them within the context of people's everyday lives and routine activities, as well as entrenched social relations of unequal status and power.

Repeat violent victimisation, psychological trauma, and social harm

A recent rapid evidence review of RVV conducted by the Scottish Government (2019b) found that qualitative studies of interpersonal RVV were rare, with most research conducted over 10 years ago. A 2015 study by Graham-Kevan et al. explored the relationship between traumatic experiences, violent crime victimisation and re-victimisation suffered throughout life drawing on qualitative interviews with 54 victims of police reported violent crime in England and Wales. Findings showed that participants reporting a greater number of types of trauma exposure exhibited lower emotional stability, higher trauma symptomology and re-victimisation. Those victims with childhood traumatic exposure reported more trauma symptomology exposure than those without prior exposure. Trauma and symptomology experienced were associated with higher subsequent police recorded victimisations. Qualitative interview data illustrated how different people responded to victimisation in different ways, with participants' comments referring to time-limited and long-lasting impacts including anxiety, depression, sleep problems, intrusive thoughts, and avoidance. Responses also indicated how police and judicial processes can often sustain the effects of trauma via 'secondary victimisation', pointing to the need for trauma-informed services.

Drawing on the same sample of victims of violent crime, Bryce et al. (2016) explored experiences of engagement with victim services after victimisation. They found that the vast majority of interview participants did not engage with victim services offered when reporting their experiences to the police. Lack of engagement was explained in relation to a number of factors: the inability of services to provide assistance, perceived ability

to cope alone, and the availability of existing social support networks. The role of trust in facilitating engagement with support services was also highlighted as significant, alongside the timing of contact, with effective points identified as directly after the incident, as well as before and during court attendance. The research also suggested that re-victimisation was frequently undetected and unsupported by general victim support services, increasing the risk of experiencing complex and long-term symptoms of trauma.

This emphasis on trauma reflects increasing recognition of this concept as central to understanding the experience of criminal victimisation (Spalek 2017). The psychological literature on trauma, especially on complex post-traumatic stress disorder (complex PTSD), provides important insights into the experience of RVV. Judith Herman was the first to conceptualise complex PTSD in her 1992 book, *Trauma and Recovery*, where she described the complexity of exposure to prolonged and repeated trauma, which often occurs in a state of physical or psychological captivity, in which the perpetrator has power and control over the victim. Herman argued that the nature of this relationship puts particular victims at increased risk of a complex traumatic response, particularly those exposed to childhood abuse, sexual victimisation and domestic violence – though she also makes reference to state violence and institutional violence, including prison violence. The many symptoms of complex PTSD fall into three main categories:

- **Hyperarousal:** a perpetual state of high alert defined by a high startle response, intense responses of anger and irritability brought on with minimal provocation, and disrupted sleep.
- **Intrusion:** the reliving of events with the same vividness and emotional force as if they were happening in the present, caused by a seemingly insignificant reminder.
- **Constriction:** avoidance, attempts to withdraw from others, and a narrowing of perception.

Recovery from trauma unfolds in a progressive, identifiable series of stages, based on the empowerment of the victim/survivor and the creation of new meanings and new connections:

1. Establishing safety through self-care, recognising and stabilising symptoms, and securing a safe living situation.
2. Remembrance and mourning, involving exploration and integration of traumatic memory, with careful attention to issues of timing and pacing.
3. Reconnection, including reconciliation with self and the active pursuit of mutual, non-exploitative relationships with others.

A range of research has highlighted the impact of trauma on memory and recall (Clifford et al. 2020). For example, after trauma a person may get triggered and experience overwhelmingly painful emotions, resulting in seemingly unprovoked emotional outbursts or dissociative amnesia. Trauma can also shut down episodic memory and fragment the sequencing of events, meaning victim/survivors often have

difficulty remembering the exact details of particular incidents. These impacts have important implications for research on RVV, suggesting in-depth exploration of traumatic experience can only commence when people are safe, stable and supported. Open-ended questions which offer victim/survivors control over where to start and what to recount are preferred over requests for a chronological account, exact timeline, or other specific facts or circumstances, helping victim/survivors to feel relaxed and supported – and therefore more able to retrieve meaningful information about traumatic experiences.

Whilst the trauma literature provides important insights into the individual experience and impact of RVV, it rarely considers the wider ecological contexts of victims, limiting our understanding of recovery to that which can be provided by a medical or psychologically trained professional. By contrast, approaches to understanding violence rooted in social justice and social harm draw our attention to the disproportionate impacts on marginalised groups, linked to structural and cultural factors, and the value of participatory and community-led responses to tackling violence and inequality.

Billingham and Irwin-Rodgers' recent book, *Against Youth Violence* (2022) adopts a social harm perspective. Whilst the focus is on violence between young people and not repeat violence, it provides a useful analysis of the social harms that predictably generate interpersonal violence, i.e., poverty and inequality; declining welfare support; harms within the educational system (e.g. school exclusions); unemployment and marginal work; inadequate housing; and punitive state responses to violence. These social harms are important not only in themselves but because of the role they play in undermining young people's sense of mattering, both in the sense of feeling that they are socially significant (being an important feature of the world as recognised by others) and feeling that they have agency (being a feature of the world and making a difference to it). As an illustration of this, Billingham and Irwin-Rodgers refer to the adverse impact of police use of stop and search on young people's sense of well-being, on community relations, and on public safety (for evidence on the impact of stop and search on young people in Scotland see Murray 2014). This points to the role of policy decisions and institutional practices in fostering a sense of alienation, humiliation and anti-authority sentiment in marginalised communities, which in turn has an impact on violent offending (as well as police reporting and access to victim support).

A recent peer study into RVV amongst people with recent experience of sleeping rough in London illustrates this last point (Bursik 2019). Commissioned by Revolving Doors, a national charity working to improve services for people with lived experience of criminalisation, the research sought to understand the extent of the victimisation faced by people with recent histories of sleeping rough, alongside barriers faced in reporting crime, progressing through the criminal justice process, and accessing support. This participatory piece of research was conducted by three peer researchers with lived experience of sleeping rough, who completed semi-structured, in-depth interviews with 26 participants (21 men and 5 women). The majority of participants faced multiple disadvantage, including mental ill-health, learning disabilities and/or learning difficulties, and drug addiction, as well as histories of domestic violence, imprisonment, and rough sleeping. The research found that participants had

commonly experienced severe RVV often on a daily basis, including being held at gun or knife point, physical threats and assault, sexual harassment and abuse. Those victimised on the street continued to be victimised in supported accommodation but were reluctant to approach staff to report the crime, even when they had life-threatening injuries, partly due to fears about being labelled 'a grass' but also because previous experiences with state services and institutions made them fear they would not be taken seriously. According to the report,

they remain silent in response to crime and passive to injustice because they have internalised the disadvantages they have experienced. They do not see themselves as part of an equal society; they don't feel they deserve the same rights and privileges. (Bursik 2019: 14)

The report concluded by recommending peer support as means to help people access assistance since those with lived experience were not seen as part of the 'establishment'. The research team also advocated for the involvement of 'user voice' in service delivery and policy development.

Summary

This chapter has outlined the background, context and research methods for the study, describing the public health approach to violence adopted in Scotland, which views violence as complex and multifaceted, shaped by individual, relationship, community, and societal factors. Official crime statistics were presented to demonstrate that the risks of violent victimisation in Scotland are highest for men (excluding domestic violence), those living in deprived areas, and those living in Urban locations. Victims of repeated incidences of violence account for most of the non-sexual physical violence reported, which raises important questions for the development of violence prevention policy and the delivery of services. Relevant literature suggests that victims of RVV experience profound and long-lasting psychosocial impacts, some of which contribute to further violent victimisation, but that they tend not to report such victimisation due to distrust of authorities linked to internalised disadvantage.

The following chapter, Chapter 2, provides an overview of the research design to demonstrate how the study seeks to address the aim of developing the evidence base about RVV in Scotland. Subsequent chapters will introduce the findings of the study, structured as follows:

- Chapter 3 presents key contextual features of our case areas, as described by stakeholders and lived experience participants.
- Chapter 4 focuses on themes related to trauma and harm before presenting a typology of lived experience of repeat violence, alongside four vignettes which represent archetypal life history narratives of our participants.
- Chapter 5 explores understandings and experiences of repeat violence, focusing on young people, the night-time economy, neighbourhood disputes, the drug economy, sexual violence, and domestic violence.
- Chapter 6 presents participants' experiences of police and criminal justice.

- Chapter 7 examines the impact of repeat violence and considers participants' preference for informal and community-based support.

The concluding chapter, Chapter 8, summarises the key findings and offers related policy recommendations.

2. Research design

Overview

This chapter describes the research design, which involved qualitative interviews with people who have lived experience of repeat violence and a range of stakeholders who support them. Data collection was conducted in six case study areas: two Urban, two Town and two Rural communities characterised by high levels of deprivation and violent victimisation. The discussion which follows sets out the rationale for this approach, as well as outlining key issues relating to sampling, limitations, and ethics.

Aims and objectives

The aims of developing the evidence base on RVV set out in the research specification were as follows:

- (i) To help improve support for victims in Scotland, by providing evidence on the support needs and experiences of those who are victims of the most hidden and stigmatised forms of violence, and who therefore tend to be less likely to seek and access services.
- (ii) To inform policy decisions to prevent and reduce violent offending in Scotland, particularly by developing an understanding of the relationship between RVV and violent offending in adults.
- (iii) To contribute to the development of policing strategies in Scotland, by providing data on the factors that increase vulnerability to repeat victimisation amongst high-risk groups.

These aims were to be achieved through the following empirical objectives:

- Exploring the characteristics and contexts/circumstances of those who experience interpersonal RVV, including people with particular equalities characteristics, people who live in deprived communities, people with convictions, and people with multiple complex needs.
- Examining victim-survivors' understandings and experiences of RVV, focusing on the nature, context, and timing of RVV (exploring its relationship to other forms of victimisation and/or offending, alongside intersecting forms of vulnerability and harm).
- Assessing the impact of RVV on victim-survivors, e.g., in relation to health and wellbeing, relationships and social inclusion/exclusion; and
- Considering victims' experiences of seeking help and support, including barriers to access and views on which forms of support would be most helpful in future.

Whilst the study focused primarily on non-sexual physical violence against an individual person, the original research specification acknowledged the need to attend to the relationship between physical and other types of violence, as well as other crimes, as these arose during the fieldwork. The specification also acknowledged that

many victims of violence do not consider themselves to be 'victims' or want to be identified as such.

Research questions

The aims and objectives set out above were examined through the following research questions:

1. What are the characteristics and circumstances/contexts of people who experience interpersonal RVV?
2. What are victim-survivors' understandings and experiences of RVV?
3. What impact does interpersonal RVV have on victim-survivors?
4. What are victim-survivors' experiences of seeking help and support with RVV?

Research design

Fieldwork took place over 12 months, focusing principally on in-depth, qualitative interviews with people with direct experience of repeat violence (n=62), alongside shorter, semi-structured interviews with community stakeholders (n=33). To provide important contextual data on communities and services, this primary data collection was centred in distinct, geographically defined communities: Urban, Town and Rural areas characterised by high levels of deprivation and violent victimisation.

Stage 1: Selection of case-study areas

The initial stage of the study required research site selection. We took careful steps to ensure that areas were selected based on available data, to avoid over-researching certain areas or stigmatising communities. With assistance from Scottish Government analysts, we cross-referenced the latest recorded crime statistics against the Scottish Index of Multiple Deprivation (SIMD) and isolated areas with high levels of violent crime which were within the bottom 15% of SIMD data zones at council ward level. We took the pragmatic decision to amalgamate multiple contiguous areas from the list of council wards that met the inclusion criteria so that the case study areas could be embedded in and reflect communities as they were more broadly understood by local community members. We then mapped these areas against the six-point Urban-Rural classification system (Scottish Government, 2020) which resulted in a series of potential case study areas marked as (large) Urban, (urban) Town and Rural.

During the early project inception and re-planning stages of the study, we agreed with the Scottish Government Project Manager and Research Advisory Group members that while a rural perspective was important to the research it would be both pragmatically and ethically challenging to focus on one rural location and, instead, it would be appropriate to explore any area considered 'rural' and with higher levels of deprivation. This included areas which are accessible, remote, or very remote in line with the Scottish Government's (2020) Urban Rural Classification scheme. Various rural communities were consulted throughout the fieldwork, but these have been clustered into two categories – West Rural and East Rural – to avoid identification of participants.

In Stage 1 of the study, we focused on case study areas in the West of Scotland, to mitigate the risk of localised COVID-19 restrictions on our ability to conduct fieldwork. In Stage 2 of the study, we included additional East of Scotland case study areas.

While these various case study areas had traits that were comparable to other communities in Scotland, given the qualitative nature of the inquiry the findings of the research should not be read as a representative picture of repeat violence in Scotland (see Sampling, below, for further discussion).

Stage 2: Stakeholder interviews

Stage 2 of the study involved identifying appropriate access points and potential participants. We made connections with a range of local and national ‘stakeholder’ organisations that support people with lived experience of repeat violence and asked if they would be willing to take part in the research. Organisations were initially contacted by e-mail and the aims of the study were explained. This was followed up by a face-to-face or online meeting with relevant staff who were invited to take part in an interview and share information about the project with the people they support.

An overview of completed stakeholder interviews is provided in Table 1. The majority of these were conducted in our initial Urban, Town and Rural case study areas, although we also spoke to relevant stakeholders from outwith these areas including representatives from national organisations.

Table 1: Stakeholder interview locations

Study area	Statutory	Third sector	Total
(Large) Urban	3	9	12
(Urban) Town	4	3	7
Rural	4	5	9
Other	1	4	5
Total	12	21	33

We exceeded our initial target of 20 stakeholder interviews, completing 33 interviews with youth workers, police officers, social workers, community development workers as well as support workers based in prison throughcare, homelessness, housing, addiction, and specialist victim services. The interviews were semi-structured in nature and followed a topic guide covering stakeholders’ understanding of the nature, context and circumstances surrounding repeat violence within their relevant communities; its impact on victims; as well as their views on existing service provision and barriers to accessing support.

Interviews took place between May 2022 and February 2023, and, with explicit permission from participants, we audio-recorded interviews using external and encrypted dictaphone devices. Participants were all given the choice of completing interviews face-to-face, on the telephone, or via their preferred remote video conferencing platform; 18 opted to meet in person and 15 preferred to meet remotely via MS Teams. In-person interviews took place in a private office or meeting space, usually in stakeholders’ workplaces or community hubs, aside from one which took place in a public park due to post-pandemic workspace sharing restrictions. The

average length of stakeholder interviews was 62 minutes; they ranged between 40-120 minutes in length and amounted to almost 31 hours of recorded interview data.

At the end of each interview, we agreed on a ‘generic’ job title with stakeholder participants to help provide context about their roles and their sector without identifying them. We opted to use job titles that reflected the broader role, e.g., ‘social worker’, ‘police officer’, or ‘community development worker’, rather than providing further information about specialism. We adopted a tiered approach to de-identifying organisations represented by stakeholders to reflect the operational structure and scale of the organisation without compromising our confidentiality assurances. For example, it was impossible to de-identify certain organisations such as the police or local authorities. Although some grassroots and community-based organisations expressed a desire to be identified through the research to highlight the outreach and scope of their support provisions, there were ethical concerns about participants with lived experience being identifiable – and so these organisations are not named in the report. Some of the national organisations offering support to victims are identified, given the larger scale of their operations.

Stage 3: Lived experience interviews

Stage 3 of the study involved in-depth qualitative interviews with people with lived and living experience of repeat violence. In the main, participants were accessed via third-sector organisations that participated in stakeholder interviews; however, in two of the case-study sites we employed lived-experience research assistants to assist in recruitment and interviewing as a means of reaching individuals who were not accessing services and who might not usually participate in academic research. We also advertised the study via social media and a dedicated project website and distributed posters within public spaces in our case study communities.

In total we interviewed 62 people with lived experience of repeat violence, just exceeding our target of 60 participants. An overview of these participants is provided in Table 2.

Table 2: Lived experience interview locations

Study area	West	East	Total
(Large) Urban	23	6	29
(Urban) Town	12	10	22
Rural	6	5	11
Total	41	21	62

Lived experience interviews focused on experiences and impacts of ‘repeat violence’, which we encouraged participants to self-define. The interview topic guide steered the discussion towards repeated experiences of non-sexual physical violent victimisation in the recent past, but these experiences were also often inextricably linked to childhood experiences of neglect and abuse, institutional violence, domestic abuse and sexual violence, as well as engaging in violence and the drug economy. Interviews also explored participants’ experiences and views on reporting violence and accessing support services (where appropriate).

Interviews took place between October 2022 and March 2023, and, with participants' explicit permission, were audio recorded using external and encrypted dictaphone devices. Where participants were recruited through third-sector organisations, we usually conducted interviews in a private room on the premises. This was beneficial to the research participant in terms of meeting in a familiar space and within which known support workers were closely available. We booked private meeting spaces within the local community (e.g., in community centres) or at the University to interview participants recruited through snowball sampling or who were accessing support through smaller organisations that did not have their own premises. Three participants recruited through social media advertising or snowball sampling preferred to use remote online video conferencing to take part in interviews. The average length of lived experience interviews was 61 minutes; they ranged between 20-130 minutes in length and amounted to almost 65 hours of recorded interview data.

Our in-depth qualitative interviews were conversational in style, meaning that they did not follow a tightly structured plan, but were responsive to the participant's mood, level of engagement, and the setting within which the interview took place. Though we used a topic guide to steer the conversation, no two interviews followed exactly the same structure, meaning that there were questions we asked some people and not others. This indicates that it is generally not possible – or appropriate – to present findings in terms of numbers or percentages. In-depth qualitative interviewing is especially effective when discussing sensitive subject matters since it encourages participants to direct the discussion, sharing as much or as little as they are comfortable with (Corbin and Morse 2003; Liamputtong 2007).

People with experience of substance use and trauma can have difficulty accessing memories of specific events and/or organising information about their past. This demands a sensitive approach, helping participants make sense of their experiences by focusing on critical moments to elicit shifting and overlapping fragments of their life story, which don't always link up in a linear sequence, but are nevertheless full of rich description, detailed interpretation, and biographical significance (Clifford et al. 2020; Harding 2006).

Stage 4: Analysis and write up

Data analysis was ongoing over several stages. At the end of each interview, we wrote up brief fieldwork notes, drawing together our initial thoughts about the key findings emerging from the discussions. This allowed us to regularly reflect upon the method and approach to inform, improve, and steer the remaining sessions. Fieldwork notes allowed us to keep track of the questions we asked of the data at various stages, while also encouraging us to reflect on and refine our research practice in the field.

In line with established protocols, interviews were sent to a third-party transcriber through the University's secure file transfer service to be transcribed verbatim. Interview transcripts were returned via the same manner to be fully anonymised by the research team, at which point we also populated a de-identified Excel spreadsheet listing contextual information about participants' circumstances. For example, the stakeholder spreadsheet included case study location, generic job titles, work sector,

and interview format; the lived experience spreadsheet included case study location, recruitment route, gender, age, ethnicity, and housing type.

Next, informed by Braun and Clarke's (2019) pattern-based codebook version of thematic analysis, we began producing a working coding frame to build an analytical framework from the data considered against the research aims and objectives. We familiarised ourselves with the data and began identifying initial codes from the data based on patterns, questions, similarities, shared meanings and different understandings of experiences. We started to map data extracts against this initial list of codes to assist with refining codes into categories, which were then reviewed and clustered into thematic groups, devising descriptors to support coding reliability. These thematic categories were developed by reflecting on the initial list of codes and different thematic groups in relation to the research aims and objectives before being named and organised with sub-themes to denote different levels of themes. The data were then coded against the coding frame using qualitative data analysis software (NVivo 12), with the research team continually reflecting on the coding frame and thematic descriptors to facilitate the write-up of the research findings.

The analytical themes which emerged were used to order and structure the presentation of the data in the final report. However, a key focus of our analysis was not merely summarising the information provided by participants but moving beyond description by interpreting their views and experiences in light of the contextual data gathered (which included information pertaining to family, community and societal factors – in line with the WHO social-ecological model [Krug et al. 2002]). In addition, we wanted to make sure that the rich and textured detail that people shared in the interviews were not collapsed into patterns, clusters, and themes, or lost in data extracts. To illuminate the ways in which different forms and contexts of violence interact and reinforce one another, we developed a typology of lived experience (see Box 1) and made use of composite narratives to capture life course trajectories (Box 2).

Box 1: Typology of lived experience

The use of typologies has a long tradition in social research and involves grouping cases or participants into 'ideal types' based on their common features (Stapley et al. 2021). By combining careful attention to the construction of individual case studies alongside consideration of key similarities and differences between cases, and between groups of cases, typologies facilitate analytical interpretation via comparison.

Our approach to the development of lived experience typologies involved familiarising ourselves with the dataset by first reading interview transcripts and preparing written summaries of each individual participant. These summaries were then used to construct three ideal types, revisiting the interview summaries and making adjustments to the typology as necessary. This permitted a thorough exploration of the characteristics, circumstances, understandings, and experiences of all participants.

Box 2: Composite first-person narratives

Composite narratives combine data from several individual interviews to present a single life story (Willis 2019). They allow research data to be presented in an accessible way which acknowledges the complexities of individual views and experiences, whilst preserving anonymity and using the reflexive understanding of the researcher to depict a more generally representative account.

The story structure of each of our composite narratives was originally derived from 'optimal cases' most closely illustrating the pattern of experience represented in our lived experience typology. We then blended together excerpts from three or four other interviews in order to tell that story, changing small details and paraphrasing where necessary to present a single voice. Whilst the level and seriousness of violence recounted may seem extreme to some readers, each composite has been carefully constructed to faithfully represent an archetypal experience.

The three 'ideal types' identified were: unsettled lives, mutual violence and intermittent victimisation. Four composite narratives are presented, including two from the 'unsettled lives' group, to reflect the gendered experiences of men and women. Taken together, these analytical approaches contributed a more detailed and contextualised picture of repeat violence, allowing us to better capture the dynamic nature of repeat violence alongside its intersection with other forms of harm (including offending and criminalisation).

Once the final report was drafted, we arranged visits to a small number of differentially located stakeholder organisations to share our findings with groups of people with lived experience, peer mentors, volunteers, support workers, and service managers. We engaged with communities most impacted by the research to share the findings and recommendations as both a quality control check and to ensure that the research findings, and the way we have presented the work, resonated with people with lived and living experience of the issues. These feedback consultation sessions provided an open and collaborative space for communities to engage with the research, shape the recommendations, and consider how they might like the research to be translated into practice; they were especially useful while developing the accompanying research briefing papers.

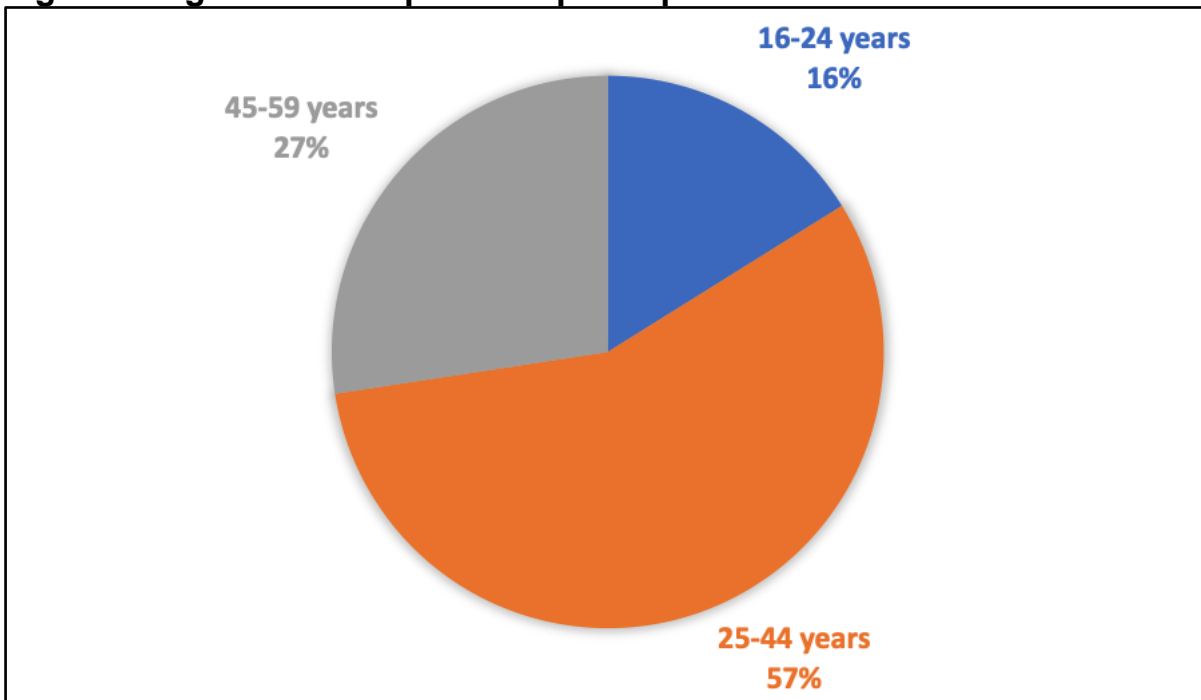
Methodological issues

Sampling

Participants were recruited based on their experience of repeat violence, rather than identity characteristics such as age, gender or ethnicity – though we recognise that this means that there are important limitations and lessons to be learned about representation, as discussed in the section below.

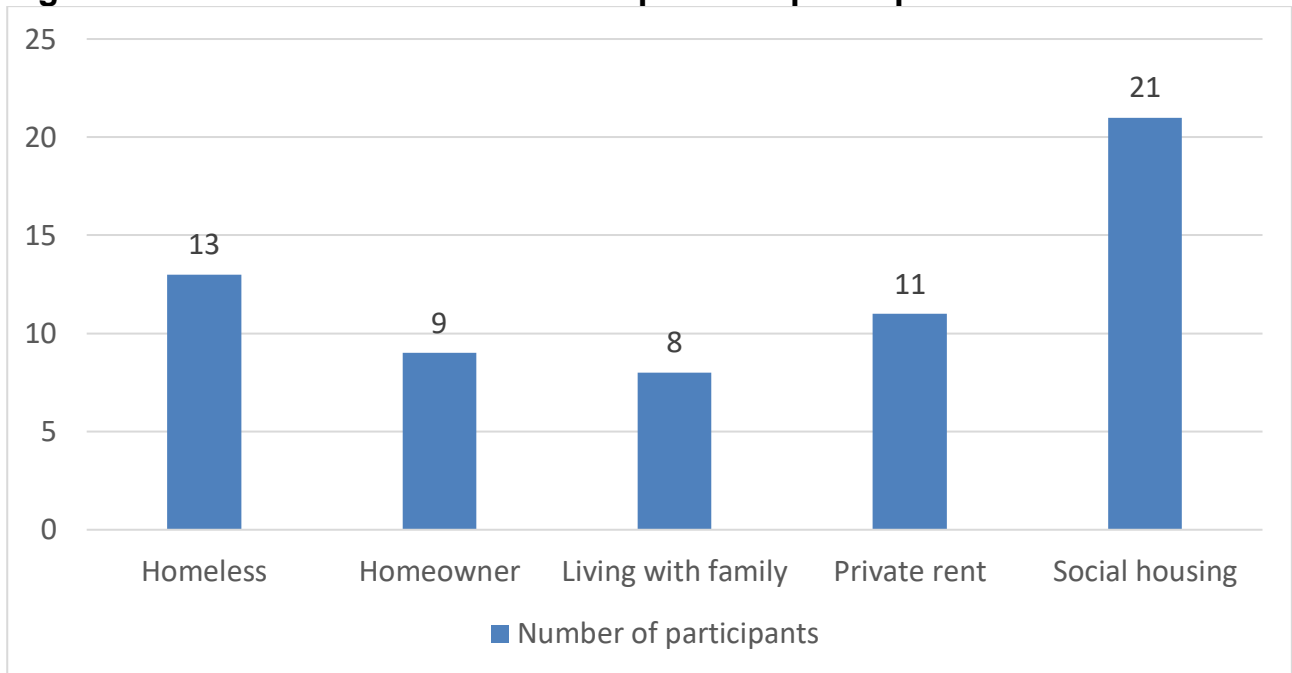
Approximately two-thirds of participants were men (65%, n=40) and one-third were women (35%, n=22). As illustrated in Figure 1, the majority (57%, n=35) were aged between 25 and 54 years. Just one participant described themselves as Black (2%, n=1) and the remainder as White (98%, n=61).

Figure 2: Age of lived experience participants



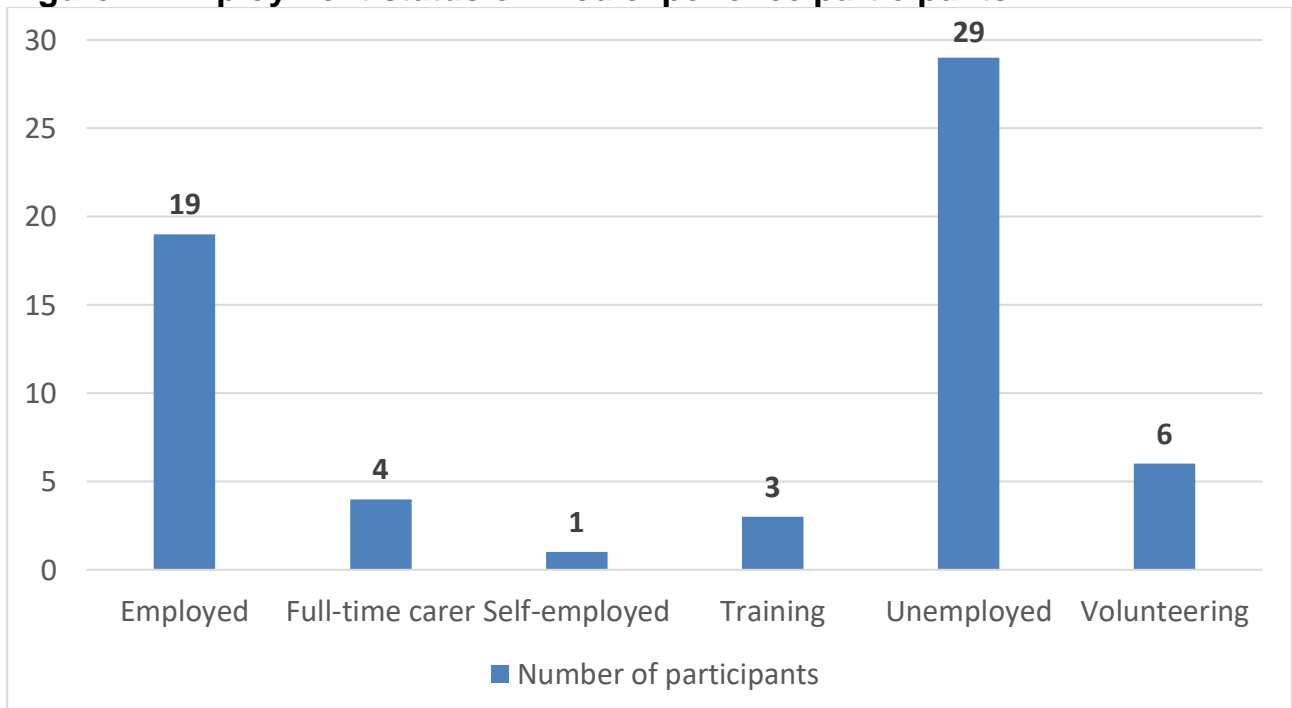
The housing circumstances across the sample were varied, around a third of participants (n=21) lived in social housing and just under a fifth (n=11) lived in privately rented accommodation. Nine people owned their own homes, including one who was left property in a family member's will, and eight people lived in family members' homes. Due to the nature of recruitment via homeless support organisations, we spoke to 13 people who were homeless at the time of research, most of whom were living in emergency accommodation such as hostels and temporary accommodation, but there was one participant who did not have accommodation arranged the night the interview took place. (This participant was accessing a third-sector homelessness organisation, which was helping him to secure accommodation when he was interviewed). Given that people experiencing homelessness are excluded from the Scottish Crime and Justice Survey, this is an important contribution to knowledge about violence within a deeply marginalised group.

Figure 3: Residential status of lived experience participants



Just under half of the participants (n=29) described themselves as unemployed at the time of interviews, while 20 people said they were employed, including one person who was self-employed. A further six people were volunteering, four people were full-time carers, and three people were undertaking training.

Figure 4: Employment status of lived experience participants



It is important to acknowledge that the method of recruiting participants through stakeholder organisations had a strong impact on how the final sample was constituted, reflected in the housing and employment circumstances of those who took part. Similarly, many stakeholder organisations were working with people in recovery from substance use, most of whom were aged over 25, affecting the age distribution of the final sample of participants with direct experience.

In line with approaches to generalisation in the context of qualitative research, the study did not set out to be representative of a broader population, or transferable to other contexts or settings (Lewis et al. 2014). Qualitative samples are usually small in size because the type of data they are intended to generate is rich in detail, rather than providing evidence of incidence or prevalence (Ritchie et al. 2014). There are aspects of the study which are analytically generalisable through the case study design and capacity for theory-building (Yin 2013). For example, the empirical data as well as our interpretative analytic approach, including the coding frame, can be used to support or complicate existing theories or develop new theoretical perspectives inductively from the data, thus contributing toward wider knowledge (Braun and Clarke 2013).

Challenges and limitations

There were several limitations to the study design and implementation. The Covid-19 pandemic was the most profound challenge to implementing the research as the national virus suppression measures, including lockdowns and social distancing, were introduced in March 2020 when fieldwork was originally planned to commence. The Scottish Government paused all in-person research projects until the risk status was acceptable; we were permitted to recommence fieldwork in April 2022 but had to revisit the research design to scale down agreed fieldwork activities to account for compressed timescales. Changes to the research design also acknowledged the impact of the aftermath of the pandemic on stakeholder organisations, many of whom were experiencing an influx of support uptake under constrained funding and, understandably, could not commit time or resources to assist with access requests.

These delays and restrictions had knock-on effects in all areas of fieldwork, including difficult decisions about resource priorities. There was a strong reliance on stakeholder organisations for recruitment and much of this work was taken up by the smallest organisations, often receiving the least funding, rather than national, securely funded, organisations. Larger organisations often had more access requirements, including research access request applications with lengthy response times which we did not have time or resources to complete. Recruitment through our own social media and printed poster advertising was not as successful as recruitment through established relationships with stakeholder organisations. As such, we acknowledged that people not connected with any kinds of support may not be well represented in the research; the decision to employ research assistants with lived experience created an important opportunity to access this particular group.

There were also important limitations to our original research design that impacted representation in the final sample. During the first phase of the project, stakeholders working with migrant communities and disabled people respectively highlighted the importance of an expansive understanding of violence to incorporate different forms of

exploitation, and to acknowledge violence both within and beyond 'hate crime'. There were significant barriers to participants from migrant communities taking part in the research that we did not have resources to cover, including producing recruitment materials in other languages or securing interpretation and translation services to facilitate interviews. We had ethical approval in place for other inclusive methods, such as recorded verbal consent and participants requesting to have a supported person present in the interview, but these measures were insufficient to address English language barriers to participation. This is an important gap in the current project and further research would be welcomed by a range of organisations working with marginalised groups disproportionately affected by repeat violence, beyond a 'hate crime' definition.

Ethical considerations

The study was conducted in accordance with the British Sociological Association Ethical Guidelines and the British Society of Criminology Code of Ethics for Researchers in the Field of Criminology. Ethical approval was provided by the University of Glasgow's College of Social Sciences Ethics Committee, in accordance with procedures that conform to the standards set out in the ESRC Research Ethics Framework.

Sensitive research

The sensitivity of the topic raised important ethical issues around how to safeguard the emotional and physical well-being of participants, balancing confidentiality and anonymity with the obligation to inform relevant services should a participant disclose information about abuse, or an intention to harm themselves or others. As the study involved interviewing potentially vulnerable groups, there were also concerns around gaining valid informed consent and ensuring that no harm was caused due to participating in the research.

Whilst the study focused primarily on non-sexual physical violence against an individual person, we acknowledged the need to attend to the relationship between physical and other types of violence, as well as other crimes, as these came up during the fieldwork. Given the sensitive nature of the research topic and the expertise required in engaging with people who have experienced violent victimisation, we opted for a small research team of hands-on, interview-based researchers. This strong and shared foundation of experience and ethos meant that the research was designed to be mindful of the trauma and stigma that participants had potentially experienced, the marginalised position they inhabited, and the implications of these for ensuring informed consent and minimisation of harm.

Consent and confidentiality

Informed consent was sought from all participants and was supported through inclusive research strategies including all documentation being made available in an accessible format. Prior to all interviews, researchers spent time with potential participants to discuss the participant information documents and consent form, including informing participants of what the research was for, and what taking part would entail, as well as discussing the limits of confidentiality (see below). This

approach, which balanced conversational discussion with the provision of clear information, supported participants to fully consent to participate in research by ensuring that the information provided was comprehensible and understood. In addition, consent was treated as a process rather than a one-off event; throughout the research we remained alert to signals that participants may wish to terminate their involvement, periodically checking whether they were happy to continue, and re-emphasising their right to withdraw from the project or opt not to answer any questions at any time and without giving a reason.

A limited guarantee of confidentiality was provided to all research participants, subject to a statement that information about imminent harm to themselves or others arising through their participation may be notified to appropriate authorities. Any decision to disclose such information depends upon the circumstances of the case, and we made it clear that this would always be a discussion. Our previous experience suggests that it cannot be assumed that a participant will want their situation reported – and in some cases it may further endanger participants if we were to do so. When we had concerns and were anxious that a participant might not seek support this was raised within the research team, and we reached a decision together about what to do next. Where stakeholder organisations assisted with recruitment and access and an issue came up in an interview or meeting, we asked participants to identify a trusted member of staff, volunteer or peer mentor whom they would be comfortable with us sharing concerns and ask that they be prioritised for urgent follow-up. We only had to do this on a couple of occasions. No similar concerns arose during interviews where no stakeholder organisation assisted with recruitment.

Harm minimisation and safeguarding

Stakeholders were consulted about the research design, including themes to be discussed, participant suitability, and methods, before seeking agreement to act as gatekeepers and interview location hosts. We arranged interviews in neutral, accessible, and familiar spaces so that participants felt supported and comfortable. Where this was not possible or suitable, we made alternative arrangements to host interviews on the University campus or in private meeting spaces within public buildings such as community centres. This responsive, informal approach was designed to make participation a positive experience. Some of our discussions inevitably precipitated memories of upsetting events, feelings of anxiety, sadness, and anger – on the part of research participants and the researchers. Throughout fieldwork, we were alert to signals of potential participant distress, responding sympathetically and appropriately in the moment, offering to take a break or stop the interview and re-establishing consent to resume. This required active listening and reassuring participants, and signposting to relevant support services or sources of advice from a pre-prepared list of local services and national helplines.

We had to cancel planned research activities on a number of occasions due to ongoing factors, concerns, or issues within the community or organisation, for example, dealing with loss.

Anonymisation and avoiding stigmatisation

The issue of stigmatisation was another important factor. Many of the participant groups in the study, alongside the neighbourhoods in which they lived, had a history of stigmatisation and there was a risk that the research may compound this, for example by reinforcing negative associations with violence and crime. We sought to mitigate this by adopting a research approach that was attentive to the strengths and resilience of participants and their communities. For example, we recognised that experiencing any kind of violence places extra demands on people's lives and the strategies that are employed to counter these effects have value and worth. We acknowledged the ways in which stigma can act as a powerful barrier to research participation and were mindful of the language used in consent materials and interview questions, and used participants' own preferred terminology as this came up (for example, some people did not wish to be referred to as 'victims' nor as 'survivors' but as a person with 'lived experience', 'on the receiving end of' or 'involved in violence'). By involving individuals, stakeholders, and wider communities in the research process at the earliest possible stage we tried to ensure that the research was respectful of the individuals and communities represented.

We decided to anonymise the case study areas in addition to de-identifying participant information including stakeholder job titles. To do so, we took great care in representing the context and detail participants provided to ensure that participants' identities are protected; in some cases, this required omitting information which might be identifiable due to public knowledge or media reporting of the incident, place, or persons involved.

Summary

This chapter has provided an overview of the research design, methods and data analysis protocols involved in the study. The reflections on the methodological challenges, ethical issues, and limitations of the study are intended to offer transparency to inform the reader about the process of qualitative research in practice, documenting how the research was designed, implemented, and written up.

3. Community structure and culture

Key points

- Participants in all case study areas made a connection between poverty, violence and the drug economy within their communities, linked to generational deprivation, lack of local jobs, withdrawal of services, and housing inequalities.
- Communities were also characterised in terms of social norms sanctioning specific forms of violence, a defensive culture of non-cooperation with the police, and models of masculinity emphasising self-reliance.
- Within this context, violence was presented as an endemic, embedded, routinised and normalised feature of communities that people become accustomed to but do not necessarily accept.
- Positive features of communities included close family connections, loyalty and community spirit.

Overview

This chapter presents key features of our case study areas, as described by stakeholders and lived experience participants, to give broader context to the individual experiences of violence discussed in the chapters that follow. Significant structural features include generational deprivation and poverty, housing inequalities and concentrated disadvantage, close-knit community networks, and a local illicit drug economy. Important cultural features identified are social norms sanctioning specific forms of violence, a culture of non-cooperation with the police, and models of masculinity which emphasise invulnerability and self-reliance.

Community structure

The public health approach to violence prevention emphasises that interpersonal violent victimisation is not just an individual problem, but rather it is the outcome of a complex interplay between individual, relationship, community, and societal factors (Krug et al. 2002). The community factors highlighted in the WHO social-ecological model include poverty, high unemployment, high crime levels, local illicit drug trade and inadequate victim care services. This section explores the features identified by our stakeholders and participants with lived experience as being important for understanding and addressing repeat violence within their communities.

Across the case study areas, participants established a connection between poverty, violence and the drug economy. Of course, not all violence discussed in the study was related to the drug economy (see Chapter 5), but when asked whether violence was a problem in their community, participants often responded with an answer that explicitly linked these three factors. There was also a general view that whereas territorial

violence involving young people had declined over the past decade, drug-related violence was on the increase – and this was often tied to increasing poverty and deprivation.

It's all fuelled by drugs, absolutely fuelled by drugs, and I do think poverty's got a huge part to play. It's like the poor have got much poorer and the drugs are getting harder and [there are] different types of drugs. Crack cocaine is very big now and in terms of psychosis, crack cocaine is very bad for that. So, I think that's got a lot to do with the violence as well. (45-year-old woman, West Rural)

Over the past 12, 14 years it's becoming worse. There are certain things that we believe are fuelling violence at the moment and the biggest driver we feel is poverty, closely followed by substance misuse. Anywhere that substances are involved seems to also involve violence. (Throughcare manager, National)

As discussed below, participants also highlighted the importance of housing inequalities as a factor contributing to high levels of violence within their communities, as well as the lack of youth and community services. These factors were linked to wider social and economic factors beyond the control of the community, notably long-term industrial decline, austerity measures and the ongoing impact of the Covid-19 pandemic, and housing policies resulting in concentrated disadvantage.

Generational deprivation and poverty

Both stakeholders and lived experience participants in each of the case study areas discussed the impact and effect of deprivation and poverty in the community and how this disadvantages people in various aspects of their lives:

The make-up of the area, like it's always historically in the top five, top 10% of the Scottish Index of Multiple Deprivation, which obviously flags up straight away it's somewhere where there's going to be issues with violence and poverty and all the sort of poverty associated things that come along with that like mental health issues, drug issues, alcohol issues, abuse, everything that happens and sort of parental abuse and like everything. (Youth service manager, East Urban)

There's a lot of poverty, so there is. Like people struggle with food and electricity and bills and all that. Like there was a woman that came in saying that she couldn't even get onto like a hardship payment or something from Universal Credit. [...] And then there's lots of people asking, 'We don't have a bed' or 'We don't have nappies', all this. (18-year-old young woman, West Urban)

In describing the case study communities, participants often made comparisons with neighbouring areas marked by affluence and privilege, noting perceived differences in the presentation and maintenance of public spaces and leisure facilities as well as the absence of socio-economic inequality and violence:

[District 4], if we look at this area, in particular, is quite a rough, deprived area. There's sections that are probably more deprived than others but, in general, it can be seen as quite a deprived area. Again, looking at that, you're probably

more likely to be a victim of that crime because you've got probably a higher increase of known criminals who stay in these deprived areas as opposed to if we compare and contrast it to a more affluent area. (Police officer, West Urban)

In our East Town sample, a more finely tuned distinction was made between 'really deprived' areas and more 'respectable' working-class communities:

[This] is a working-class area, absolutely. [...] It's not like I'm saying this is the slums, it's not. It's a nice enough area, they're nice houses, like. No, it's a nice enough area and it's alright. It's nice. It's not like your fucking junkie flats fucking you're going to get in any fucking areas, not like the fucking high-rise flats in fucking wherever, [West Urban] or fucking [East Urban] or anything like that. It's not- It's not slums. (40-year-old man, East Town)

That's an important distinction to make cos in describing this town, particularly the bits that we've grew up in, it's working class and it's not posh but it's definitely not- It's not pure sort of ghetto or hood, it's not [District] in [West City], it's not [District] or [District] and stuff like that. (35-year-old man, East Town)

Comments such as these point to the impact of territorial stigmatisation on the most deprived neighbourhoods, which are both economically excluded and culturally devalued.

Stakeholders attributed social deprivation to longstanding patterns of economic decline, associated with deindustrialisation and the loss of jobs. In our West Urban and Town case study areas, the decline of heavy industry and rise of precarious work were highlighted as key drivers of deprivation, framed in terms of 'generational' disadvantage:

[West Urban] is a hugely deprived area where the industries, the main industries that supported the population round about here more or less closed in the mid to late 70s. And so, from then on, there's just this lack of hope, there's lack of opportunity. Poverty is rife and I think a lot of that is driving violence. (Throughcare manager, National)

What you sometimes find is that the areas belittled by other people are areas which have had in the past significant employment opportunities, particularly with [heavy industry] and then, when that ended, going into your services industry. [...] Looking at depopulation, one of the reasons why people wanted to leave [West Town region] was because they felt there was a lack of job opportunities. (Local authority manager, West Town)

Participants also highlighted the lack of investment in their communities and the loss of funding for public services:

There's no doubt that the services are over-subscribed and underfunded. I don't think you can really ignore that. [...] Services are really overstretched, and you don't really get the response that you need. (Recovery worker, West Town)

The drugs kind of goes hand in hand with poverty, with deprivation, the sort of generational trauma, the lack of investment into the area, the lack of employment opportunities. To probably see [West Town] in its lowest form, I would encourage you to walk through the old shopping centre and just see the lack of investment that's in there. And then flip it around and go and look at the [Transport hub] and it looks absolutely amazing for everybody that arrives there. So aye, for me, there's real issues there in terms of where funding's distributed and finances and what money's going where. (Local authority manager, West Town)

Particular concern was expressed around the closure of youth and leisure services:

A lot of the youth clubs have closed down. We ran a youth club in [District] which is a notorious gang violence place. We used to run a youth club in there every Friday evening in the [Leisure venue]. And we can't do it anymore because they're not opening it back up. (Youth service manager, West Urban)

There's nothing else on offer for them in the area. When we started doing this job, these 50-80 young people were barred from everything en masse in the area. These young people couldn't get in the shops, they weren't allowed in school, they weren't allowed in libraries, they weren't allowed in youth clubs. Anywhere at all, like anywhere at all where any normal young person would go, they weren't allowed. (Youth service manager, East Urban)

As will be picked up later in the chapter (and developed in the chapters that follow), these inequalities and exclusions impacted lived experience participants' sense of powerlessness and marginalisation, increasing distrust of and antipathy towards the state and its institutions.

The lack of safe spaces for young people growing up in deprived areas was a theme that emerged throughout our data, as both a longstanding issue and an acute contemporary problem linked to austerity cuts, the ongoing economic consequences of the Covid-19 pandemic, and the current cost of living crisis. Stakeholders commonly expressed concerns that this withdrawal of provision was resulting in increases in violence between young people in West Urban and one warned of a 'coming crisis':

Covid, the decimation in funding for particularly youth programmes within areas of deprivation, has had a significant impact on people's wellbeing. [...] The structure of their life has been turned upside down, schools have closed, [Youth organisation] was closed, can't get access to doctors or just all of that kind of stuff, they had much more sometimes a chaotic home environment where it's not always the best place. (Youth service manager, West Urban)

Overall, we're nowhere near where we were in 2005. I just don't want us going there. But I think we need resource to stop that. We don't have gang violence in [West Urban] as it was in the 2000s but it's raising its ugly head. And my concern is that we may well get to a tipping point where we are back there and then it takes a huge amount of resource, manpower resource, monetary resource, research, everything, to get us back to where we were in 2018/19. [...] It may take five years or 10 years to see it raise its ugly head again, to get to its peak, if

we don't resource provision in the poorest communities correctly. And that's buildings, workers, etc. (Youth service manager, West Urban)

These various crises were seen as worsening existing inequalities, removing access to important community-based resources, and increasing pressure on already stretched third-sector services. In a number of our case study locations local police officers reported that the withdrawal of statutory services during the pandemic had increased the vulnerability of the community, which had in turn been taken advantage of by local organised crime groups. The ongoing impacts of these developments were seen as a key driver of rising levels of violence (most of which goes unreported, see Chapter 6).

Housing inequalities and concentrated disadvantage

Participants also discussed the effects of local authorities centralising homeless accommodation within defined areas in Town and Urban city centres, concentrating people with complex needs in one place and thereby increasing the vulnerability of people experiencing homelessness. This was exacerbated during the Covid-19 pandemic as local authorities took control of empty hotels in urban areas to provide further emergency accommodation:

Pre-Covid, vulnerable people, homeless people, people with drug addiction issues, etc, were a lot of the time concentrated within premises that were open plan where there was no easy way to isolate. So, because the whole of the city centre was shut down, the government took the opportunity to utilise a lot of the empty hotels at that point to house a high concentration of vulnerable people with drug addiction problems, behavioural problems and the storm of all problems, in one particular area, into the city centre. That in itself had the unintended consequence of drawing in all of the associated problems and it brought in a drugs economy, an open-air drugs economy within a couple of square miles of [the City centre] itself. It almost became a law unto itself. (Police officer, West Urban)

[District] is the worst in Scotland but that's where a big part of our pubs are. [...] We've got the homeless centre in that area as well, we've got the police station, and what we find is actually a lot of people who are single get rehoused in that area because it's all single accommodation. [...] If somebody's been involved in drugs and stuff like that, there's a pattern there that violence is going to go with that. (Local authority community worker, West Town)

I would say your guys who've got maybe habitual drug use issues are generally victims, people may tax them, you know, take their stuff off them. If they're in a hostel, that environment is- I mean, it's a horrible place to be, secure doors, people with serious drug issues all in the one area, in the one place. There's a lot of inter-violence between them. It's just a hotbed of- just not a nice place to be. (Throughcare officer, West Urban)

Some stakeholders reflected a similar pattern of concentrating migrant communities within specific districts, such that the area and, in turn, those living there become stigmatised. This made them vulnerable to exploitation, harm and violence:

There's multiple layers of exploitation [for Roma people], some of which is sexual, some of which is labour for rent. So rather than paying your 600 quid a month, you're actually working effectively 90 hours a week for the landlord cleaning properties or doing stuff like working in a shop or whatever. So lots of exploitative stuff going on and through contact with our clients, we know that private landlords have been extremely violent during eviction, also intimidation, physical assault. It's all economic though, it's around just trying to make as much money out of people that are easy to exploit. (Housing worker, West Urban)

No asylum seeker gets work permission. So, because of that, people have been exploited, maybe trafficked within Scotland, in different businesses daily, weekly. [...] They have trauma. So, trauma from their journey, being trafficked, then this trauma of being separated from their families and living in a hotel six months, nine months some of them, with [only a] sandwich per day or £5 per day and then no working, no connection. Then lead them to exploitation to survive. So, that's the cycle. (Mental health worker, West Urban)

The concentration of homeless accommodation in specific neighbourhoods was also discussed by stakeholders in some Rural areas:

I'm thinking of a couple of places in [Town] and it's like one, two, three, four bedsits that are all homeless accommodation and violence, drug dealing, everything goes on there. [...] Temporary homeless accommodation, it's pretty unstable and the turnaround can be pretty quick as well. So you think, 'Right, that's good, that person's now away' and then somebody even more chaotic will come in. It's really difficult. It's difficult for people to believe that they can recover in that environment or even to want to recover in that kind of environment where it's just madness. (Recovery service manager, West Rural)

Serious safety concerns were raised for those living in emergency homeless accommodation, such as hostels and commercial hotels, with reports of violence, witnessing violence, drug dealing and drug use. Staff in these spaces were sometimes said to be facilitating, enacting, or overlooking violence or drug dealing, making these spaces feel unsafe. Participants living in such settings described high levels of insecurity, often being evicted or moved to another hotel or hostel at short notice sometimes as a means of protection from further harm (discussed further in Chapter 5).

Emergency accommodation offered by local authorities was also described as unsanitary, unsuitable, and poorly managed:

When are people going to take responsibility for that? [Local authority], when are you going to take responsibility for the fact that some of the homeless accommodations in this city have got rats and blood up the walls and all that and you're expecting people to live there? (30-year-old woman, West Urban)

The truth is, everything about the homeless accommodation that they're provided is wrong. Every single thing about it. Even the ones that are fucking council ran, they've not got the ability to care for the people the way they need cared for. The

majority of staff are quite closed-minded, they're judgemental, so they're not good for the person that's coming through the door that needs support that's experienced so much trauma and fucking violence throughout their life. But they're put up against somebody that doesn't understand how they feel, so how can they possibly receive the right care? (Homeless support worker, West Urban)

People leaving prison were identified as being particularly impacted by structural housing inequalities since they often lost their tenancies whilst in custody:

The biggest issue is the housing issue. [...] There's a piece of legislation that states that individuals should be suitably accommodated on release [from prison] and we ask for suitable accommodation and we will feedback they can't go to this area, there is an enemy, or they can't go up to a flat 14 [flights] up because they're at risk of suicide and we'll send risk assessments. And it's like maybe the day before release they'll find out where they're going; 90% of times, it's a hostel. (Throughcare manager, West Urban)

Lack of appropriate and safe accommodation exposed participants to dangerous situations, putting their recovery at risk and increasing their chances of re-offending. Without access to stable accommodation, they found it harder to access support services or engage in employment or training.

The relationship between housing inequalities and repeat violence was also discussed in relation to 'hidden homelessness', identified as a particular issue faced by women trying to avoid the risks associated with being on the street or in homeless accommodation by 'sofa surfing' or living with friends or family. This reliance on others made participants vulnerable to violence and exploitation. Some reported that they had been waiting on housing lists for many years or that they chose to remain in unsuitable private tenancies because they knew they would be placed in an area with high levels of violence and drug use. One woman, for example, discussed sharing a room with her 10-year-old son in a private let to avoid presenting to the local authority as homeless. Another of our participants discussed sharing a room in his mother's house with his pregnant partner and teenage son. Such cramped conditions were identified by stakeholders as another possible link between housing inequality and repeat violence:

When you're staying eight families in one close, there's no back garden really, you've got the back green which you would maybe hang your clothes and stuff out but they've got no community space for themselves. So therefore violence erupts easily when people are getting annoyed with having to put up with people leaving shit in the close. (Youth service manager, West Urban)

Close-knit community networks

Each of the case study areas we conducted research in was home to established and often close-knit communities with well-developed social networks. Many participants still lived in the area where they grew up, including some of our stakeholders, and

discussed this in largely positive terms, emphasising family connections and community spirit:

My mum's lived here all her life. It's nice. Like, families live close fucking by all the time. There's like my whole family used to live within three streets. It is, it's an alright area. (40-year-old man, East Town)

My granny's lived in our street 65 years. [...] Like everybody's pals with everybody in [Community]. Like we all know each other, like they know the whole of [Community]. Like our family are pals with people and we know people. (18-year-old woman, West Urban)

There's a lot more good in here than people see from the outside. There's a lot of positives in [West Town]. I think we've got a good strong sense of community. I think we saw that in the pandemic. I think so many people pulled together in terms of their individual time, resources. [...] There was a lot of food banks, a lot of pop-up pantries, there's a lot of people in [West Town] who are really trying their best in really difficult conditions to support people when they need it. So yeah, there's good. (Mental health organisation manager, West Town)

Generational roots with long-standing family settlement within communities led to participants establishing strong place-based identities, with some participants even answering demographic questions about nationality with the name of their local area rather than country of birth. A consequence of strong place-based attachments was the formation of a 'us and them' mentality, linked to inter-area conflict and the exclusion of outsiders.

Just opposite gangs growing up. So if they walked past our scheme, then we would chase them and it was vice versa, if we walked through their scheme, they would chase us. (24-year-old man, West Urban)

Polish people hated us, we had a lot of fights with them just cos they stayed at the shops and the shops is where we used to muck about. They'd think they could come down and tell us to fuck off and expect us to fuck off but the way we see it, this is our area, we stand where we want and that caused a lot of bother for us when we were growing up. (19-year-old man, East Urban)

These close networks and place-based identities have important ramifications for understanding and responding to repeat violence since they mean that victims and perpetrators are often well-known to each other, and are known to wider community members, who often have detailed knowledge about what is going on in their area. At the same time, such communities have a strong culture of self-reliance and non-cooperation with the police, linked to the presence of organised crime networks.

The drug economy

Drug markets often develop within deprived communities with well-developed social networks, providing young people (especially young men) with opportunities lacking in the legitimate labour market. As explained by one of our participants,

You can make a lot more [selling drugs] than you can in a 9 'til 5 and you don't need qualifications to do that. If you're making double or triple what you would make at a 9 'til 5, you're not wanting to stop doing that to go and stack shelves for a quarter of what you were making. [...] It's called trapping because you're trapped once you do it cos if you're making easy money, you're not wanting to go and work all day for shite money. (20-year-old man, East Urban)

As an illegal activity, drug dealing relies on the development of trust and the threat of violence or actual violence. As discussed in Chapter 5, much of the violence reported relating to the drug economy resulted from drug-related debt enforcement, turf wars, or the punishment of police informants. Because people buying and selling drugs are extremely unlikely to use formal recourse through the criminal justice system they are also vulnerable to predatory behaviour including threats and intimidation, criminal and sexual exploitation, as well as robbery:

People tried to threaten us basically, like if we don't sell for them. [...] I was getting drugs to sell and then because I wasn't used to money, I was spending it and then people were ticking me [i.e., buying drugs in credit] and then not paying me cos I was a wee boy. [...] It was kind of getting groomed basically, getting gave dodgy drugs that nobody's going to get an effect off, but you owe that debt. So you can't go back and say, 'They're rubbish, take them back'. People will just laugh at you. It's taking advantage. (24-year-old man, West Urban)

It felt like it shifted quite quickly from opiate and benzos to crack cocaine being the main drug of choice. I was hearing stories of lots more prostitution and things like that where the girls [...] were paying their dealers with sexual favours and stuff. Girls would never have done that previously. (Recovery worker, East Rural)

Within our Urban and Town case study areas, participants talked about organised crime becoming more visible within the community, following a number of highly publicised incidents involving shootings, machete attacks and firebombings linked to the local drug economy. These incidents were linked to long-running feuds between rival crime groups, as well as perceived instances of 'disrespect' relating to the sharing of video material on social media. Stakeholders emphasised the detrimental impact of these incidents on the local community in terms of fear and resignation, linked to a strong culture of 'no grassing' which means that prosecutions were not always able to proceed due to a lack of evidence.

Violence associated with the drug economy was considered less of a problem in our Rural case study areas.

In comparison to [West Urban], there is violence connected with the drug issues here but probably I wouldn't say to the same extent. A lot of people who use drugs in this area also hold down jobs, so if there's debts and things, they seem to be able to pay their debts. Whereas I would have said my experience previously was more so that there was a lot of unemployment and so you could see how people would get into debt more quickly. (Police officer, West Rural)

Cultural norms

The preceding discussion illustrates the embedded nature of repeat violence within our case study communities, as well as the complex relationship between poverty, violence and the drug economy. The next section focuses on key cultural features of communities, including: a culture of violence, the 'no grassing' rule, and norms around masculinity.

Culture of violence

Among our participants, there was an overwhelming sense that violence was a normative feature of their community. Participants referred to violence as 'a day-to-day thing' or a 'daily thing' in their local area. In addition to having experienced violence themselves directly, lived experience participants (including peer mentors) had also witnessed a range of incidents of violence in the community and often had detailed knowledge of a range of conflicts involving local community members:

Violence is constant. It's a constant. There's always somebody coming in telling us, 'Such and such has done this' or 'This has happened'. (45-year-old woman, West Rural)

More violent than what it gets made out to be. There's a lot more going on than the papers let on. [...] It's not even just drug debts. There could be a square go and whoever's lost the fight, they might not like it and they'll come back with their big cousin or a pal and do something worse to whoever battered them. That's what it's like. (19-year-old man, East Urban)

This sense of violence as an everyday, inescapable occurrence was reinforced by the circulation of sensationalist videos depicting violence among friend groups on social media platforms. Participants were often sent or exposed to video recordings of violence in their local area, creating new proximity to violence:

I've had to delete all my social media. Like Snapchat for example, I've seen a video of a girl and she's fighting with somebody, she's fighting with somebody and she's getting hit with stuff. Honestly. And see this girl, she just jumped in front of a train a couple of weeks ago. (22-year-old woman, West Town)

Frequent exposure to violence both in the community and online created a normalising effect, with many people saying that it was such a regular occurrence that they were concerned that they had become desensitised to it. For some, violence was something to be expected, as normal as 'washing the dishes':

I've grown up with it for so long that it's so- It's so natural for me to see violence and be part of violence, that when it does happen to me, it's just like another day. [...] I've seen this so many times that it doesn't even- You don't even flinch. [...] It's stuff that I grew up with, it's like washing dishes. And I know how bad that sounds but it's like that's the way my mind works with that kind of stuff. I've seen it so many times that it just is normal. (32-year-old man, West Town)

You get used to it. Even now, I could be watching like a violent film, people are like, 'I can't watch that'. It's like it doesn't even bother me now. It's quite worrying. (39-year-old man, East Rural)

Stakeholders in the Urban and Town case study areas also referred to the normalisation of violence within their communities, pointing to the reinforcing effects of violence experienced across different settings on both individual and community dispositions:

We're seeing a lot of the people that we work with becoming more inured to violence and we think we have to do something about that. [...] A lot of the violence, it's how they've been conditioned, they've seen it in the home, they've seen it in their local communities, they've seen it among their peer groups and so that creates a normality. (Throughcare manager, West Urban)

There's just that culture, like you know who the hard men are, you see videos of them doing the things that they do, it's never far from some people's minds. [...] You see in the papers, severe acts of violence, bus depots being burned to the ground because rival gangs have taken them out. But nothing ever seems to get done about it and that's the pervading belief. You see the violence happening, ask most people in [West Town], who's done it, and they all know who's done it, but nothing ever seems- justice never seems to be served in any meaningful way to the bigger organised violence. (Recovery worker, West Town)

These comments indicate that whilst people may become accustomed to violence, it is not something that they necessarily accept. As discussed in Chapter 5, different forms of violence were tolerated differently.

Violence as a means to resolve disputes, to stand up for yourself, your family, your group, and your community was generally presented as acceptable. Such violence was iterated as a marker of respect in some communities, families, and peer groups, a means of maintaining social solidarity through not involving authorities:

Everyone sort of sticks together, if that makes sense? If somebody's got a problem, you just sort it normally, you don't go to the police. [...] I'd say it was drilled in from our parents, like people older than us. Like your dad and that teaches you if you get hit, you don't run to the police or run to their mum or dad, you defend yourself, hit them back. [...] Not encouraged us to but drilled it into us, like 'Don't be a victim. If somebody hits you or is picking on you, don't sit and take it, defend yourself'. (24-year-old man, East Urban)

I don't feel like from where I'm from, people can resolve it with a 'Sorry'. [...] If someone starts an argument with you, you're just expecting to fight. Like, it's not resolved through words in [East Town], it's just not. You can't just resolve things with words here, it's got to be dealt with there and then or it'll drag on. Everyone's under the same impression, so it makes it easier. It's very rare that somebody starts on you and they're not wanting to fight. Every time somebody starts on you, they know they're getting in a fight. (21-year-old man, East Town)

As these excerpts indicate, there was a general sense that violence was a culturally sanctioned practice, justifiable in certain situations, and even necessary. Lived experience participants often made reference to notions of respect, reputation and in/justice, the need to stand up for yourself and protect vulnerable others – and having been taught this explicitly by their parents as they were growing up. An example of ‘chivalrous violence’ (our term) which illustrates some of these normative features is provided below:

I was at my girlfriend’s and somebody was in the street and he hit his girlfriend and my girlfriend went to the window to ask if she was alright and he started shouting up at my girlfriend and I just went downstairs and that was it and that’s just simply cos he called my girlfriend a name and I didn’t like it. But the way I see it again, if somebody calls my girlfriend a name and I don’t deal with it and people find out, they’ll start treating my girlfriend like shite, so I had to go down and deal with it. He went home with a sore face. (20-year-old man, East Urban)

‘No grassing’ rule

This culture of self-reliance, of ‘sorting things out yourself’, can be linked to a lack of faith or mistrust in state institutions, in turn, an effect of perceived mistreatment or actually being failed by ‘the authorities’. One of the most oft-repeated phrases within our dataset related to the rule of ‘no grassing’, where people considered to be ‘part of the lifestyle’ were expected to adhere to rules around staying silent and not informing police, authorities, or outsiders about illegal activity or behaviour. Adherence to this rule was underpinned by a mixture of loyalty and fear:

Culturally, within [West Town], it’s just a sort of- It’s an acceptance of violence here. Like it just is- It’s just what is known. Everyone knows, certainly most of the family members I work with, they all know who the local hard men are, who the local gangs are, the local families are to avoid. They know the repercussions of being a grass, they know what it all means. (Recovery worker, West Town)

Young people don’t go to the police because they’re a grass. Yeah, they’ll not go. Like we get called grasses even if we’ve just got to call in the wardens. And it’s not just you’ll be a grass with the people that know. News like that spreads like wildfire, so families will find out, the school will find out, it’ll be all over social media, the youth workers will find out, the teachers will find out. And that name of being a grass will stick with you, so young people are not going to go to the police about anything like that. (Youth worker, West Town)

Police officers referred to this as the ‘wall of silence’, where it becomes ‘hard to get witnesses to speak up to stuff, even victims to speak up to stuff’.

Some participants referred to the ‘no grassing’ rule as an example of the prison code spilling over into the community, reflecting disproportionately high levels of imprisonment in communities impacted by social deprivation, particularly in the Urban and Town case study areas. The porous nature of prison creates a conduit for cultural norms and values, with identity labels following an individual as they move between the two seemingly distinct spaces:

The same rules apply in a prison: 'Don't grass'. You could be walking down the landing with half your eye hanging out and a broken jaw. 'What happened here?' 'I fell in the shower'. (Throughcare manager, National)

I mean, the fundamental basis of being in prison is you do not speak to the police. You would be a grass forever. That mentality, again, is mental. They will never go to the police. Once you're labelled a grass, that's it, you are a grass. It doesn't matter where you go, what prison you go to, that will follow you: 'Not to be trusted'. (Throughcare worker, West Urban)

The 'no grassing' rule was enforced through fear and intimidation, with stories being told about people driven from the area for grassing, as well as direct violence or threats of violence against family members:

One of my pals told the police about a boy that battered him and then ever since that- Like, this is still an ongoing thing now and this happened six, seven years ago. This guy still goes past him in his work van and gives him bad looks. Every now and again he'll have a wee puncture on his tyre or a wing mirror [damaged] or something like that and it's to this same guy who he grassed on, like, seven years ago. So, it's such a cultural thing where if you do tell on somebody, it just grows arms and legs. It's not worth it. It's like there's people who've been moved out the town because they've been branded a grass, like you've probably heard stories because something happened and they told the police and then that's it, they're getting death threats every day, they've got wives and children and all that that are getting threatened and stuff as well. (32-year-old man, West Town)

There was also a culturally communicative aspect of being labelled a grass, which was a permanent label that led to distrust and social ostracism, issued by anyone who was suspected or found out about informing the police or other authorities:

They just wouldn't feel safe around you cos say you're doing something in a street and you walked past it or you drive past it, they'll think, he's a grass, he seen me doing it, we're going to need to do something to shut him up. And it would be like that for the rest of your life. [...] If you're a grass, that's you [ruined] for life. If you deal with it yourself, that might be it for a couple of years. You might have a problem with somebody, you might get in a few fights but once you're a grass, that's you for life: 'Grass'. (20-year-old man, East Urban)

That all said, there was an understanding that 'civilians', 'innocent people' or people 'not involved' in violence were likely to report violence and other crimes to the police out of fear or to protect themselves or others from harm. This was seen as permissible, even expected, reflecting the social distance between 'us' and 'them', and reinforcing the social othering participants had come to expect through social divisions in class status and lifestyle:

Well, there's a divide. You'll have people who are like- I'd call them civilians, normal people like 'Tom' and 'Pam' down the street, they'll be never involved in any trouble, they won't smoke cannabis, they'll have a bottle of wine once a week and that's it, they'll socialise and stuff and they're completely normal. They

would never think twice if someone done something to go to the police. But then you'll have someone that's been in a bit of bother and maybe engaged in light drug use. [...] That's when the grassing aspect comes into it, when you're dealing with low-level criminality. If you've got some of that aspect in your life, then that kind of instils the not grassing mentality. (39-year-old man, East Rural)

Models of masculinity

The third and final set of cultural norms commonly discussed by participants related to gender-based inequalities and identities, specifically models of masculinity. The prevailing social norms and constructions of masculinity associated with the community in which participants grew up included the expectation to be 'tough' and 'strong', appear in control, take risks and not seek help:

It's still very much that sort of bravado. [...] A real man will take no shit, like don't cry, don't show your emotions. (Mental health organisation manager, West Town)

From a young age, men are taught real men don't cry, real men stand by, real men provide for their family. (40-year-old man, East Town)

These stereotypical or traditional models of masculinity were communicated via the family as well as the local neighbourhood, with many participants describing experiences where parents placed expectations on them to use or participate in violence when they were children. This was usually described through fathers encouraging and even rewarding boys and young men for using violence to stand up for themselves, resolve an issue, or dominate others:

In primary school, if I walked in with a good grade, say 'I got a gold star', nah, he'd fling it to the side, but if I walked in and said I'd battered somebody, he'd give me a big cuddle and gave us a tenner. How's that fucking parenting? (43-year-old man, West Urban)

When discussing the men in their families, participants discussed the prevalence of traditional gender roles and expectations, aligned with traditional forms of industrial work (and military masculinity):

My dad is very toxically masculine. Like, he doesn't cry in front of family, would never tell anybody he loves them, like all that kind of stuff. So [when he was stabbed], his pride took an absolute doing and he wasn't as confident anymore and all that kind of stuff. (31-year-old man, West Urban)

My granda used to work in [heavy industry] and obviously he goes by this building on the bus on a regular basis and he still asks me what I do for work though (LAUGHS). 'Where are you working?' And I'm like, 'I work in there'. 'What do you do?' I'm like that, 'Talking to people. And he's like, 'Aye, but what are you doing for money and that?' (LAUGHS) It's just this sort of thing where you should be picking up tools or you should be doing something, heavy lifting or whatever. (Mental health organisation manager, West Town)

These prevailing models of masculinity are instructive both in terms of violence perpetration and violent victimisation. As the chapters which follow will demonstrate, many men struggle to perceive themselves as victims, because to do so would signal a potential failure of masculinity. Indeed, many of those who perpetrate violence attribute their own violent behaviour to experiences of childhood physical and sexual abuse and the need to project an image of 'hardness' or invulnerability to protect themselves from further victimisation. Masculine gender norms also act as barriers to accessing support.

Summary

This chapter presented key structural and cultural features of our case study areas. Across both of our samples in all three case study areas, participants made a connection between poverty, violence and the drug economy within their communities – and this was linked to generational deprivation and poverty, housing inequalities and concentrated disadvantage, close-knit community networks, social norms sanctioning specific forms of violence, a defensive culture of non-cooperation with the police, and models of masculinity emphasising self-reliance. Within this context, violence was expected and somewhat tolerated. The impact of these factors on individual participants' vulnerability to violence is explored in the next chapter.

4. Life histories of trauma and harm

Key points

- Consistent with the literature, the life histories of people who experience repeat violence tend to be characterised by childhood experiences of neglect and abuse, bereavement and loss, and psychological trauma.
- People who experience repeat violence also often experience a series of systemic exclusions throughout the life course, which has important implications for vulnerability to violence, sense of self-worth, faith in state systems, and help-seeking behaviours.
- Participants reporting a greater number of diverse experiences of trauma and harm in their background reported more persistent repeat violence as adults.
- We identified three groups of lived experience, distinguished by common characteristics relating to socioeconomic and housing status, childhood adversity, and drug and alcohol use:

Unsettled lives: Comprising men and women aged 25 to 59 years, many of these participants were currently homeless or living in supported accommodation and in recovery from addiction, experiencing deep poverty. They reported the most persistent patterns of repeat violence across the life course, often beginning with childhood experiences of abuse, with men reporting more physical violence and women reporting more sexual violence. Domestic abuse was another common experience in this group, reported by some men and almost all women. Recent experiences of repeat violence were usually related to the drug economy.

Mutual violence: Mostly men, aged 16 to 44 years, living in social housing, this cluster of participants was predominantly involved in violence between young people in the community, tit-for-tat neighbour disputes, or violence in or around the night-time economy. Often fuelled by excessive amounts of alcohol, such violence was normalised: described as 'recreational', or as an informal form of dispute resolution. This group were resistant to thinking of themselves as victims despite sometimes receiving very serious injuries.

Intermittent victimisation: Mostly women aged 25 to 44 years, this group of participants portrayed violence as being 'out of the ordinary', confined to particular contexts or periods. Most repeat violence experienced was either (a) domestic or sexual abuse confined to one relationship⁴ or (b) multiple, unrelated incidents of sexual and/or physical violence usually starting in their teens and mostly

⁴ Within the confines of this one relationship, participants usually reported a pattern of controlling behaviour alongside the threat or use of physical or sexual violence. Sometimes experiences of violence within relationships were described as 'a one off' rather than part of a pattern.

perpetrated by peers or acquaintances, and sometimes strangers. Victims of intermittent violence reported alcohol and drug problems or recreational substance use, commonly presented as a way of coping with victimisation.

Overview

Following the original research specification, guided by the literature on RVV, our recruitment strategy targeted people living in deprived communities, people with convictions and people defined as having multiple complex needs. This chapter provides a deeper understanding of the backgrounds, life course trajectories and current circumstances of our lived experience participants from their perspective.

Themes of psychological trauma and social harm

The first section focuses on themes related to trauma and harm, covering childhood abuse, bereavement and loss, structural neglect and exclusion, and poverty.

Childhood experiences of abuse and violence

Trauma and loss were prominent themes in our interviews with people with lived experience of repeat violence, particularly those in West Town, West Urban and both Rural areas, who were accessed via support organisations. Indeed, when prompted to tell us a bit about themselves at the beginning of a conversation, many of these participants opened with a description of childhood neglect, physical and sexual abuse and witnessing or directly experiencing violence in the home and/or the community. A large number of excerpts are provided below to reflect the range and seriousness of these experiences.

My first real experience that I can remember of extreme violence is my father attacking my mother in the kitchen. I would have been about four years old. [...] He was a former military policeman and the way he seen things was discipline, regardless of who it was, was handed out with violence and I became very, very scared of that man from a very young age. (41-year-old man, East Urban)

My mother and father, they were quite violent towards us. They got divorced when I was about nine years old because my dad was cheating and stuff like that. He was awful violent to my mother; he was always coming in drunk. Then when they got divorced, he started going out with prostitutes and bringing them home to the house. (53-year-old man, West Town)

With violence happening in the household, then you're seeking different things outside, running away from home and all that. And then when you're a vulnerable boy at 12, 13-year-old and you've got your fucking friend's uncle who abuses you, it's all these different things you feel about all that. (45-year-old man, West Urban)

My mum had an addiction to gambling. My father was in the Navy. [...] He wasn't there, and he didn't realise that my mum was abusing me, since a very young age. And I mean serious physical abuse. (45-year-old woman, West Town)

I started suffering bullying when I got to about 11 and that kind of- that changed my life. [...] Ongoing violence and- I wouldn't even say it was just violence, it was humiliation. He'd like, debrief me, he stripped me naked of my clothes, hid my clothes, you know, he poured urine over my head. (39-year-old man, East Rural)

Participants commonly referred to chronic feelings of shame, humiliation and rage when recounting childhood experiences of abuse, bullying and violence and these feelings and experiences contributed to a desire to disidentify with vulnerability, as well as strong views about the need to stand up for yourself to prevent intimidation (themes which are picked up again in Chapter 5). Such experiences were deeply impactful, compromising participants' sense of safety, their sense of self, and their ability to develop trusting relationships with others (discussed in Chapter 8). Participants discussed persistent feelings of being 'unwanted', 'ignored', 'illegitimate', 'outcast', 'abandoned', and 'just not being able to relate to anyone'.

Bereavement and loss

Loss of loved ones was another common experience. A high proportion of participants discussed losing close relatives (including caregivers) at an early age, and they had often lost friends or family members through homicide, suicide or accidental drug overdose (across the life course). It wasn't unusual for people to mention numerous people from their peer group having passed away, and sometimes witnessing the event or even finding the body:

I moved in with my gran from about nine and then I was 17 when she passed away. I found her. [Then] My cousin was actually murdered when I was with him. (24-year-old man, West Urban)

My friend passed away, he was missing for a couple of weeks and got found just down at the cemetery, the bottom of the cemetery. [...] My pal hung himself in [West Town] as well, just two years ago; two days before that, my other pal hung himself. (30-year-old man, West Town)

Other experiences of loss included loss of contact with family and social connections through drug addiction, imprisonment, family breakdown, or social work intervention. This contributed to a sense of abandonment and social isolation.

I had a fairly good group in school and all that but then they all left me. It was cos of my drug use, they all kind of left. Now to this day, I don't really have any pals. I've had to get rid of them because of my drug use and stuff cos I've had lapses before and it's just the same people. (22-year-old woman, West Town)

My dad went to jail. I didn't really know anything because it was very much hidden. (36-year-old woman, West Urban)

I decided to leave my daughter with her father because I didn't want my daughter in my family in case anybody hurt her. [...] I didn't think I could keep her safe. (45-year-old woman, West Town)

Loss of home was another recurrent theme, sometimes linked to escaping violence, or experience of imprisonment.

Psychological trauma

Childhood experiences of violence, abuse and loss were frequently framed in terms of psychological trauma. Half of all lived experience participants used the word 'trauma' to describe their past experiences. Two-thirds of our stakeholder interviewees also used the word 'trauma' to describe the characteristics of the people experiencing repeat violence. Examples are as follows:

When you meet a prisoner for the first time, you want to get their back story. Let's not inundate them with questions about where they're going, let's find out where they've been. So, it's quite crucial that you have an understanding of that. OK, there's a lot of guys that have had childhood trauma that they don't want to speak about, but generally they will. (Throughcare worker, West Urban)

I've been through a lot of trauma. [...] It was a recurrent feature, like when I was getting a bath and stuff like that, my mother would hold my head under the water and pour Dettol in the bath and stuff like that. It was quite traumatic but- (PAUSE) it is what it is. (53-year-old man, West Town)

I done a lot of bad stuff. I look at it all and I go, 'Right, that happened, it's what I done. It's what I done and that is why I done it', through addiction and through trauma and through abuse, through bullying. [...] It's a lot of experience, a lot of bad shit that's happened, a lot of fucking trauma I've experienced and a lot of trauma inflicted, a lot of hurt I've caused, a lot of pain. (32-year-old man, West Urban)

This framing reflects increasing recognition of the impact of trauma within and beyond therapeutic settings, particularly addiction recovery support. As the last excerpt shows, one of the advantages of such a framing is that it provides a way for participants to make sense of their life trajectories, including potentially shameful experiences of victimisation and offending, in a way which restores a positive view of self. A potential disadvantage, however, is that it doesn't connect experiences of victimisation and perpetration to the wider structural inequalities that were also a prominent feature of participants' lives.

Strategies for coping with childhood trauma included regular binge or heavy drinking, drug use, fighting, and self-harming:

I got into addiction with different drugs as a way of escaping myself. I had demons that I really didn't want to face. (45-year-old woman, Rural West)

The only thing that used to stop it was getting smashed out my nut, but I don't want to do that. I don't want to be that. I've spent the biggest part of my life, 30 years, doing that. (43-year-old man, West Urban)

Structural neglect and exclusion

Participants were often driven towards such behaviours because formal and social support systems were absent. For example, in the following excerpts, participants describe efforts to report abuse to schoolteachers and being dismissed or disbelieved:

I tried to speak to the teachers but because the trauma affected- (PAUSE) the way that I was behaving in school, the teachers just thought that I was just an unruly child but, really, what I was doing, I was crying out to try and get support. (53-year-old man, West Town)

School life became unbearable. Every class I went to, people were whispering or shouting things. I went to a guidance teacher, who told me that everything was my own fault, the names people were calling me was a result of my own behaviour, so to shut up and get on with it. (30-year-old woman, West Urban)

Such experiences were one of a series of state non-responses to victimisation experienced by participants across the life course, which further contributed to feelings of inferiority and insignificance, alongside mistrust in authorities: 'nobody wants to know'. They illustrate how institutional responses (or lack thereof) had the potential to devalue people in distress and thereby increase their vulnerability to victimisation.

Participants commonly discussed past experiences of school exclusion and special educational provision, and again these experiences were underpinned by a sense of being disregarded:

As soon as you join the school, if you've got like links to somebody who's been in school before like a big cousin or a big brother, you get treated differently straight away. Aye, you get branded. (19-year-old man, East Urban)

The school didn't want us there. [...] For the whole of my third year, I was in one class a week on a Monday and Wednesday. They kind of seen it as in they were doing me a favour but that's not exactly going to get you fucking educated. [...] If you've not got nothing to do, you've not got anywhere to go, you're gonna be on the streets and if you're on the streets, you're gonna cause bother. (20-year-old man, East Urban)

As described in Chapter 3, the accepted norms and values within our case study communities were often defiant towards state authority – but it is important to understand these attitudes as a product of longstanding structural and institutional factors, not merely culture or lifestyle. The most intensive policing efforts tend to be concentrated in the most deprived areas and this meant that participants had frequently experienced early contact with the police and this experience was often negative, often involving being 'harassed' or unfairly 'targeted' on the street as a young person (discussed further in Chapters 5 and 6):

They're wanting to get a response so they can jail us because we're near that age that we can get the jail. We'll be walking about and there's like a crowd of us and we're not doing anything, they'll heavy chase us and all that and then be cheeky to us so we can be cheeky back and then they'll go, 'What?' Then they'll take us. When you're in the back of the van, they sit and heavy be cheeky to you, call you all sorts. (18-year-old woman, West Urban)

It gives you hatred towards the police from a young age because they target you. [...] There was one time I was in my car and I've stopped at the shops along there and jumped out and the police officer, the woman, she said, '[Name]. I need to take your details.' And I looked at her and went, 'You need to take my details? You've just said my name'. And she was like, 'So you're refusing to give me your details?' I went, 'No'. And she went, 'Give me your details then or I'm going to arrest you'. (20-year-old man, East Urban)

The cumulative effect of such encounters not only had significant consequences for participants' cooperation with police but also shaped their wider view of 'the system', as well as their sense of safety and belonging within their local community. As one participant reflected,

Home wasn't safe. School wasn't safe. Streets were never safe. I always had my back against the wall. Always. Just ready for it. Always ready. Just always ready. (38-year-old man, West Urban)

The closure of local youth provision is discussed in Chapters 3 and 5. These closures were raised as another important topic for discussion in our interviews with young people, who often relied on youth services as 'a safe space', where they could avoid the police and receive support to navigate an education system that they perceived valued them less. Withdrawal of funding for local leisure venues and community centres was therefore viewed as further evidence that 'no one cares' or 'we don't matter'.

Experiences of being 'looked after' and 'locked up' were another common feature of the backgrounds of our participants, contributing to a sense of a lost youth:

I've spent about half my life in the system. I was in children's units, List D, Young Offenders, prison. I just finished my last sentence in May. I was took from prison to rehab. Spent five and a half months in rehab. I've been out in the community round about two months. (32-year-old man, West Urban)

Basically 20s right through to 30s, I only had about two or three birthdays and Christmases out. I basically spent most of my 20s in the jail. (30-year-old man, West Urban)

As discussed in Chapter 5, experiences in the prison system were often brutalising, exposing them to a hyper-masculine culture of violence and victimisation which reinforced the need to 'stand up' for yourself to survive in a hostile environment.

Poverty and precarity

In terms of their current circumstances, most of our participants described conditions of poverty or precarity, linked to addiction, homelessness or housing insecurity, and low-wage contingent work. That said, there were variations in circumstances across the sample and these were significant in terms of experience of repeat violence.

Participants living in the most challenging economic circumstances included participants accessed via homelessness and prison throughcare services, including local recovery or community cafés, most of whom were currently unemployed. Participants in these settings described difficulties in meeting basic needs, including food, fuel and shelter. As discussed elsewhere in the report, we spoke to people living in social accommodation whose energy was currently disconnected due to lack of finance and people who had just been released from prison who had no accommodation arranged for that evening. It was this group of participants who most commonly explained repeat violence in terms of 'lifestyle', and who had the most persistent and profound experiences of violence across the life course, including violence related to the drug economy (see Group 1, below).

Participants accessed via snowball sampling tended to be living in more settled communities and more stable accommodation, but this accommodation was often unsuitable. This group were also more likely to be working, but their work was generally low-paid and precarious, linked to the decline of traditional labour markets and conditions. This meant that participants were still struggling financially, impacting their ability to move out and move on, which posed problems for those trying to escape violence in their homes or their local neighbourhood. Most of these participants were involved in what we have referred to as 'mutual' violence, associated with fights in the community and the night-time economy (see Group 2).

The final group of participants tended to have distinctive educational and employment experiences, usually college or university educated and living in privately rented accommodation or suitable social housing. They tended to experience 'intermittent' repeat victimisation (see Group 3).

Typology of lived experience of repeat violence

Three groups or clusters of lived experience were identified in the interview data, contributing to the development of a typology of repeat violence.

Group 1: Unsettled lives

Those participants with the longest histories in the system usually first came to the attention of the state due to offences committed against them, as described at the beginning of this chapter. These participants were more likely to experience residential and secure care as children and young people, often as a result of being 'outwith parental control' or involved in offending behaviour, usually violence and theft. Once in local authority care, convictions escalated and they became more involved in drug use, as well as criminal and sexual exploitation. Once a drug addiction took hold, much of their adult life was spent caught up in 'chaotic lifestyles', with periods in and out of prison. Comprising men and women aged 25 to 59 years, many of these participants were currently homeless or living in supported accommodation and in

recovery from addiction, experiencing deep poverty. They reported the most persistent patterns of repeat violence across the life course, often beginning with childhood experiences of abuse, with men reporting more physical violence and women reporting more sexual violence. Domestic abuse was another common experience in this group, reported by some men and almost all women. Recent experiences of repeat violence were usually related to the drug economy. Group 1 participants are illustrated in the composite narratives of 'Davy' and 'Gillian', below.

Group 2: Mutual violence

A second, smaller group of participants, with less pronounced family problems, were involved in less prolific offending, usually violence between young people in the community, tit-for-tat neighbour disputes, or violence in or around the night-time economy. Some of this violence was described as 'recreational', some as an informal form of dispute resolution. Participants in this group often engaged in drug use, but this was not commonly linked to their experience of repeat violence, which tended to be fuelled by excessive amounts of alcohol. Despite sometimes receiving very serious injuries as a result of 'mutual' violence, this group were resistant to thinking of themselves as victims. Most were men, aged 16 to 44 years, living in social housing with or near their family. Often employed in precarious jobs, they had few experiences of incarceration. 'Jamie' is an exemplar for this group.

Group 3: Intermittent victimisation

Mostly women aged 25 to 44 years, the third group was the smallest and comprised people with less profound experiences of childhood adversity and no offending history. Most of the repeat violence experienced by this group was either (a) domestic or sexual abuse confined to one relationship⁵ or (b) multiple, unrelated incidents of sexual and/or physical violence, usually starting in their teens and most commonly perpetrated by peers or acquaintances, and sometimes strangers. Alcohol and drug problems or recreational drug use, but not addiction, were reported amongst this group – commonly as a means of coping with victimisation. Often working in professional roles, but with careers impacted by poor mental health, this group were disproportionately women and their experiences are represented in the narrative, 'Laura'.

Composite narratives

The following section introduces four composite narratives of participants with lived experience of repeat violence, representing archetypal life history narratives found in our data. These case studies have been written in the first person but we created them by paraphrasing excerpts from different people's interviews, blended together to convey four narratives which together provide a picture of the range of experiences and perspectives of our participants.

Davy: 'I'm not a bad person, I just done what I had to do to survive'

⁵ Within the confines of this one relationship, participants usually reported a pattern of controlling behaviour alongside the threat or use of physical or sexual violence. Sometimes experiences of violence within relationships were described as 'a one off' rather than part of a pattern.

We met 47-year-old 'Davy' in a homeless service, shortly after he had been released from prison. 'Davy' had a history of childhood neglect and physical abuse, which he highlighted at the outset of the interview, alongside childhood sexual abuse, which he mentioned towards the end. Like many of our participants' accounts, Davy's story was sometimes halting and disjointed, affected by his longstanding drug addiction and various head injuries. Following youthful involvement in 'gang' violence and subsequent incarceration, Davy became involved in violence related to the buying and selling of drugs. Currently in recovery, Davy has undergone training on how to administer Naloxone and previously prevented a number of drug-related deaths. He is hoping to go to college to train to be a support worker in his local homeless service.

I got brought up, in my younger years, by my mum and dad. There was a lot of violence with my dad. He drank a lot and we moved about a lot after he came back from the Falklands. When he came back, he was really violent with me and my brother and my mum. But he left when me and my brother were in early primary school.

My dad used to get me and my brother to fight with each other when my mum was out. Him and his pals would get me and my brother in the living room and say, if you don't batter each other until blood comes, we're going to batter you until blood comes. So I would tell my brother to punch me in the face and burst my mouth until blood came, so he wouldn't have to go through it. I've always wanted to just make sure my brother was safe.

It was a really rough area I got brought up in. There was always stolen motors, bonfires, drugs everywhere, murders every weekend in my scheme. It was a wee tiny scheme and there was only two ways in and out. We used to fight with people from other schemes. My scheme was notorious, really notorious.

At nine years of age, me and my friend, we seen this guy shouting at someone, walking along with a kitchen knife on him. Ma pal says to me, 'What do you think's going to happen here?' I said, 'You know what's gonna happen' and BOOF! in the guy's chest. He just left it and walked by us again as if nothing had happened. 'Alright boys?' It was just the environment.

By the time I was 15 I was sofa surfing, staying in dossers' houses, crack dens - well, junkies' houses - shop doorways, sleeping up closes using doormats for pillows, coats for quilts or covers. Just focusing on survival. I was in survival mode every day. Where am I getting my next bite to eat? Where am I going to get clean socks? Aye, clean clothes, clean body, food in the belly. That was just my priority, somewhere to sleep. Then when I was 16, I managed to get into a homeless unit and that was a bit better, life started to improve a wee bit. Eventually, I was able to get benefits.

One day I was out drinking with some of the older guys from the hotel and we got an awful beating, like five guys jumped all over us and it was a mess. I never cried, I had no fear and it didn't matter how many were standing against us, I would not back down. I stood my ground. Because from a young age, I'd always

had to defend myself as being the new guy on the block. I soon changed that, I didn't wait for it, I started dishing it out. So if I would walk into a street or walk into a room or would walk into a group of new friends or whatever, I'd be like, right who's the one that's going to give me trouble? And I would go and give them trouble first. So I'd put myself out there as 'You don't fucking mess with me'. Through fear. Running on fear my entire life.

I've been stabbed eight times and hit with a machete. I was 17, I think, or 18. Aye, it was a big gang fight and I thought the guy was knocked out and I was walking away and all I felt was bang, bang at the back of my head. I couldn't move and the pain was unbelievable, I've not felt so much pain in my life. So I ended up in hospital in a coma. In the jail, I got slashed from there round to there. A guy tried to slash my face with a garden knife and he pulled it down toward me and I ended up with lock jaw and all that with it. That was over- I can't remember- It was over nothing; it was over a stupid argument or something.

So, it was all like uppers, downers, party drugs until I got the jail and I was introduced to heroin and that was it. Through jail I got involved in trafficking and then, before I knew it, I was addicted.

Violence is a big thing in the drug economy. Money. It's always about money. Maybe that one is owing that one money and it just escalates from there. Turf wars, aye, or maybe drug debts. Or maybe somebody's done a premises and one never got his share. It could be anything. Sometimes it's as ruthless as it gets out in the street amongst addicts. They're just involved in that life of crime. They'd kill you for a couple of quid.

Firearms was the last thing I was in for but it wasn't a case of using it or anything like that. It was more protection for myself cos I wasn't from the area and my mental health was really bad and I was terrified. See that looking over my shoulder all the time, any time I would come into the town, I'd be wracked with fear. And I'd end up using.

I got sexually abused as well, when I was eight. So from that age, I was really violent because if I was hurting someone else it made me feel better, it took the pain away. Got wrecked through alcohol and drugs, just to get myself out of my own head. Never emotionally grew cos of the drugs and prison. Reprogrammed into violence and survival. I've seen other boys daein' life sentences, they come in 17, 18 and that's the way they stay.

I've just came out of prison today. I had to come straight here to try and get myself a roof over my head tonight. I'll have to just wait till something comes up. I hope they get me something though cos I'll have to do a night on the street and then I'll have to walk back here tomorrow. It's just part and parcel of being homeless. It's not nice. I don't sleep in the street, I just walk. I've done that and it's exhausting but I've no option but hopefully they'll come up with something.

Gillian: 'That's just the way life went until I went to rehab'

Originally from West Rural, 'Gillian' is now living in supported accommodation in West Urban, where she is part of a well-established recovery community. Gillian has experience of childhood sexual abuse within the family, sexual exploitation as a looked after young person, domestic and sexual violence from multiple partners, and has had her home taken over by local drug dealers. She has also been physically attacked in the street by family members after reporting childhood sexual abuse. She is 38 years old and has one child.

It wasn't a good household to get brought up in. My mum worked a lot of different jobs. My dad was an alcoholic and he didn't treat my mum good. He used to hit her and he broke her nose and he used to do horrible things to her. In the end he got the jail. I think it was eight years for sexual abuse of two of my sisters. I don't quite know the full charges. You weren't allowed to ask anything. It was an unwritten rule, you weren't allowed to ask anything, you weren't allowed to say anything. Social work kept an eye, but my mum was very antagonistic, very suspicious of them. It was like, 'Go and speak to them, do what they want, and keep your mouth shut'.

When I was 12, I ended up going into a children's home. Because I was quite sexualised from a young age, I kept putting myself in dangerous situations. There was all these older guys picking us up at the children's homes and stuff and we were taking drugs with them, we were sleeping with them. We were just young lassies but see when you look back on it now, it's like- I'd say it was a wee bit sort of grooming us, to be honest.

See for years, I felt ashamed for myself. It was like for years I sort of felt ashamed for myself. It's like – but you can't just keep living feeling ashamed for yourself forever cos you're never going to get anywhere. But I did, for years.

I met a guy called 'Darren' and then I started taking heroin after that. I just started drinking a lot and started taking drugs. I did. Every day, it just went on. This guy, he'd done a long time in prison, he was an older guy, he was about 10 years older than me and he'd just got out a few months before. I think I thought it was somebody that could protect me. And at first it was good, it was a good relationship at first. But see when the sort of drugs, the heroin started to take control. Like I wouldn't go and see my family, I'd wear what he wanted me to wear. I would do things sexually that I didn't really want to do but I'd do it just to please him. I think it was cos I never had anybody else either. It's like he was all I had. But then he got put back in prison again, he ended up doing quite a big sentence again. So that's how I got rid of him.

The next guy, he was really, really violent. I remember one day a guy came to my door and he had a Stanley blade at my face. 'Martin' stabbed him right in the neck and, honestly, the blood was going everywhere. He just- he'd hit, he'd batter people, he'd have people in the house. He terrorised people. People were scared of him. At first, I sort of like enjoyed the chaos, but then it just went to the opposite where I couldn't get out of it anymore. He'd been keeping in contact with these people from prison who sold a large amount of drugs and these guys

were from English City. They came to my house with suitcases with a lot of drugs, like suitcases of crack, suitcases with heroin. And when these two guys were in my house, 'Martin' got put in prison, so I was left in the house with these two guys. And they were asking me to take drugs up to West Urban and stuff like that. I was taking drugs in my handbag up to West Urban and the guy was sitting at the back of the bus and I was sitting at the front of the bus. He'd sit and watch me. I couldn't say no cos they was filling me full of crack and giving me drugs all the time.

When drug supply was gone, I started having to shoplift and start doing- And that's when I got put in prison, when I was 21. When I left prison, I was too scared to go back to West Rural because I had nothing there and it was just all drugs. I never had any family support or nothing like that. My family kind of walked away from me, my pals all left me cos of my drug use. So I moved down to English City and into supported housing and that's where I met 'Michael'. And if I thought bloody 'Darren' and 'Martin' were bad, he was- He'd been in a firm. He was quite a rough guy; he was selling crack down there and if I thought I'd met bloody bad, this was a million times worse. Some of the things just makes us cringe.

When we moved in together it was like he thought I belonged to him. I couldn't go out, couldn't go anywhere unless I was with him. He would take me to the doctor's and he'd be telling the doctor all this stuff I had wrong with me and I was on all these different anti-psychotics, all these different really sedative medications. And the minute I got home he locked the doors on me and I wasn't allowed any friends, I wasn't allowed any anything. He had control over me because there was no one. He used to batter me. Bang, bang, like pure boxing me, like upper cutting, backhanding me. I've got pictures and that, it's horrible. Black eyes and all that. He threw me down the stairs, choked me, he actually choked me unconscious. And when I tried to get away from him, I remember him getting a hatchet and hatchetting up all my stuff and I thought, 'That could be me next'.

It went on for a long time though. It went on for a long time. It went on for years. I just let it go on and on and on. And then I fell pregnant. That's when the police put me in a women's hostel and then the social workers all got involved and stuff like that and then they moved me up to West Urban and I started working with [Support organisation].

I don't think it's an exaggeration to say that this organisation probably did save my life. They helped us get a place in supported accommodation and access to trauma counselling. And then when I was ready to report the abuse, they supported me through the process. But it took years. It wasn't overnight. I think I was there for three years, which sounds like a long time, but it was needed.

After the court case, there's still stuff that happens. I've been called all sorts of names in the street by my family. When you see one of them singly, they don't say nothing. When you see two of them, that's when the shouting starts. One of

the times my sister attacked me in the town. She was trying to take photos of my child, which I've never anybody really allowed to do, so I went out and grabbed her, I ripped her shirt, and she broke my nose. It was bleeding. Another time she waited outside the supermarket for me and punched me. It's just an ongoing thing because of the whole thing with my brother.

I've thought about moving, but West Urban's recovery community network is second to none compared to anywhere in Britain. I never had this growing up, the care, the love that I'm shown from the people in here, the support that I've got on any given day, no matter whether I'm feeling good or feeling bad, I can turn to any one of my peers or staff and volunteers in here and they'll help us, they'll pull us out the darkness. I absolutely love what happens here. I've never experienced it before. I feel accepted, I feel like I can be me here and I've got loads of folk who actually do care about us and want nothing from me but to see me do well. I've never ever had that my entire life.

Jamie: 'Most things occurred when I've been drunk and not giving a fuck'

'Jamie' is a young man in his early 20s from East Town, whose main experiences of violence relate to alcohol-fuelled territorial violence between groups of young men from neighbouring areas (in his teens) and one-on-one fights with men in and around pubs in his local town centre (late teens until present day). In the main, these fights are seen as 'mutual combat', between willing participants, a means of resolving disputes, maintaining family honour, and 'standing up' for yourself. Jamie is employed in construction and lives with his mum in social housing.

I suppose it could be if somebody doesn't hit back, I'd say they're a victim. If somebody does hit back, then they're fair game. I guess whoever gets hit first is the victim of violence. I don't feel like a victim cos most of it's been when I'm drunk. You try and blame the other person as if you were in the right, they were in the wrong, but it's hard to say. Sometimes you think, I'll get them back some way or you just accept it. I'd put a victim as somebody that's like a law-abiding citizen that's going to go and do things the right way, go to the police, get somebody charged. That's kind of what you'd expect a victim to do.

'No grassing,' 'Sort things out yourself,' that's how I've been brought up. You don't go and phone the police, that's one thing you don't do. I've got family members that have been in trouble. My uncle and cousins. My dad's never been sentenced but he had a big reputation for just being a bit of a madman. I heard stories about him when I was growing up, about him carrying weapons, swords, stabbing people. When I was younger, I was kind of thinking, 'Should I be like that?' I thought there was a lot of expectation on me to keep up this reputation.

Being around it, you kind of get used to it, and you don't think of it as violent as some other people think. I remember getting chased up town as kids for no reason, getting bottles of Buckie chucked at us just for being in the wrong place. But it was not until I got to a drinking age of 15, 16, that I participated in it myself. You go on nights out when there's alcohol involved, it's a factor that's going to play up usually at the end of the night.

When I was younger at 16-year-old, a boy from up [District] came up and took a swing for me for no reason and grabbed me and said, 'What team do you support?' I went, '[Team]'. He said, 'Walk on that side of the road'. I'm like, 'What the fuck?!' A couple of my mates said, 'Don't mess with that guy, cos he's radge'. But he hit me. He was in his early 20s and I was 16. Six months later he got a serious doing and he got us charged for it. Maybe he didn't deserve that, but he picked on me as I was like a 16-year-old walking along the street with my mates. He was drunk, came out a pub and took a swing for me.

I mean, there's probably been a lot of fights over the years. I've got five charges, and I'd say maybe out of five charges, maybe three of them is me retaliating. Most things have occurred when I've been drunk and not giving a fuck, fights in pubs, older guys trying to push us about a bit and sometimes that would end up in a scrap. Just to try and save a bit face.

There's one incident I got community service for. I must have been 19, 20. That was no fault of my own. Literally, I was in bed sober and somebody tried to boot my brother's car and he got a doing for it. He claimed he never kicked the car at all, but we had videos of him doing it. What my family said is, 'Delete the video right away' cos I was seen going out and chasing him, so we didn't even have the evidence!

Cut to when I was 22 when my assault happened when I was steaming drunk. From what I believe, I was walking home and there was a lot of folk making noise outside my parents' house, which I took offence to. From what the police statement said – I can't remember much of it – one of them came over and tried to have a fight with me and in my head I think I've thought, 'Bingo'. I've ran, chased him down to the park and assaulted him. Took a bit of a beating myself that night, I had a swollen head, two black eyes.

The last one was several weeks ago in a bit of a heated debate in the pub and I received a head butt. But I was really drunk and did I deserve it?! Probably. Probably not. Who knows? But yeah, I got in a bit of a scuffle then. Maybe being drunk, maybe I said something wrong but, in my head, I feel like I've got a head butt for no reason. I can't remember. Alcohol! Yeah, I think there was a bit of a debate and I can remember saying, 'I think you're out of order'. I can't remember much after that. I can remember getting a head butt and then getting into a scuffle and I've grabbed somebody in a headlock and had a roll about with them for a while. And that's kind of what I remember. I had a black eye.

Other instances, maybe people starting outside the pub, nothing specific but it probably happened several times over the years. But when you retaliate, you don't feel like you're a victim at all.

I feel kind of there was a lot of expectation or I had a reputation to keep. I just felt like I had to fit in, and I think that was maybe I kind of was trying to prove myself. But yeah, I think I thought there was a lot of expectation on me to keep up this reputation. It gives you an image, people probably respect you a bit more. I think

when people fear you, you feel like you've got a kind of power over them. You kind of feel safe. I didn't ever want to be violent, like just for the sake of being violent, but I was always concerned that if that ever turned on me, I would like to be able to defend myself or do something about it or try and warn people away from doing that to me.

Laura: 'I didn't ever fit in anywhere'

'Laura' is 33 years old, non-binary, with no criminal convictions. Originally from a village in central Scotland, they moved to East Urban to study at university, and now work in local government. As a young person, 'Laura' was diagnosed with borderline personality disorder and – more recently – autism, which has helped them to make sense of some of the difficulties they have experienced socially. They have been the victim of three incidents, the latter two of which were related: they were raped by a young man from their peer group when they were 15, involved in a domestic violence incident when they were in their late 20s, and then attacked in a pub by their ex-partner's new girlfriend aged 30. These incidents were accompanied by a series of examples of bullying, sexual assault and references to their ex-partner's volatile and controlling behaviour.

My mum and dad broke up when I was about 12. Looking back, I think I massively struggled with my mum's new partner. My dad had also moved abroad, so it was a kind of difficult period in my life. When my mum went to the school to ask for support, the school said, 'Laura's really intelligent but she's disruptive in class or she doesn't engage with other children or she's hanging about with the wrong crowd'. I rebelled against everything. But then, equally, I was doing really well academically, so people kept saying, 'It doesn't make sense, you've got a really nice family life and you're doing well at school but you're just a horrible person outside of that'.

Throughout primary, I never ever fitted in. I have no childhood friends. I've got no friendships from school because I just felt like I didn't fit in. It was when I went to high school that I tried to fit in, I was copying the behaviour of others that then got me into trouble. Or going from group to group but didn't maintain any friendships. I think when I was at high school, because we'd moved from- because we didn't stay in the catchment area, I didn't have friends in the immediate vicinity. So, it was kind of up to me to make those friendships when I got to school and I felt like that ship had sailed when you go to high school because everyone's already got their friendship groups. I just didn't know how to- how people done that. So, I would often tag along with groups and I was quite frequently called a weirdo and I just tried so hard to go to any group that would accept me and see where it would take me. Quite often, it would result in being picked on. I was bullied really badly at school to the point where I avoided going. I did manage to go for about a year of not actually showing up at school but family not being made aware, I don't know how I managed that.

I was drinking at the weekend, staying out, running away. I think I was just doing it to fit in, like everyone was doing it and that was the only way that I could be a part of a group and I didn't have all the worries about who I was or what I was or

what I was going home to. It was actually just like a sense of belonging, like it was great at the time. Being a part of that group, you were untouchable because people knew you were hanging about with the guy that was just out of jail for stabbing someone. It was almost like a protection, it felt like I had people watching out for me. But then one night he asked me to come out and meet him myself, so I did. I was left with him and he forced himself on me. I was injured as a result, yeah, quite a lot of injuries, a lot of bleeding. I was 15. So basically he raped me.

I didn't share that with anyone until I think it was about five days later. I was sitting in the bedroom and my mum came in and I said, 'I've been raped'. And she immediately- She made the decision to phone the police, which I didn't want to happen because, if the police knew, then everyone would know. So yeah, the police then got involved. It was horrific. Horrific. The tests that took place, the examinations that took place afterwards, were almost as bad as the actual event themselves. The [Sexual health clinic] were lovely but it was just a horrible process that I would never, ever, ever go through again given the choice. They noticed the bruising that I had, they discussed it with me, and they said that they would share that with the police. What happened after that was multiple interviews with the police. And I remember one instance in I was being interviewed in the bedroom, I started crying for the first time and the female CID officer said to me, 'Don't start your waterworks'. And it horrified me because I didn't know how to stop crying. She made it very clear that she didn't believe me.

The case didn't go to court. It did go to the Prosecutor Fiscal or- I don't know how far in the process it went, but while it was all ongoing I did return to school and everyone knew. Everyone knew because there were rumours being spread about what had happened and, yeah, things got out. There was a mixture of- You know, there was almost like a generated interest from other males at school, people who all of a sudden thought it was acceptable to put their hand up my skirt and, you know, do things like that. It baffles me that people done some of the things that they did. But it also makes me think, what was it about me that made that so acceptable?

The next incident was a good few years later, after I'd moved to East Urban. I'm very sensitive to sound and one day me and my girlfriend had an argument and I remember she started shouting and screaming, smashing all my photo frames, and I just flipped, completely flipped. I asked her to get out the house and she said no. And I said, 'Well, I'm asking you to leave', like 'If you don't leave, I'll phone the police'. And then she ran at me with, you know, the glass inside a photo frame, she had a shard and her hand was bleeding cos she was grabbing it and she ran at me. Well, I pushed her back and she fell over the coffee table. Then she phoned the police. So the police had to attend. I got arrested for domestic violence. And again, I'd two police officers questioning me about what had happened. I tried to explain the truth and they were like that, 'We've had a report of domestic violence, we have to arrest one of you'. I don't know. They mentioned some law, I can't remember: 'Just to separate you, so it doesn't happen again imminently'. Three months later, the court case happened. The

fear of the court case coming up and how that could damage my career was horrific. Went to court, basically they unpicked all her statement, unpicked everything, and the judge actually threw it out. But taking the stand as the presumed perpetrator with my girlfriend being behind a screen on the monitor, like she could see me but I wasn't allowed to see her, I thought it was all wrong. Anyway, luckily, it got thrown out, not guilty.

Then my girlfriend, she got a new partner, and this girl made up rumours about me. I was always trying to not be a victim, like the way people see me. I hated being picked on. I liked it when I used to drink and I felt like I had a little bit of courage and a little bit of bravery. And so I was in the pub with this girl that made rumours up about me and we ended up fighting. She was like pointing in my face and stuff and then she dragged me to the ground with my hair, put my head on the table, tried to bite my ear off. I had to kind of get under the table to protect myself. I was so scared after it. I would have chairs up against my door cos I was terrified. I was terrified in case someone came to my house and attacked me because I just wasn't used to it. I'm not that kind of person, I'm not violent.

The police came and they were like- They basically said that me and her were the same and I was as bad. And, so, the police just came and said, 'You need to stay away from her, I think it's best that you stay away from one another' and no charges would be made because there was not enough evidence. But then the Prosecutor Fiscal decided to go ahead with the charges. I had to go to court once, twice and it was the third time that I went, it finally went ahead but I wasn't treated as a victim, I was treated as a witness. I went in and she was there and I could only go myself, no one could even come with me to court cos it was Covid. So three times I had to go myself. I didn't have anyone and I came out the court and [Ex-girlfriend]'s standing there in the room. There was only like two or three people in. It was just a horrible experience. You don't know what's going to happen, you don't know what they're going to say. When I went there, I felt like I was under interrogation. I felt like I was bad because nobody was kind, nobody was supportive. They were telling me things and I was getting all mixed-up cos I was so nervous and she was right there. I just seen her face and I just thought, 'Oh God'. I was scared of her. And then they brought out the photos and stuff of the night and I just broke down. My whole body- I just couldn't stop shaking, I couldn't stop crying. It just wasn't nice. It wasn't nice. I just felt they just ripped me apart and I hated every minute. That experience- Even though she got convicted- If I ever seen a fight I would just run away cos I couldn't go through that again. And even if something did happen, I don't know if I would phone the police cos I couldn't do that again. It was too much.

Summary

The life histories of people who experience repeat violence were characterised by childhood experiences of neglect and abuse, bereavement and loss, and psychological trauma. They also experienced a series of structural exclusions across their life course, which had important implications for their vulnerability to violence, their sense of self-worth, their faith in state systems, and their help-

seeking behaviours. Participants reporting a greater number of diverse experiences of trauma and harm reported more persistent repeat violence. These findings were explored in a series of composite narratives which illustrate how the various themes play out within individual biographies. This is important because it demonstrates the links between different forms of repeat violence, which vary across the life course, as well as highlighting their various connections with poverty, childhood adversity, vulnerability, substance use and addiction, and masculinity.

5. Understandings and experiences of repeat violence

Key points

- Participants discussed a range of different forms of violence, including violence between young people, violence in the night-time economy, community disputes, violence related to the drug economy, violence in institutions, sexual violence, and domestic violence.
- These were described as overlapping and co-constituted, emphasising an understanding of repeat violence as a dynamic process, wherein diverse forms of violence inform, transform and amplify one another.
- Pervasive violence across diverse settings informed participants' perceptions of what constituted violence, with 'real' violence restricted to serious violence involving physical injuries inflicted against 'innocent' victims. Physical fights to resolve disputes or as a form of recreation were deemed to involve willing participants – and therefore no 'victims'.

Overview

This chapter explores experiences of repeat violence, focusing on particular forms and settings of repeat violence, including violence between young people, violence in the night-time economy, neighbourhood disputes, violence related to the drug economy, sexual violence and domestic violence. It opens with a discussion of definitions and prevalence, emphasising the need to understand repeat violence as a dynamic phenomenon rather than a series of discrete events.

Definitions and prevalence

The study focused primarily on non-sexual physical violence against an individual person, and this focus was highlighted alongside an emphasis on repeated experiences in both our participant information sheet and interview schedule. However, in line with the qualitative design of the study, we allowed participants to define 'repeat violence' on their own terms. We were also sensitive to language preferences around victimisation since not everyone we spoke to identified with the term 'victim'.

Violence as unwanted and undeserved

When asked directly, participants' views on what counts as violence largely corresponded with legal definitions, i.e., intended physical acts that cause harm. There was also an emphasis on seriousness, insofar as 'real' violence tended to be described as resulting in physical injury. Particularly amongst the men in our sample, a

distinction was sometimes made between a 'square go' and an unprovoked assault, with the former category referring to a one-on-one fight that was mutually agreed upon, often to resolve a dispute or respond to perceived disrespect:

I have always seen violence as unwanted or something physical. A square go between two guys didn't necessarily mean it was violence. It was wanted, it was agreed, it was tolerated. [...] If you've attacked somebody, that's a violent act. I can understand that. Aye, unwanted, unprovoked, a crime that went on. A stabbing, fucking that's generally been quite violent because it's ended in hospitalisation. (40-year-old man, East Town)

A dynamic of mutual or reciprocal victimisation was also discussed in relation to ongoing conflicts, for example between rival territorial youth groups, neighbours, or organised crime groups, as well as within intimate and family relationships:

The time I nearly got the jail, I would have said I was the victim cos I was standing in the toilet, just standing doing a pee and somebody walked up and punched me in the back of the head. I just spun round and hit him with that bit of my hand and I shattered his eye and broke his nose and he just fell and his two pals ran away. So I would have said I was the victim there but then I was the one that nearly got the jail because of it. (32-year-old man, West Urban)

Such examples illustrate the difficulties, in certain circumstances, of pinpointing an identifiable perpetrator and victim, and the need to understand repeat violence as a process rather than a series of events.

Resistance to victimhood and vulnerability

Distinctions were made between deserving and undeserving victims, allied to descriptions of 'lifestyle' and cultural norms relating to 'civilians' and 'fair targets':

It's like I won't hurt innocent people, I won't victimise civilians. You play the game. That's the way I used to look at it. If you're in about it and you've done stuff, then you're a fair target [...] What goes around comes around. It's as simple as that. (32-year-old man, West Urban)

'Innocent' or 'vulnerable' victims included women and children, and perpetrators of violence against these groups were vigorously condemned as 'beasts' and 'bullies' – as well as regarded as legitimate targets for righteous violence. As described in the previous chapter, a number of participants reported having been victimised as children and/or had been convicted for violent offences against people described as beasts or bullies. A defining characteristic of bullying, which was seen to include men's violence against women, was the existence of a mutually exclusive perpetrator and victim. 'Bullying' was usually unprovoked, repeated, and always involved a perceived power imbalance between perpetrator and victim.

These discussions help explain participants' reluctance to identify themselves as a 'victim'. In general, they disliked the word, which was associated with 'weakness' and 'vulnerability':

I don't like the word victim [...] Being a victim, there's a sense of vulnerability about being a victim. And for me anyway, I don't like the vulnerability. (32-year-old woman, West Urban)

I'm classed as a vulnerable person, through my workers. And I'm like that, have I become vulnerable? [...] You feel dead low. I don't know. It just makes me feel- (PAUSE) I don't see myself as vulnerable. (52-year-old man, West Town)

Where participants were able to distance themselves from vulnerability, for example, because they were now in a 'safe space' having 'moved on' from the circumstances being recounted, there was more willingness to frame their experiences in these terms, sometimes drawing on knowledge about 'adverse childhood experiences' and 'trauma' to make sense of difficult family backgrounds and experiences of growing up.

Not a victim, no. I suppose (PAUSE) early on, I would have been. (PAUSE) I don't know. [...] Cos your perception- I mean, when you're in that life, you think 'I'm a big hard man here', do you know what I mean? 'I'm not a victim.' But really, when you strip that, you really are a victim. (50-year-old man, West Town)

However, for participants currently embroiled in a 'chaotic lifestyle' and/or living in a deprived community characterised by an ever-present threat of mutual violence, safety remained contingent on projecting an image of 'hardness' or invulnerability, often bound up with masculine notions of 'respect' and 'reputation':

If people see you a bit as a boy about the town, you've got to live up to that expectation all the time, so you have to be doing stuff (LAUGHS). You have to be doing stuff to show you're not regarded as weak. (50-year-old man, West Town)

Well, if you don't, you're just like a bam and that would be taken as a weakness. Like people will look at you and think, 'If I do this to him, nothing's going to happen, so why will I not do it?' (19-year-old man, East Urban)

Examples such as these indicate the fluidity of victim identification, which could change across the life course and was linked to concerns around vulnerability and safety, as well as perceived participant culpability due to involvement in offending and/or substance use. (It should be noted that many of the stakeholders participating in the study expressed similar reservations about the use of the word 'victim' to refer to the people they worked with, despite the harms they acknowledged many had experienced.)

'Lived experience' and 'lifestyle'

Listening to how participants tended to describe themselves, many preferred the terms 'lived experience' and 'lifestyle' to refer to their involvement in violence, especially where this included experiences of violent perpetration alongside other forms of criminalised activity. Not only do these terms emphasise experience over identity, but they are also broad enough to capture dynamic processes of victimisation and/or perpetration, as well as wider forms of suffering and social harm. Many of our lived experience participants had backgrounds characterised by poverty, complex trauma

and state governance and were currently navigating precarious conditions, including transitions from addiction to recovery and from prison to community. Whilst repeat violence was recognised as an inherent and insidious feature of these conditions, it was not regarded as the defining feature:

You can only deal with so many things. (50-year-old man, West Town)

I think when you get caught in addiction, you don't have any other focus bar to feed that addiction, so a lot of the other things kind of get silenced out. (45-year-old woman, East Rural)

Participants also often vigorously denied that they were a violent person, even if they had been convicted of a catalogue of serious violent offences. Here again, a distinction was made between being a 'bully' and acting in self-defence, or in the defence of 'vulnerable' others:

That's one thing I can say, I've never bullied anybody. Never. (52-year-old man, West Town)

I think to this day, I've still got a very strong sense of injustice for certain situations. I hate seeing bullies. [...] I used to hate it when I was labelled a bully myself just because I was maybe bigger than people and I would fight my case at that point but- Yes, I have had the ability to be quite domineering and everything like that but if somebody is willing to try and attack me or something like that, then I see that as mutual combat. (41-year-old man, East Urban)

In describing our participant group, we have opted for 'lived experience' over 'lifestyle', since the latter implies an individualised exercise of choice, which is often aligned with models of criminal victimisation that hold victims responsible for their own misfortune.

Repeat violence as a dynamic condition

Contrary to the common portrayal of violence as a relatively isolated and isolatable exception to 'normal life', most participants presented violence (or the fear of violence) as an intrinsic and enduring aspect of their everyday social relations and interactions. This meant that participants could not answer questions about the number of incidents they had experienced with any accuracy, and often reflected on how sometimes even extreme acts of violence 'blurred together':

It just became more and more regular and it's interesting when you think about repeated acts of violence cos you can't remember them, like they feel really blurry. (30-year-old woman, West Urban)

That acknowledged, all but one of our lived experience participants recounted two or more distinct incidents of being physically assaulted, including being punched, kicked, stabbed, strangled, slashed, shot, burned, kneecapped, kidnapped, held at gun or knife point. On average, men reported more incidents of physical assault than women and were more likely to have been wounded with a weapon. This is explained in part by men's greater involvement in youth group violence, violence in the night-time

economy, and violence related to the drug economy. That said, many of the women in the sample had been on the receiving end of various serious forms of physical violence, most commonly in the context of domestic abuse, and were significantly more likely to talk about their experiences of sexual violence. Whilst older participants (aged 45 to 59 years) reported more lifetime incidents than participants in the younger age groups, rates for violent incidents experienced in the last year were highest amongst 16 to 24-year-olds. The following excerpts provide illustrations of these different ranges of experience:

So my two big events that I'll talk to you about, one of them was more like sexual violence and one of them was more like a random attack of physical, like a really violent, like a classic form of violence basically. But there's like the threat of violence a little bit as well, isn't there, when you're walking through the streets. (36-year-old woman, West Urban)

One-on-ones, probably about- (PAUSE) in between 12 and 15. And then as for the group scraps, I'd say I've probably had maybe seven group scraps. I've not had any proper real bad harm, like a wee black eye lasts a few days or swollen lip goes away after a day or two. So I've not really been a victim of real violence I would say in my life. (21-year-old man, East Town)

It went very, very quickly to a really, really bad relationship. He used to lock me in the house, he wouldn't let me out. He'd be screaming and bawling abuse at me and this would go on for days. [...] He used to strangle me unconscious and all that, he'd be screaming, he'd be punching fuck out us. [...] He chucked me down the stairs. [...] He put his whole fist down my mouth. [...] He was a sex addict, and it was just constant. I couldn't even sit down sometimes. [...] It went on for a long time. It went on for a couple of years. (38-year-old woman, West Urban)

When I was 17, I got stabbed three times in the leg off by one of my so-called best pals for nothing. I couldn't walk for six months; I was in a wheelchair and all that. He just ran up behind me and stabbed me. [...] I broke into a motor once and I turned round and these two big guys were standing at the side of the motor. I went to jump out the window and he jumped forward with a big knife, stuck it in right there. [Motions to face.] I drove down the street and I didn't realise the knife was still hanging out. [...] I've been shot. I got shot in the leg for stealing the wrong person's motor, a gangster's. [...] I'm waiting to go in for laser surgery on my left eye just now. That's how I'm homeless. Seven months ago, some guys came to my door to sell crack from my house. I said no and I went to turn away and they sprayed ammonia in my face. (45-year-old man, West Urban)

Most participants experienced violence across the life course, but the nature and intensity of this violence changed according to their circumstances, for example increasing in tandem with escalating substance use and diminishing during periods of recovery support. For others, notably those in the 'intermittent victimisation' group, experiences of violence were more time-limited – though the impact of such violence could be long-lasting.

In addition to experiences of direct violence, participants in the Urban and Town case study areas had typically witnessed many incidents, including serious assaults, murders, and attempted murders, involving bricks, bottles, swords, machetes, hatchets, and firearms. As discussed in the previous chapter, they also experienced indirect victimisation through hearing about the victimisation of family members, friends, or neighbours. The examples given of such violence were often very extreme:

I've seen a boy got his head blown off with a shotgun [...] I was just standing next to him and this gun went off and the boys head just splattered all over the wall. (43-year-old man, West Town)

My cousin, my closest cousin, he got murdered, he got stabbed, shot, put in a wheelie bin upside down rolled up in a carpet and petrol poured over him and set on fire. (45-year-old man, West Urban)

Violence in both Rural areas was less intense than in the Urban and Town areas in terms of use of frequency and use of weapons, and a small number of participants told us they had moved to Rural areas to escape violence and avoid repeat victimisation.

Types of repeat violence

Taken together, the preceding findings indicate the prevalence, variety and seriousness of violence experienced by our participants, but also the difficulties of neatly categorising or counting such violence, which should be understood as a dynamic condition. Developing this understanding, the remainder of the chapter presents an analysis of specific types of repeat violence that pays particular attention to the social contexts within which such violence develops, noting the linkages between different forms of violence.

Childhood victimisation

Childhood victimisation was considered in the previous chapter, and it is important to note that experiences of physical and sexual abuse perpetrated by adults against children were the most discussed forms of victimisation across our sample, often spoken about alongside exposure to parental or caregiver domestic abuse, even though participants were not asked about these experiences of violence directly. Participants who disclosed experiences of childhood victimisation often described such violence in depth – in a way they tended not to describe adult victimisation. There are a number of reasons why this may be the case: the devastating and long-lasting impact of childhood victimisation on one's sense of self and relationships with others; the emotional and narrative significance of childhood victimisation, e.g., in terms of making sense of one's own story and explaining involvement in discreditable behaviour; the impact of trauma and associated substance use on memory; and/or resistance to being labelled a victim as an adult, as a means of protecting oneself physically and emotionally. It is also important to note that whilst participants had often previously been given the opportunity to discuss their experiences of childhood victimisation and trauma, e.g., as part of recovery, during our conversations together many reflected that this was the first time that anyone had asked them about their adult experiences – of victimisation and perpetration. This nods to the lack of support to deal with violence, discussed in the following chapter.

Violence between young people

Another of the most common forms of repeat violence reported related to violence between young people in public contexts, e.g., fights in school and on the street, predominantly but not solely involving young men. Many of these experiences fell under the headings 'square go' or 'bullying', discussed previously, or group or 'gang' violence:

In the park one time where all the boys were chucking about and smashing each other. (LAUGHS) Aye, they were all hitting each other with bottles and poles and everything they could get their hands on. It was crazy. It was just funny, see, cos of the way they were all acting and then they'll cuddle each other after it, then start fighting again. And then run away from the police because they were drunk. (16-year-old young woman, West Urban)

I've been hit with bricks, all that kind of stuff, hit people with bricks and just used all different weapons that were lying about the streets. And mainly because growing up in a kind of housing scheme, there's not much to do. The majority of it is boredom. That's what it is, it's boredom and there was nothing – like there was football pitches but there were no goals. Or if there were goals, they would get stolen, people would come and cut them down and scrap them for metal. [...] Just opposite gangs growing up. So if they walked past our scheme, then we would chase them and it was vice versa, if we walked through their scheme, they would chase us and want to inflict some sort of assault on us. It's bizarre when you think about it, the kind of territorial thing, that you're willing to potentially die for this wee area you've been brought up in. I didn't think that growing up, I thought it was brilliant, the adrenalin side of it. (24-year-old man, West Urban)

Territorial clashes between groups of young people from different areas was differently conceived by young people in our East and West case study locations, with the former group referring to such violence in terms of 'groups' and not gangs:

I don't think of it as a gang. I just see it as like a group of pals, it could be a different group of pals you're with every weekend, it's still a group. I wouldn't say that's a gang. (21-year-old man, East Town)

Violence between groups of young people was much less of a problem in our Rural versus our Town and Urban case study areas and was generally thought to be declining across all areas. This was explained by changing patterns of youth leisure, in particular the impact of new technologies meaning that young people were spending more time indoors, but additionally, they were making new connections with young people across traditional territorial divides. That said, new technologies were also seen to be instrumental in the facilitation of repeat violence, allowing young people to track potential victims' locations but also to film and share videos of violence online. Such videos were shared by young people and adults alike, and identified as a significant concern by stakeholders and those in our lived experience sample who were parents. Participants also discussed online harassment and bullying amongst young people and provided examples where perceived disrespect online contributed to ongoing physical disputes between young people (as well as between some adults).

Youth involvement in Urban city centre violence and disorder

A novel form of violence involving young people and the use of social media was noted by stakeholders in Stage 1 of the study in West Urban, where large groups of 'loosely connected' young people were reported as roaming the city centre, damaging property and carrying out unprovoked attacks on members of the public. Police intelligence suggested these groups often included care-experienced young people, who made connections with one another at residential homes across but also outwith the region and who remained connected via online platforms:

It's completely different than the older pre-pandemic early 2000s, early 90s, where it was an identifiable group that call themselves the whatevers, you know, insert the gang name here and you have 10, 12 known nominals in that particular group. One Friday, you could have a group of individuals who are A, B, C, D and then the next, it will be E, F, G, H, I, J, K – it just shifts based on who they want to hang around with. [...] and a lot of these attacks will be filmed on social media as well. Which almost shows the sort of pre-planned dynamic of, we want this to happen. (Police officer, West Urban)

Stakeholder concerns about youth involvement in city centre violence in West Urban also focused on exploitation, with reports that young people were being used as runners by local drug dealers and targeted for sexual exploitation. This was in turn linked to (the unintended consequences of) the concentration of services for vulnerable adults in the city centre during the COVID-19 pandemic, the closure of local community youth provision, the introduction of free bus passes for under 22s, and changes to police powers:

The city centre became a centre-point of all the hotels [providing temporary accommodation]. So that drew in all the drug dealers who had a brilliant customer base, and, over the past 2 years, that's now become pretty much a permanent issue. [...] I think maybe because that was an empty place and there wasn't a lot of people around, it was like a playground for [young people] to go. And also, all the distractions were shut down: after school clubs, all of these things have disappeared and not come back. (Police officer, West Urban)

Kids have free travel now, so they can hop on and off the buses whenever they want, which then opens up this – they don't have to worry about money, they can get a bus from [one area] to [another] and go and beat the shit out of somebody and jump on another bus. (Throughcare worker, West Urban)

And coupling that with we don't really have any powers to deal with this. [University] did a report on the state of stop and search within policing [...] and there was a real pulling back in terms of the way we interacted with that age dynamic. There was a reporting in the news and criticism from the government about the amount of people who were being brought into police custody that were under the age of 18. So that became a huge taboo. [...] And that is recognised by the youth that are committing these crimes. Worst case scenario, we can arrest them and take them home, but they can be out five minutes later. And that includes people who are carrying knives. (Police officer, West Urban)

Limited police powers to deal with young people were said to be exploited by organised crime networks, which again highlights the importance of viewing different forms of repeat violence as interconnected rather than as discrete, bounded issues (as well as recognising the links between violence and the systems and conditions that make violence more likely).

Violence in the night-time economy

Violence in Town and Urban centres was also linked to the night-time economy (NTE), fuelled by excessive alcohol consumption, occurring in and around pubs and clubs, and sometimes on public transport. Despite their different locations, there was remarkable consistency in how participants described violence amongst young people and violence in the NTE in terms of mutual or reciprocal victimisation, problem-solving, deservingness, and lack of choice (linked to notions of 'respect'):

I don't think that violence happens during the week necessarily in [East Town]. It's more so at the weekends. [...] Friday, Saturday, it's a normal thing. I don't go out thinking I'm going to get in a fight, but I do go there ready for one. [...] I'd say there's always at least one or two fully-fledged fights that both people are going full throttle at. But then a lot of the times, it's just someone's maybe spilled someone's drink or something and it results in someone just getting punched once and that be that. And I don't see that as real violence. [...] Where we're from, that's just normal if you spill someone's drink down them, you expect to be punched, you expect to have to punch them back. (21-year-old man, East Town)

I used to try and avoid the pubs because there would often be trouble. I found pubs quite bad because there would always be someone, you'd have to- I was the type of person that couldn't walk away from things, so often I'd kick off in the pubs. (39-year-old man, East Rural)

Violence amongst young people and violence in the NTE were also both described in terms of recreational release, sometimes in response to generalised feelings of anxiety and fear, themselves a response to experiences of repeat violence. Young men reported that this meant they were often on high alert when going on a night out outwith their local area, e.g., up the Town or Urban city centre:

You're walking into a pub thinking something could happen. It might be an assessment when you're looking at how many young guys are in here. Him, a guy here that I know that's a problem. I'll get one drink, so I don't look like a shitebag, and then I'm going up to the next boozier cos I'm not wanting any carry-on. (35-year-old man, East Town)

You go somewhere else, you know you've got to be sounder than you normally are because folk from towns stick together. So if somebody's in bother from an outsider, then they'll all be in bother with them. [...] So you do have to be a bit more cautious when you're not in your home turf. (21-year-old man, East Town)

Physical violence was also often described as having a cathartic and self-actualising effect, regardless of the outcome:

I remember being on top of him and like the blood pouring down his face and stuff like that on the ground and I can remember the fear in his eyes and, for me, it gave me a thrill, it gave me like this powerful feeling, like 'This bully is now scared of me'. (39-year-old man, East Rural)

I didn't mind getting battered cos I would rather physical pain than mental pain. Violence was like- I would say violence was my first addiction. [...] It was like better than any drug I've ever took and that's the only way I can explain it. When you're going through all that pain of what's happened in the past and all that, it's a release. [...] Even still today, I still- (PAUSE) It gets me excited. It's just kind of that euphoric rush that you get. (33-year-old-man, West Urban)

Of course, not all violence experienced as part of the NTE was described positively. Exceptions included reports of random or unprovoked assaults outside licensed premises, examples of LGBTQI+ hate crime, and group attacks where one party was outnumbered:

The gay community in [Town] at that time was very small. We all sort of knew each other. So, it was a case of we all knew not to hang about outside the nightclub once it had shut, like don't go to the chippy or whatever, just get your taxi or just walk home. [...] I've been punched quite a few times in the bar and that's both because of my sexuality and just folk, you know, a lot of drug takers back then and they lose all inhibitions. So, between 18 and 23, yeah, I've been punched quite a few times actually. (38-year-old man, East Rural)

Right before Christmas last year, I got slashed. I went outside a pub for a cigarette, and somebody came from behind me and I didn't see it coming, all I felt was something brushing past my ear and looked down at the fag I was smoking and there was just blood pouring out the side of my face and I touched it and it just all went down my sleeve. My pal, he came out and he seen it and he didn't know what to do, so he's kind of got in a scuffle with a boy and then he ended up falling and got slashed as well. [...] The guy slashed a few people, including me. It was all unprovoked. (24-year-old man, West Urban)

I was coming home from a night out and I got attacked off seven guys in [West Town] outside [Nightclub]. I was absolutely wrecked, I was steaming, like it was my night out with the boys like once a year. [...] I can't really remember much about what happened. I just remember walking home for a taxi and getting attacked. But apparently, they were jumping over my head and stuff. [...] We know three of the boys that did it. My mates were like, 'We'll take them in the car, we'll take them up the back roads for you and we'll do what we need to do, if you want'. And I'm like, 'No. I can't be bothered'. (32-year-old man, West Town)

The latter excerpt above hints at the connections between (historical) violence between young people, violence in the NTE, and (ongoing) community disputes. One of the consequences of having a reputation for violence, or a prior history of violence, was that it could make people a target, even when they were trying to 'move on' from a violent lifestyle:

It actually made me a target. I was no longer fighting one-offs with people, it'd be like people would jump me in groups for safety and they'd make sure I was knocked out, you know, because sometimes they'd maybe think, 'Well don't let him get back up cos he'll do something'. (39-year-old man, East Rural)

Community disputes

Escalating patterns of violent interactions were also reported between neighbours, related to complaints around anti-social behaviour, but also longstanding feuds between families. Close living conditions and inadequate soundproofing of social housing contributed to conflicts over noise, sometimes caused by everyday living (children running across the floor, use of washing machines), as well as pets (dogs left barking) and parties (loud music, late night visitors banging the door):

It turned out an absolute tit-for-tat fucking situation. [...] And this is all because they want moved. They want moved house, they don't like us above them. I'm like, well I'm really sorry but see if you don't like noise, I wouldn't have took a downstairs fucking flat. None of you are disabled, you don't need it. Take the fucking upstairs flat and then you can make as much noise as you want and I'll not complain about it and you also won't be able to complain about my footsteps. But because they want moved, they've been told that the more incident report numbers they get, the quicker they'll get moved. (40-year-old man, East Town)

The impact of housing shortages, and participants' lack of resources to move away from a violent situation, were discussed in Chapter 3, alongside community characteristics and culture. Longstanding familial connections meant that community members often stored grudges for lengthy periods of time, sometimes generations. That said, normative rules about 'no grassing' and the need to 'stand up for yourself' meant that neighbour disputes could also escalate quickly:

My door got kicked in and some boys came in with weights in pillowcases and kicked my head in and I had to go to hospital and all that. It ended up I got put into the (homeless) centre cos I wasn't fit enough to look after myself cos they fractured my skull. [...] I had went up and complained about the music, it had been blasting for about four or five days solid, so I went up and asked them to turn it down and that's how it all came round about. Just cos I said, 'Go and turn the music down guys, I'm trying to get a sleep'. (43-year-old man, West Town)

My bairn went out, him and his pal got jumped. [...] So, I've went out to try and pull [Son] back in and they tried to storm me. If I had been able to chin the biggest [guy] there, there and then, bam, I'd put him to sleep. Then the rest of them would have backed off. [...] If I was permitted to be me, that would have been dealt with. My car wouldn't have got smashed, my mum's two cars wouldn't have got smashed up, because I wouldn't have been having to restricted to standing in my garden and watching it happen. And yet because I was standing watching it happen, it empowered them. [...] Because there was no retaliation to that, then three weeks later, they came back and petrol bombed my mum's cars. (40-year-old man, East Town)

Participants also reported apparently unprovoked assaults involving neighbours, sometimes related to their stigmatised status, e.g., as a known drug addict:

I was attacked by a guy with a hammer and pretty horrendous stuff. He broke my kneecap, ended up with a fracture to my right patella. I had to have a wire inserted in my knee. [...] It was a bit of a- Phew. A bit of a- How can I put it? Like I just didn't expect it. I was just standing in the middle of the street and it was that quick, it just happened so quick I remember just hearing the car door shutting and I just turned to the side of me and when I turned, I just seen like the swing. I just seen him swinging something and that hit me bang on the knee. [...] I don't know. We'd exchanged words a few times. He said I was looking at his car, I was eye-ing up his car. And I said to him, 'Me? I can't even drive'. And we just exchanged words, there was never any violence. But he attacked me before that when I was standing at my mother's close. He just- He came out his car and he said to me, who are you looking at? I just went like that to him, 'I'm not looking at anybody'. He went in the back of his boot and he came out with a can of WD40 and started smashing my head with it. (48-year-old man, West Urban)

I've been pulled out my house and done in and all with a mob. There was about 15 of them pulled me out the house and done us in, in the front yard. I ended up in hospital for a few days. [...] All the windows got smashed in the house, the door got kicked in. I got done in the house, then pulled outside and down the front garden and then the police arrived and they thought we were all fighting together but I was lying like half unconscious and we all got pepper sprayed. [...] That happened because there was boys living in the street that was younger and they knew I would take like Valium and different things like that or heroin, I was in about heroin. I've been called a junkie and that. (46-year-old man, East Rural)

Violent disputes with neighbours and other forms of violence targeting participants in or outside their homes caused high levels of fear, not just for themselves but their families. This sometimes led to a sense of despondency and social isolation, which had a profound impact on their mental and physical health.

Violence related to the drug economy

Ongoing feuds were also a feature of violence related to the drug economy, commonly characterised as 'turf wars' between organised crime group 'factions' or families. Lived experience participants were often reticent to discuss such violence, as were some stakeholders, which points to the powerful influence such groups hold over members of the local community, supported by a code of 'no grassing'. Those participants who were willing to discuss the ongoing 'drug war' affecting their local community, emphasised the extreme nature of the violence involved, but stressed that this 'high end' violence tended to be directed at 'fair targets' and not 'civilians'. This was backed up by our stakeholder interviews, who emphasised that whilst such violence was rare, the fact that it was widely reported meant that it had a detrimental impact on the wider community, contributing to a sense of fear.

The drug war started in [City] about two years ago and that was about money. And then [Name] was seriously hurt, he'd been stabbed like numerous times and

hit with a machete over the head. [...] Him and his brother's a part of like- They have been for like decades and their dad and that before them, they're obviously like a family with like generations of criminals, drug dealers and whatever else. [Name] is also one of the people who thinks he can take stuff and not pay for it. Other people think that that's not how this works, so [Name] done that, didn't pay for them, they sent people to come and get him. (Peer mentor, East Urban)

Your high-end organised crime groups [...] there was extreme acts of violence based on one opposition to the other, tit for tat. And that was things like fire-bombing cars, it was attempted murders, it was slashings, people being shot, murder. [...] It's about the family name, it's about territory, it's about if somebody's personally pissed somebody off. [...] It's rare, but there might be elements of our community who might get drawn into that. It'll have an impact on the local community because there would be a perception of fear because your general member of the public might not know who they are and they've just heard somebody being shot in the street. (Police officer, West Urban)

There was a lot of stuff going on about fire bombings and houses and stuff being targeted and I think that really scared the community because I think it was like, 'What's happening here?' Like we hadn't saw anything like that before. I think it was drug related but I don't know too much about it. Well, I do but I don't want to talk too much about it. (Mental health organisation manager, West Town)

Very few of our lived experience participants were victims of 'high end' drug-related violence linked to organised crime groups, however a majority were involved at lower levels of the drug economy and amongst the 'unsettled lives' group there were many experiences of drug-related robbery, exploitation and debt-related enforcement. Such violence was distinguished from much of the other repeat violence covered in this chapter in that it was, in the main, motivated by instrumental purposes. That said, as the following excerpts indicate, drug-related violence was rationalised using many of the same justifications around problem-solving, necessity and deservingness:

I got stabbed in the neck. Through drugs. [...] I was selling drugs. This was a friend, this was a person I hung about with for a lot of years. But he was gone. I didn't know he was doing heroin and Temazepam and we'd fell oot and like drugs went missing and I knew he took them and he knew but I never said anything to him. And he stabbed me in the neck. [...] I know he was forced into doing it, I know he was forced. Other wans involved. But and if I end up in the nick wi' him he's in trouble. And he is in trouble even if I'm not in the nick. You have to let him know, him or the ones round him, they cannot be doing that to you. (52-year-old man, West Town)

I've been grabbed, punched and slapped about by a couple of guys because I owed a few bob of money. [...] I've been battered myself for getting drugs, selling them on and not paying the person in time, the odd punch about and that. But that's acceptable if you're in that kind of lifestyle I would say. I would say all the people that's involved in that kind of lifestyle accept it as what's going to happen if you don't pay for a drug debt. [...] Oh aye, you're frightened, aye, definitely

frightened. Cos you're scared of what's going to happen, if you're going to get murdered if you owe a lot of money. Even a few hundred quid, somebody would do you for it. (46-year-old man, East Rural)

Being provided drugs 'on tick' (i.e., on credit) often made participants vulnerable to exploitation, e.g., coercion to use their homes to sell or store drugs and/or carry out an assault on another drug dealer:

There was a couple who are known for preying on people. [...] They were going into the homes of vulnerable drug users, drug sellers, tying them up, threatening them, putting petrol on them to then access the money or the drugs. [...] There is a lot of people being terrorised, vulnerable people in addiction, they get targeted all the time. We see it all the time. (Peer mentor, East Rural)

Across both the stakeholder and the lived experience samples in all case study areas, there was a general consensus that violence related to the drug economy was increasing, and this was often related to the impact of crack cocaine:

Where we stay in the town centre, there's a whole lot of crack dealers. The boys that use the crack and all that and they're getting into debt. If you're not paying him, he's going to come and do what he's going to do to get his money back. That's the main problem. That's where all the violence all stems from in this town. (43-year-old man, West Town)

With crack, it's the mental health, their mental health is shot, the paranoia. It's just all tied in. But I would say definitely- I've lost count of the amount of people that I've went to see in prison or who I've supported in prison, and they've woke up in the cells with no recollection of somebody that they've just murdered, no recollection at all. (Drugs worker, West Rural)

Non-payment of drug debts also resulted in physical intimidation and threats towards loved ones and family members.

Violence in institutional settings

The violence that took place in institutions was discussed mainly in relation to prison, though examples were provided of violence experienced in mainstream schools and special educational provision, children's homes and residential schools, secure units, hospitals, homeless accommodation, and the army. The following series of excerpts from the same interview gives a sense of the cumulative impact of such experiences:

I got put out of school at 13 and I went to a List D school and I screwed the nut. And then when I went to [Young Offenders' Institution]. You weren't allowed to talk and all that that. They'd beat the life out of you. [...] The way they treated ye, you just carried that hatred with you. And when you've got that hatred in you, your head's all over the place and the only answer to it is violence because that's what they're going to commit on you.

The violence. It was just like everybody was- (PAUSE) A 20 pence packet of custard creams, I seen a guy get stabbed 17 times over it. It was nothing. You just didn't speak about it. You just kept your mouth shut. You just accepted it. You just had to move on.

They'd lock you up for seven months at a time in the digger [solitary confinement], in a cell on your own. I didn't know that was affecting me, being on my own. Then see when you back to your hall after that, the paranoia's ripping at you and you know everybody in this hall's got a knife or some sort of razor or something or something to protect themselves. Because it wasnae really like square goes, it's like it was all blood, slashings and stabbings constant and you just became immune to it. You don't care as long as it was nothing tae dae wi' me. [...] I was 21 when I left that sentence. (52-year-old man, West Town)

When asked to describe his last experience of repeat violence, one participant gave an example of violence perpetrated by prison officers. He was careful to clarify that this did not fit with his experience at other prisons:

Just fighting the screws in [Prison], that was it. They battered fuck out me, but they get away with it. They take you in a cell so there's no cameras and batter you. It's not right. I had a big shoe mark on my face. I kept telling them, 'I want to see my lawyer and that, phone my lawyer' and they would cancel my lawyer's visits so my lawyer wouldn't see my face and that. They're corrupt. Aye, I've seen grown men being booted right in the balls, with trackies off and legs held open and booted right in. And they're wearing steel toe caps, know what I mean? It's a bad jail that. The screws are bad in that one. Any other jail I've been in, they've been brand new, but I hate that place. They're all just pure wicked and they like it. Aye. It's bad. I think if I went back to jail, I'd hang myself. I've told them all that, I can't be arsed with it again. I'd rather just not be here. There's no point in going in there and rotting away. (30-year-old man, West Town)

It was often in these settings that beliefs around the 'need' to stand up for yourself, and to respond to perceived 'disrespect' and 'injustice' through the use of physical force, became entrenched. Violence was often portrayed as a constant, yet unpredictable threat within institutional settings, with both the prison and homeless accommodation being described as places where few could be trusted. These were also often the places where participants were introduced to drugs, or their drug use escalated, partly as a means to cope with a constant state of anxiety and tension:

There's a kind of pecking order [in the homeless unit] similar to prison where somebody is 'top dog' all the time and that's through drugs, that's through violence, that's through fear tactics. [...] The threat of violence is more scarier than the actual violence and the threat of violence is always apparent in these spaces. [...] It just feels like it's just a state of fear all the time. [...] If somebody comes in new, the first thing I'm telling them is, 'You can't trust anyone, nobody's your friend in here, don't give money to anyone, don't give anything to this because you'll just be exploited'. And I think some people are more vulnerable than others. [...] You can sense when something's kicking off, you can feel when

something's going on, you see this kind of performance of violence, you know, this is behaviours that people have learnt from being maybe involved in gangs or stuff when they were younger. (30-year-old woman, West Urban)

When comparing prisons to hostels and hotels, participants often said that prisons felt safer, because of the cameras. In both settings, most violence occurred behind closed doors, in participants' rooms, though homeless participants also discussed violence as occurring in the area around accommodation (e.g., participants being followed to the cash point and robbed on the day they receive their Personal Independence Payment (PIP) money or at the pharmacy after collecting their prescription medication). To avoid violence, homeless participants often described locking themselves in their rooms and avoiding social contact. Participants who disclosed a disability appeared to be particularly vulnerable to exploitation and extortion in this setting, but many referred to their status as addicts (or 'junkies') marking them out as targets. Sexual violence and exploitation were also discussed in the context of homeless accommodation, explored further below.

Sexual violence and exploitation

Whilst sexual violence was not the main focus of the study, in line with the original research specification, it was a common experience amongst our women participants, who recounted experiences of rape, abduction, sexual assault, and sexual exploitation (alongside childhood sexual abuse, discussed previously). The excerpts below give an indication of the range of experiences discussed:

I was raped twice [by the same person, a stranger]. Once when I was 16 and then again when I was 21. It was a sort of wrong place, wrong time thing initially – I was walking home – but then it turned into- I shy away from the word 'stalking' but that is what it was really. [...] When I was about 18, 19, I seen the guy again and he just seemed to get like- (PAUSE) I don't know, a kind of fixation or he was enjoying winding me up, I think. He knew I recognised him; I knew he recognised me and it just- nothing that I could do anything about. It would be like just coming into where I worked at the time and buying a chewing gum or a chocolate bar. Nothing that's like- nothing that I could even say to my boss, he's harassing me or anything. He knew what he was doing. [...] That went on for years. [...] But it escalated, and it got worse and then he did attack me again when I was 21. (32-year-old woman, West Urban)

I was going home from a New Year's Eve party and I had been taking drugs so I wasn't a great witness, let's just say, but I didn't end up reporting this one to the police for a range of reasons. But I was in an Uber, and it was like 6 am and the driver- Ugh. The driver locked the doors and started masturbating basically. [...] He'd kind of pulled into a little nook or whatever. So, I just basically started hammering at the doors and eventually, he just let me out. But it was scary and then I ran away. (36-year-old woman, West Urban)

A security guard in the hotel twice used me. [...] It's went from bad to worse and nobody wants to talk about it and he's still in there with vulnerable homeless people. I told the manager. He turned round and said: 'We need him.' I said,

'What? You need a guy that takes advantage of a woman?' A vulnerable woman into the bargain. I'm not safe in there at all. (54-year-old woman, West Urban)

I can remember being attacked by a group of boys at one point, trying to take my trousers off and stuff. As well as there was a lot of older people, older men taking advantage. I thought my body was there to be used cos that's kind of where I was. So, drugs was the way I switched off to the physical and the head stuff. [...] Sometimes there was violence, and it wasn't consensual, but a lot of the times I thought that was expected of me. It didn't matter that they were older men taking advantage of a young girl, I didn't see that. [...] It was just, 'This is what I deserve, I deserve the mess'. (45-year-old woman, East Rural)

As these excerpts illustrate, sexual violence and exploitation were experienced by women across the life course and often went unreported because of fears that they wouldn't be believed related to perceived culpability, linked to involvement in drugs, and/or previous negative experiences of reporting (discussed further in Chapter 6). Women also reflected how, when they were younger, they didn't understand that what was happening to them was wrong, linking this to grooming by older men within their families and their communities. Despite the acknowledgement of victim blaming, women often referred to putting themselves in vulnerable situations, and this was linked to previous discussions of 'lifestyle'.

None of the men in our sample disclosed experiences of sexual violence or sexual exploitation as adults – though they did discuss experiences of domestic violence, which included references to being 'pressured' into sex.

Domestic abuse and intimate partner violence

Domestic violence as an adult was another common experience across our sample – and was easily identified as a form of 'repeat violence' or 'bullying' by participants. Most commonly domestic violence was perpetrated by men against women, but there were also many examples involving women as perpetrators and men as victims, especially in the context of 'chaotic' drug use and addiction, and also among participants reporting violence in same-sex relationships:

The first two [girlfriends], aye, I was scared, terrified they were going to kill me. They were violent, you know, they could use knives or hammers, hit you over the head with a hammer when you're lying on the couch kind of thing. They were quite bad. They scared me. [...] But we were all taking a lot of drugs. I kind of blamed myself as well for the violence cos I was buying the drugs, I was giving them the drugs to party, so I feel like it was kind of my fault cos I was drinking with them and I was buying the drugs but they weren't handling it and they would freak out and become violent. (50-year-old man, West Rural)

But it started with basically very, very controlling- [...] I was allocated days to come down and visit my family and given time slots, you know. It started with things like that and then derogatory comments and then things being thrown, then him- whenever he had red wine, I just got the fear of death cos red wine turned him just into an obnoxious horrible individual. I was never beaten black

and blue, but it was like knocks that nobody else would see, you know. [Motions to indicate torso] But the mental abuse was just as bad as the physical violence, to be honest. (38-year-old man, East Rural)

I was in a relationship with a girl and we lasted almost a year and this was when my drug use was bad, like I was working but then we had to work from home and then I started just taking all the Vallies, like taking Valium, it was mostly Valium. [...] I can just remember like her flinging punches at me and me doing the exact same thing, hitting her back, self-defence. (22-year-old woman, West Town)

Violence reported in the context of same-sex relationships and/or involving a woman perpetrator was often, but not always, described as reciprocal and this sometimes led to difficulties around reporting, with the 'wrong' party being arrested by the police, for example (see 'Laura' case study, Chapter 3). Violence perpetrated by men reported to us by women appeared to be more persistent, more serious and to have more of an impact on victims. For example, women were more likely to report having been hospitalised as a result of such violence, though serious incidents were often preceded by years of lower-level violence and controlling behaviour that resulted in a lack of agency or freedom. Women were also more likely to report domestic violence occurring in more than one relationship (i.e. different perpetrators):

I was with him for six years. It was good at the start and then it just got worse and worse. By like the fifth year, I ended up falling out with him and he locked me in his house and wasn't letting me leave, broke my phone so I couldn't phone anybody to get a hold of anybody. And then he was just messaging me constant, phone, messaged all my family and was just- He would show up to where I was, like he would ask me for money. I would go to his work to give him money and it wouldn't be enough, so he would throw it on the floor and then shout at me in front of everybody and just call me stuff that you wouldn't call a lassie. (20-year-old woman, West Urban)

He held a hot iron up to my face, I can hear my scream, that's what I hear. Or I remember when I was in the bath and he was punching me and then he put my head in the bath. Then it's interesting because it used to happen quite often in small ways, like being shoved around and hit, but, like, you know, there's those big ones that feel like they stick in your head. (30-year-old woman, West Urban)

I got married to somebody who was very violent, very abusive, so I ran away from there. I ran- I don't know how many times I ran. So that was very much my life, running from one into another, into another, into another. [...] I got into a relationship, had two children, but that relationship was chaotic. He was still on and off the addiction. To be honest, he's the only person that never physically attacked me. The only one that didn't. All the other relationships before did. (45-year-old woman, East Rural)

I moved out after my partner hit me, well, he slashed me across the eye with a knife and the next morning I got me and the baby's clothes together and I got up to my mum's. [...] The guy I was with just before that choked me out twice, one

after the other. I was only with him a year and then he choked me and I walked out. Any guy that's lifted their hand to me, I only gave them that one chance and that's it. They've hurt me and I've walked out, I've never gave them another chance. I don't believe in giving them another chance. Once a man lifts their hand, you know they're going to lift it again. That's the way I've always been cos I watched my mum going through abusive relationships and I always swore I'd never do it myself. (44-year-old woman, West Town)

Across the sample, participants made connections between childhood experiences of violence, including parental domestic violence, and relationship problems as an adult (see Chapter 7).

Summary

This chapter has outlined participants' experiences and understandings of repeat violence, opening with a consideration of prevalence which points to some of the difficulties involved in identifying and isolating experiences of repeat violence, which is conceptualised as a dynamic process or condition. Whilst a minority of participants focused on two or three discrete incidents of repeat violence (the 'intermittent victimisation' group), the majority discussed more regular, routinised forms of violence – which, despite being sometimes very serious, tended not to be presented as a problem but rather were accepted as part and parcel of everyday life (the 'mutual violence' and 'unsettled lives' groups). These latter groups of participants tended not to see themselves as 'victims' due to the distinction made between the 'square go', an accepted and acceptable means of problem-solving, involving some form of mutual consent, and 'bullying', a highly discredited and despised form of violence, targeting 'vulnerable' victims, including women and children.

Different forms of repeat violence were discussed, including violence between young people, violence in the night-time economy, community disputes, violence related to the drug economy, violence in institutions, sexual violence and domestic violence. These were described as overlapping and co-constituted (as well as existing within a larger context of social inequality).

6. Experiences of accessing support

Key points

- A small number of participants had ever reported experiences of victimisation to the police, and fewer still had their cases taken forward to court by the procurator fiscal (mostly in the 'intermittent victimisation' group).
- These participants reported dissatisfaction with their treatment by the criminal justice system, recounting examples of insensitive questioning, invalidation, and lack of support or representation, experienced as secondary victimisation.
- Very few participants had ever accessed victim support services, with low levels of uptake related to exclusion criteria, availability, timing of referrals and readiness for engagement.
- Prior negative experiences with criminal justice processes and professionals contributed to a lack of faith in formal systems, reinforcing a pervasive sense that nobody cares, and no one is coming to help.

Overview

This chapter presents participants' experiences of the criminal justice system and accessing victim support, including experiences of reporting victimisation and going to court. The limitations of qualitative research in providing statements about incidence or prevalence are discussed in Chapter 2. That acknowledged, in our sample of 62 participants, a small number of participants had ever reported experiences of violent victimisation to the police, and fewer still had their cases taken forward to court by the Procurator Fiscal. Fifteen people discussed a total of 17 reports⁶ relating to their own interpersonal violent victimisation to police – covering community violence (n=4), domestic violence (n=8), and sexual violence (n=5).

As discussed in previous chapters, participants commonly grew up in communities with a culture of non-cooperation with the police and models of masculinity that emphasised invulnerability and self-reliance, alongside a perceived lack of services. A large number of people experienced enduring effects of exposure to childhood abuse and violence as a young person, which impacted later responses to threats alongside vulnerability to further victimisation. In addition, participants reported a series of negative experiences with those in authority, linked to perceptions that their peer group, their family and/or their community were 'looked down on'. As this chapter demonstrates, these factors all had important consequences for people's interactions with police and victim services, resulting in low levels of reporting and uptake of support.

⁶ Two people reported separate incidents of domestic violence and sexual violence.

Reporting violent victimisation

This section explores attitudes towards and experiences of reporting violent victimisation to the police, alongside experiences with the criminal justice system. In line with the findings presented in previous chapters, the majority of participants in our 'unsettled lives' and 'mutual violence' groups said that they did not and would not consider reporting violent victimisation to the police or any other authority even in cases involving serious injury and hospitalisation. This was linked to rules and repercussions of 'no grassing', which resulted in a desire to deal with violence themselves. Participants in our 'intermittent victimisation' group were more likely to consider reporting but expressed reservations based on their previous experience of police and criminal justice interactions as victims. These varying responses are illustrated below:

I've thought like, what if this happened to one of my mates, what would I say? Honestly, I don't know. I don't know. I've thought like, if this happened to my friend and she came to me, what honestly would I tell her to do? I don't know. I don't know. I'd like to think I would say, 'Of course go to the police and go and get some justice' and whatever. But realistically- Could I in good conscience recommend it? Probably not. (32-year-old woman, West Urban)

Don't talk to them. But if there's something actually heavy going on, then aye, I do. Like an accident, like somebody got knocked down or something, obviously you would phone the polis. But not like violence or anything. (18-year-old woman, West Urban)

The following section examines participants' wider experiences with police and the implications for non-reporting, followed by a description of their experiences reporting victimisation and going through the criminal justice system as a victim. It then explores some of their reasons for not reporting to the police in further detail, including anticipated stigma, shame, and fear of repercussions.

Wider experiences with the police

Alongside cultural values around not informing authorities, participants' distrust of the police was connected with prior experiences which were negative. This is perhaps unsurprising given most participants had been previously arrested, and/or had witnessed a family member or close friend being arrested. Participants involved in 'gangs', drug dealing, or the 'lifestyle' (i.e., 'mutual violence' and 'unsettled lives' participants) viewed the likelihood of arrest simply as an occupational hazard. As one participant put it:

If you keep on going to the barber's, you're going to get a haircut. (39-year-old man, East Rural)

That said, being arrested was not enough in itself to merit feelings of distrust, with a reference often made to arrests or other experiences with the police involving perceived injustice, bias, or unfair treatment.

As previously discussed, some of our stakeholder and lived experience participants pointed to the impact of intensive or over-policing of disadvantaged communities and groups, resulting in multiple negative interactions with the police throughout their lives:

The police asked us, 'Why is this happening?' And I just said to them. 'The exact same thing as happens every year: because you terrorise them for a year and then they just think that they're going to get the same back'. And that goes through to the wee brothers of the wee brother of the big brother of the dad. [...] We were outside [a youth event] and then a police officer came across and grabbed one of the lads and they were just like, 'What are you doing?' We got it on video that they battered the wee guy, he was like 14 years old, they battered him, they swung him about like they were- It was brutal. (Youth service manager, East Urban)

I had a problem with the police, sometimes I'd be drinking in my house, I'd get really drunk on vodka and be quite noisy and neighbours would call the police, the police would come out and I'd give them cheek and it just escalated. [...] They'd go away and come back mobhanded with three or four vans and they just all steamed into the house and cart me out. (39-year-old man, East Rural)

Participants felt various aspects of their status discredited them in the eyes of the police, citing the impact of physical appearance, area reputation, family connections, and prior criminal convictions:

We're the most deprived area in [East Urban]. [...] It's like people know what you're like just by looking at you, the way you dress, the way you talk, you get looked at different. [...] They just want people like us off the street. (19-year-old man, East Urban)

[The police] don't like us. They totally don't like us, we know they don't like us, they hate us. I got told off the CID that all the [District] police don't like us. [...] Always judging us because of our family. Talk about your family's past, like: 'No wonder you're like that'. [...] Fuck the polis, don't want to talk to them. (16-year-old woman, West Urban)

If you're seen on a bike here, the police are going to stop you. They think the bike's stolen. [The police asked us] 'Where are you from? And we went, [District]. And the first thing the police officer said to us when we said we're from [District], he went, 'Are the bikes stolen?' And we were 14, 15 year old. The first thing he said as soon as we said [District], he said, 'Are the bikes stolen?' (20-year-old man, East Urban)

All they have to do is mention violence in their fucking complaint and the police come mobhanded to my house and I mean two cars, fucking a meat wagon, fucking eight police officers at my door. All come swarming in my garden and coming up my steps fucking trying to get me. (40-year-old man, East Town)

Some people described just one significant incident which was handled poorly and that this was enough to lose faith in the police and the criminal justice system generally. Examples relating to participants' direct experiences of violent victimisation are discussed in the section that follows. The excerpt below recalls the police response after a participant found her brother, who had been stabbed in the family home:

We phoned the ambulance, we said, [my brother is] going to die and he's got a neck injury and the first people to turn up were eight coppers. All that done was made my brother worse and he lost a lot more blood through [an] unnecessary eight police coming in, trying to make out me and my mum were the ones that stabbed him. [...] At that moment, how do I know who's stabbed him? I'm only concerned with making sure he's alive. I wasn't here when he got stabbed. [...] People don't want to talk to the police cos then you're a grass. But also then you get situations like that. Why would I want to talk to the police? I was a victim in that situation and was crucified by them. (30-year-old woman, West Urban)

This experience solidified pre-existing attitudes towards the police, impacting future decisions to not report her own experiences of violent victimisation.

The absence of police visibility and lengthy response times was also cited as a reason not to rely on the police, reinforcing a sense that no one was coming to help, and it was up to the people in the community to solve problems for themselves:

You've no police presence in the community. That doesn't help things. [The young team] can literally do whatever they fucking want. The last thing lasted half an hour, 40 minutes and nobody turned up. There was folk phoned the police and nobody turned up. [...] Half an hour, 40 minutes, and nobody turned up and there was 20, 30 of them with poles, sticks, ballies [balaclavas], everything. (37-year-old man, East Town)

Related to this, there were nuanced perspectives about the limiting impact of distrust and loyalty at a community level on police response, alongside an acknowledgement that if you were in a situation that you couldn't handle yourself, or that your family were threatened, then you would want the police to intervene – but couldn't call them yourself:

The way we grew up, the police don't- They don't do much. They don't help bairns in that area. The police aren't doing anything to stop it, so there's nowhere else for the laddies to- You feel like you've not got a chance. Nobody's helping [the police], so you can't really blame them at the same time. (24-year-old man, East Urban)

I hate the police; I hate the police. But I was praying for the neighbours down the stairs to phone the police. Honestly, I was really hoping that would have happened. But no. But then the boy went with the machete right past my ex-girlfriend's face down the side of the bed, like swung it and it went right down the bed. 'You've got a fucking week to get the money'. That's when they left. That was one of the scariest moments of my life. [...] I was all soaking, head burst

open. My ex-girlfriend wanted to phone the police and I went, 'No I'll deal with this myself'. (36-year-old man, East Town)

Despite these negative views and experiences, participants often held community police in high regard and referred to specific officers who were 'friendly' and 'went the extra mile' to help them in a time of need. Like the description of workers in community-based support organisations, below, community police officers were portrayed as accessible, approachable, and good at defusing potentially hostile situations, largely because they had taken the time to build meaningful relationships with people within the community:

Obviously, you've got more than one kind of police officer. The majority of police officers that I encounter nowadays, they're response cops. [...] They've obviously got a role to play. That role usually is to up the bad guys, arrest people, stick them in the cells. [...] One of the best forms of policing that I've ever seen are some of the community cops and some of the relationships that they can build up. [...] I've had community officers kicking balls about with teenagers and everything like that and just kind of normalising their kind of relationship in order to combat some of the stuff that they've been told possibly at home or by their peer group in which we're on one side of the divide and the police are on the other. (Peer mentor, East Urban)

It was two community police that met me today. That's how they started coming seeing me at [Recovery group] and all that, to make sure I was alright and stuff. [...] My close gets used as like a crack den. The bottom of the close where you come in, they're in and out four or five times between 8 o'clock and 12, while the service button is on. So that's really good and all. Aye, if it wasn't for the two of them, I don't think I'd still be doing as good as I am. [...] They're more like my mates now (LAUGHS) more than anything else. We get a laugh and a joke with them. They're just there to help me at the end of the day, they're only doing their job. (40-year-old man, West Town)

I mean, the community officer was absolutely amazing. [...] I cannot like say enough to thank them cos they were absolutely brilliant. They actually made [Daughter] feel so much better about it as well. They reassured me, which I've not had reassurance in a long time from any police or any person the way they made me feel that day about [Daughter] getting that abuse. (36-year-old woman, East Town)

Victim experiences of the criminal justice system

A small number of participants had ever reported experiences of violent victimisation to the police, and fewer still had their cases taken forward to court by the Procurator Fiscal. Of our lived experience sample of 62 participants, 15 people discussed a total of 17 reports⁷ relating to their own interpersonal violent victimization to police – covering community violence (n=4), domestic violence

⁷ Two people reported separate incidents of domestic violence and sexual violence.

(n=8), and sexual violence (n=5). A further nine people had police contact following violent victimisation through third-party reporting of community or domestic violence; six of those incidents involved calls to the police by neighbours or strangers in public places, while three participants were visited by police in the hospital or after hospital discharge. Within this sub-sample of 24 people (the 15 people who reported victimisation to the police themselves, plus the nine people whose victimisation was reported by a third party), participants generally reported feeling dissatisfied with their treatment by the police and courts which led to a lack of faith in criminal justice interventions, producing or reinforcing a lack of trust in formal systems. Participants described the ways in which police contact and court proceedings were (re)traumatising, stigmatising, or detrimental to victim/survivors' access to justice – experiences that can be described as 'secondary victimisation'.

Women were more likely to tell us about reporting experiences to the police than men, and most of the examples provided related to sexual violence and domestic violence – although there were some examples of unprovoked physical assaults in the community. It is notable that these types of violence and victimisation fell within the category of 'real violence' or 'bullying' involving 'innocent' or 'vulnerable' victims, as defined by our participants in Chapter 5. These distinctions were not easily identified by the police, however, due to ongoing relationships between victims and perpetrators, e.g., in the case of domestic abuse, especially involving same-sex couples, and disputes between family members (highlighted in the composite narratives of 'Laura' and 'Gillian' in Chapter 4). In examples of 'mutual violence' between young men in the community or the NTE, or drug-related violence involving 'unsettled lives' participants, police were hampered by the 'wall of silence' where victims were generally unwilling to substantiate specific allegations.

In most of the examples of reporting violent victimisation described to us, participants felt that they were not believed or taken seriously by the police, and this had an impact on their propensity to report further victimisation:

When I did report the second time, I was like, 'Right, well, I was completely right all those years ago to not bother doing anything cos it's what I thought it would be.' (32-year-old woman, West Urban)

One participant reported that she felt dismissed by police downplaying the traumatic impact of the incident, explaining that the charge didn't match up with her experience, which she felt was driven by the likelihood of outcome at court:

The police especially had just been so like, 'Och, you know, like you're all right, you're all right, you're not injured'. [...] This caused me to feel like it was all being downplayed. To me it felt like legitimate attempted murder because the guy had- he was strangling me [...] I think I was close to being dead and I could have been killed. But they charged him with something really minor, they charged him with- I don't know, like some strange version of some minor assault and battery thing and the charge was sort of something like malicious intent to tighten [an item] around a woman's neck or something like that. It was really minor. And part of that was because they couldn't get the camera angle on the [CCTV] so they

didn't have the evidence quite to go for attempted murder. (36-year-old woman, West Urban)

Another participant, who reported domestic abuse, felt challenged by police for not reporting earlier, and that her concerns about risk were not taken seriously:

It was the first six or seven months that he started hitting me, and I stuck in that relationship for four years before I actually told the homeless team. [...] At the time I didn't report it to the police, it was a couple of weeks after when he sent me a video of himself in the toilet slitting his wrists. That's when I phoned the police. I'm like that, 'If he can do that to himself, what can he do to me?' They're like that: 'Why didn't- Is this the first time you've reported it?' I said, 'I've sat four years not telling anybody'. [...] When I phoned them, they said because it wasn't a 999 call when I phoned them, they said, we'll make you an appointment. So it was for the following week, they came to the hotel, they took my statement. (54-year-old woman, West Urban)

When their accounts of victimisation were challenged, participants sometimes felt under pressure to withdraw their statement, especially where they lacked additional support, e.g., friends or family, or specialist victim support services. In the following example, a victim of sexual violence explained the process of withdrawing her complaint after the police explained they would need to contact her family:

They were like, 'We'll need to speak to your mum and your sister' and I was like, 'Can you not tell them?' 'Well, there's no guarantee, you know, there's no guarantee, we can't make any promises about what might come out and what might not' and whatever. And I was like, 'Right, just forget it then, just forget it.' [...] I was just panicking, and I just said, 'Right, well forget it then, I just want it dropped'. And they were like, 'Well we can't do that. [...] If what you're saying is true, there's a dangerous criminal running around out there and we can't have that, we've got a duty to the public. So, with or without your consent, we have to investigate this now'. And I was completely freaking out at this point cos I'm thinking of my mum, my family, everyone's going to find out and I did just want it to stop at this point. They were like, 'You know the only way that we wouldn't investigate this is if you were to take back your initial statement and write another statement saying that you made the whole thing up and nothing happened'. And I was like, 'Right, OK.' (30-year-old woman, West Urban)

Descriptions of positive experiences of reporting made references to being treated 'kindly' and 'taken seriously' by police, as well as being kept up-to-date with the progress of the case. These descriptions usually related to more clearcut cases, involving a more stereotypical victim and perpetrator, e.g., a young woman assaulted by a much older man, or an unprovoked attack witnessed in a public space. When describing positive experiences with the police, participants usually made reference to a particular officer identified by name, indicating the development of a relationship of trust. Unfortunately, such experiences were not typical, and they were often contrasted with negative experiences of the court process, where participants felt at a disadvantage to the accused due to a lack of representation or information. Some

participants negatively compared the experience of going to court as a victim of interpersonal violence versus as a victim of domestic violence, where it was thought procedures were more supportive of victims. The experience of being cross-examined in court was highlighted as a particularly distressing experience, experienced as disorienting and invalidating (as illustrated in the composite narrative of 'Laura', see Chapter 4).

Secondary victimisation was also attributed to feeling disempowered when cases were taken forward against the victim's wishes, for example when an incident occurred in public or involved external witnesses:

Because [there were] witnesses- I still got called to court and I kept saying it didn't happen, I said I didn't want it to happen. I wrote letters to the PF [Procurator Fiscal] and whatever. Then I got called twice but never called in. It's interesting when you think about domestic abuse because you're called as a witness for the prosecution. You're not called as a victim, which is difficult in a sense because you can get absolutely slaughtered by the defence lawyer. (30-year-old woman, West Urban)

Participants also described feeling re-traumatised by the court experience due to prior experiences of reporting childhood abuse:

It brings back all the trauma when I was 12, cos I had to stand on the witness box in the High Court with that and that was a paedophile ring. But the police come up and tell us as well, 'This is happening, we're all going to court'. I'm like, 'Oh shit'. See that word, 'court'? I stood in that stand in the High Court when I was 12 and I swore to myself that I would never be back, and I haven't been back until this. (54-year-old woman, West Urban)

Only three participants, all based in the West Urban case study area, discussed being offered special measures for vulnerable victims and witnesses at court; one person turned this down, while the other two people found privacy screens helpful in reducing their fear of seeing the perpetrator. This special measure also served to reduce some anxiety about giving evidence:

I've been supported with the Procurator Fiscal, they're going to take me in the court and show me around and they're going to put me in a room with a screen, so I don't need to see him. So, they give me support, I feel at ease but I'm just really worried on the day going to court for the support and stuff like that. I'm terrible, I can't – I take panic attacks and stuff like that. [...] I don't need to see him, I don't want to – I say that I don't want to look at him, I don't want to see him, I don't want to speak to him. And I am a bit scared about the court and stuff like that but the PF has been brilliant, honestly. Been brilliant. They're going to take me up. They're going to take me up a week before the trial, he says, just to get you familiarised with it. [...] You know what, I'm strong, I can do this. The PF are on my side. (51-year-old woman, West Urban)

Anticipated stigma and shame

As discussed above, participants who had reported violent victimisation to the criminal justice system often reported feeling let down by the outcome or the process, and this was often linked to a sense that their identity and/or actions had been discredited, resulting in secondary victimisation. There was a strong sense that participants regretted reporting because they felt that they were not entirely 'innocent victims' or 'not enough of a victim', a feeling exacerbated by insensitive questioning or cross-examination.

Participants were also put off from reporting in the first place, due to fears that their character would be called to question and their credibility undermined through the intrusive nature of the investigation and public nature of court:

I didn't like my chances of anything real coming of it [...] cos it is a 'he-said, she-said' kind of thing and it's not like I was, you know- In a way, it would probably have been better if I was like a bloody mess or whatever because then there's something to go and say, 'Look I've got a broken nose and I've got broken ribs and cuts and bruises' and whatever. Cos then the police would arguably take that more seriously. But I wasn't, so- I had a couple of minor very superficial injuries but nothing you could go and- that would stand up in court, if you like, to use a cliché. I knew that it was wrong, and I knew if there was any justice, then something would happen. But I was realistic enough to know that it wouldn't, so I just never [reported it]. (32-year-old woman, West Urban)

They worried that they would be blamed, discredited or made to feel ashamed for their behaviour or 'lifestyle choices':

I've got the police phoning me up saying, 'Do you want to make a statement?' What, make a statement and get absolutely shredded by a defence lawyer who would ask me 'When was that? What were you doing before?' [...] Last week, I had the police trying to phone me three times to see if I wanted to come forward and speak about it, which I said no because that's something that I don't want to hash out in court. (30-year-old woman, West Urban)

Instead of them just putting me in a pigeonhole [as a person with convictions and who uses drugs], being treated as an individual and asking questions. [...] If they made it easier to open up and tell them the truth about things without the stigma and the victimisation and tarred with the same old stick, I think it would be easier to speak to them. Being treated on an individual basis instead of just- you're that wee bastard. (38-year-old man, West Urban)

I can't remember if I was in a psychotic episode or drugs, probably both, but I know that I was hurt. I was hit there but I've got no memory of it. [...] Twice that's happened, and I don't have memory. So, my big fear is now I've to go to court and I've got to tell them, and I can't remember anything, so I'm really scared of that. (53-year-old woman, West Rural)

Others didn't report because of the stigma associated with the nature of the offence. This was especially the case in relation to domestic and sexual violence, especially amongst men who were victims, where there was the anticipation of gender-based discrimination:

I've got responsibility in the fact that I never spoke about what I was going through. [...] I was just ashamed, I was the [professional] working in a [secure setting] but couldn't really defend myself in my house. (38-year-old man, East Rural)

I seen it as shameful. Now I obviously know that's the wrong way to see it but- [...] It shouldn't be like this, but the difference between a man and a woman just to go to the police alone is massive because I'm not taking that chance of going in there and it being- I need a policewoman to speak to. That's the reason I'm thinking and that's why I didn't [report] because (a) the pride thing but (b) it was more pride towards the male officers which is not their fault. I would have rather [had] a female officer. (39-year-old man, East Rural)

Fear of repercussions

The ongoing nature of participants' victimisation, their relationships with perpetrators, and the risky contexts in which these took place, meant that some participants reported being fearful of the repercussions of reporting, believing this would make them vulnerable to further harm, e.g., because the perpetrator might target them or become even more violent:

I was scared to phone 999 cos I didn't know what else he would do to me, I was scared to death, I was. I didn't want to phone the police personally. I phoned my pal that kind of knew about him, and she decided to phone 999. (22-year-old woman, West Town)

It was really traumatising; I was really scared. I genuinely thought she was going to kill me. Like I've never felt so much anger in a person. Like, I felt it. I locked my door all the time, my blinds were always down, I hated if I heard a beep outside, a car beep or something, I thought that was them. Anybody chapping my door, I would jump, I thought, they're here. [...] It was just fear, I was scared. I just remember being really, really scared cos I didn't know if there was going to be any repercussions. I wouldn't sleep at night; I would have nightmares. (36-year-old woman, West Urban)

I was always really scared to tell people that I had anything like that happened to me because people would think it would be easy to do it to me the next time. (53-year-old woman, West Rural)

There was a lot of repercussions after it as well because I made a statement and then the guys who done that tried to kind of be like, 'Right what are you playing at? Why have you made a statement?' I made a statement to the police about that happening and then they were pretty much harassing me, like 'Get rid of that statement.' And I'm like, 'Why would I get rid of the statement? Like, you stabbed

my [family member]'. So, they were kind of harassing me in the gym, they were harassing me outside the gym, they were harassing me at my work. (32-year-old man, West Town)

Participants also expressed fear that reporting or disclosing their victimisation would be distressing for their family, and that the shame and emotional labour of managing family members' feelings outweighed the potential sense of justice:

I never went to the police. I think it would have made me feel worse if I'd went to the police and then [my mum] would have been involved and the whole family would have been involved and I kind of thought, 'That'll make me feel much worse than just getting on with it and not doing anything', which maybe is probably hard for someone to understand why that would make me feel worse but I couldn't have handled her freaking out. [...] I just thought, no I can't go in and say, this has happened and then she'll completely melt down and then I'll be worried about her and my sister will find out, my brother. And I just thought, no, I just couldn't. So I thought, no, forget it, just get on with it, which is kind of what I did. (32-year-old woman, West Urban)

I didn't really want the police there cos it'd be statements and calls and court. And she was going to suffer as well, she probably didn't even remember it. So I didn't really want to get the police involved for these domestics. (50-year-old man, West Rural)

Some participants were reluctant to report their experiences of victimisation due to fear of legal and social consequences for the perpetrator or their children:

You know, if you get the domestic, you're- you get bail, so you're not allowed to go to that address, so that stops her seeing her kids. [...] The last thing I wanted really was to involve the police just because of the whole situation it causes. (50-year-old man, West Rural)

If they're still having contact with the perpetrator of the violence, then sometimes the relationship is the barrier to them seeking support. Shame, embarrassment, fear, [and when] there's children involved, there's always this pervasive fear of child protection services becoming involved and what that might mean, what that means in terms of their beliefs and understandings of themselves as mothers. (Social worker, West Rural)

Fear of retribution or repercussions was also informed by the cultural stigma of grassing, which conjured a fear of retaliation and further violence as well as social ostracism for being seen to dishonour social values and loyalty to the community. Some participants had to weigh up whether it was more dangerous to report an incident or to remain loyal to the no grassing culture:

It takes a toll on you, it does take a toll on you because, either way, you're going to end up with a sore face. If you don't grass and if you do grass, you're going to end up with a sore face. So, it's- It does take a toll on you and you think, 'What's the point?' (31-year-old man, East Town)

Taken together, these various fears highlight the impact of the contexts of repeat violence previously identified: established relationships and well-developed social networks, including an active criminal economy, accompanied by anti-police norms and a masculine culture of personal retribution.

Accessing support

Participants' responses around access to support were shaped by our recruitment strategy and sites. As detailed in Chapter 2, the majority of our West Urban and Town and all our Rural participants were accessed via support services, however, these were not victim support services but rather prison throughcare and addiction recovery organisations, alongside community cafés and homeless services. The majority of our East Urban and Town participants were accessed via snowball sampling and were not currently accessing any form of support service. Very few of our participants had been referred to Victim Support Scotland (VSS) as a formal form of support for the simple reason that they had not reported their victimisation – and participants were generally unaware that they could self-refer. Only three people recalled being offered details for VSS by the police. Of those who were referred, only two followed up with an appointment. Their experiences are recounted below, but the majority of the discussion focuses on smaller local victim and recovery organisations and informal support. As will be explored in the following chapter, amongst our participants, smaller grassroots organisations were generally seen as preferable because of suspicion of formal systems.

Victim support services

We asked all participants from the lived experience sample if they had ever accessed any support services after they had experienced any form of violence; only six participants said that they had accessed victim support services, including national organisations like VSS and Rape Crisis, alongside smaller, specialist victim services.

VSS is an independent charity, funded mainly by the Scottish Government, to deliver essential services to victims and witnesses across the country. This includes practical and emotional support for victims, including support navigating the criminal justice process (including reporting a crime and attending court), advice on personal safety and rights to compensation, counselling, and links to other sources of help and support. When giving a statement to the police, victims should be offered a referral to VSS and provided with a victim care card that includes information on how to access VSS. Victims can also self-refer to the organisation and are not required to report their victimisation to the police. Many of our lived experience participants said that they were unaware that such support was available, or they were unaware that they were eligible to receive support:

I wouldn't even know what that is. (24-year-old man, East Urban)

I didn't even think there was such a thing as Victim Support. (41-year-old man, West Town)

For some people, there was an incongruence with their identity that precluded them from seeking or accepting support, most often when they did not see themselves as a

victim, or as a deserving victim. Amongst our 'unsettled lives' group, there was a deep sense of internalised disadvantage that made some participants reluctant to seek help for fear that they would not be taken seriously, or because they themselves believed they didn't 'deserve' support. Within our 'mutual violence' group, it was common for participants to reject a victim label and thus to believe that they were exempt from support services due to their own involvement in violence, largely in the Urban and Town case study areas. Participants in both groups also emphasised the risks of identifying oneself as a victim, in terms of one's sense of self-respect and respect from others:

I didn't want to admit I was a victim cos when you say you're a victim, it makes you feel like you're quite weak, it makes you feel like almost like you're a victim, you're like, no one picks on me, I'm a man, I'll stop it myself. But if I'm being completely honest, aye, I did think of myself, aye I feel like a victim of this. I didn't want to be involved in this, [...] I was involved in it, and I didn't like what happened. (27-year-old man, East Urban)

I don't see myself as a victim. Even when I've been battered and stuff like that, I still wouldn't see myself as a victim. To be fair like, if you think about like from down our way, like if you're seen as a victim, that's being seen as being weak, like somebody that can't handle themselves or can't fight for themselves or stuff like that. Even though being a victim is literally being a victim of a crime, and I was a victim of a crime, but if I had said, aye I'm a victim, like people probably would have battered me or just ripped me for it. (36-year-old man, East Urban)

We used to do work with Victim Support, support with volunteers and what they're saying was quite often they can have the same individual who is also a victim but also up for being accused as well. So, there is that cycle of maybe being the person who is inflicting the violence but also being the recipient of violence as well. So, they are victims of it, but whether they see themselves as victims or it's just something they're part of, I don't know. [...] I think sometimes maybe they're angered by certain people so much that they just see it as 'I'm in a feud with this person' but they're not necessarily a victim of it. (Local authority community development worker, West Town)

Even amongst the 'intermittent victimisation' group, who were more often victims of stereotypical types of 'stranger danger', participants struggled with the 'victim' label and discussed this as having an impact on their decision to seek victim support:

It was actually my sister that said, go to Victim Support. But I did feel a bit stupid, to be honest. I did. I think calling myself a victim (PAUSE) – you know, I just felt like (PAUSE) I know it was traumatising but when I was reading through the website and stuff about what happens – like people who get Victim Support – I didn't feel like it was serious enough. I didn't. I thought I'd be wasting their time. Yeah. I don't know. Maybe people – maybe (PAUSE) worse crimes. I mean, it was an attack, but I was OK. I was OK, I mean, I had nothing broken. (36-year-old woman, West Urban)

Professionals can often inadvertently reinforce messages that participants are not deserving of victim status or eligible for victim support through commonly used phrases such as 'chaotic lifestyle', 'placing themselves at risk' or 'engaging in risk-taking behaviour', all of which reinforce the message that participants are somewhat complicit in their victimisation, thereby undermining a sense of their right to seek support or redress.

Low levels of uptake were also related to the timing of referrals and readiness for engagement. Several participants reflected that they did not feel ready to access support at the time of police reporting, a point also raised by stakeholders:

Because at this time of contacting the police, I wasn't mentally stable. I didn't have what I had a few years up the line where I had stability. I didn't have that at the time. (41-year-old woman, East Rural)

There probably could be a bit more work done with regards to accessing Victim Support and not necessarily just after you've been a victim of a crime but later on down the road to say, 'Actually, is this still affecting you?'. Cos I think that support gets offered then and there and it's maybe later on down the line when people start reflecting on it, they maybe need that support. As opposed to them saying, 'You've been a victim of crime five minutes ago, there's a number'. Where they're going, 'No, it's far too- I'm still too angry or I'm maybe still – that's still ongoing'. It's not always necessarily that that cycle ends once police intervention happens, it can still be ongoing as well. (Local authority community development worker, West Town)

Other victim support services discussed by participants included Women's Aid and Rape Crisis, alongside several smaller, more local organisations, discussed below.

Responses from police participants suggested there was the potential for more joined-up working between Police Scotland and VSS to better support victims, with one officer highlighting the work done by ASSIST to support women of domestic abuse:

We only see one side of it when we're called out to repeat crimes all the time. You do, you refer people to Victim Support, you refer them to Women's Aid and after that, we don't really see what happens. We just are aware that there's another call to that address or whatnot. (Police officer, West Town)

I've not seen [Victim Support] often down at the court when [it has] got court business on. There is occasionally a rep from Victim Support, but I wouldn't know who they were or if you ask my colleagues if they bumped into them in the stairwell in the court would they know who they were? Probably not. [...] There's probably just not kind of joined-up thinking or joined-up working that there should be. (Police officer, West Rural)

We've got an ASSIST group, a sort of civilian side supporting the police, but we work in the same office, and they will keep a victim up to date with the progress of an enquiry, court proceedings that are coming up, assist with housing, they'll give you a point of contact and then refer on to Women's Aid to alternative

accommodation. So compared to what it used to be it's a lot better. The support for domestic abuse is night and day than it used to. (Police officer, West Urban)

Some people who did make initial contact with VSS or another support service after an initial referral said that they never heard back or received a follow-up. These comments generally came from participants in our 'unsettled lives' and 'intermittent victimisation' groups, suggesting that some people with lived experience of repeat violence are open to engaging with victim services, but require further support to establish an initial connection:

I remember them making a phone call to Victim Support and they were meant to get back to me but didn't get back to me. So, I just left it. (45-year-old man, West Urban)

They told me to phone- They gave me numbers and I phoned – is it Women's Aid? I've never heard nothing back from Women's Aid, they've never phoned me or nothing. (54-year-old woman, West Urban)

Non-response, or lack of follow-up, contributed towards feelings of inadequacy or 'not [being] enough of a victim', undermining participants' sense of self or the gravity of their experience. For example, one participant reflected on her pre-assessment phone call with VSS which she said made her feel less of a priority:

It felt to me like it was a service which was maybe underfunded or something or where they were triaging, they were trying to work out who was the most serious and to try to take it from there. [...] They have this system where it's like you phone up and someone gets back to you really quickly, someone gets back to you really quickly to try and determine how bad things are for you. And I'm self-deprecating, I understand the criminal justice system, I'm articulate or whatever, so for a range of reasons, they were like, 'OK you seem fine, you seem fine', even though I really wasn't. So they were like, 'OK, we'll give you an appointment with someone to talk to in six weeks'. (36-year-old woman, West Urban)

Some of the participants who did receive support felt that the services or provisions they received were not sufficiently individualised and that they lacked the agency to decide for themselves what might be useful. For example, one participant who suffered a random act of non-sexual violence in a public place felt that the rape alarm she was issued from a support organisation was inappropriate and inadequate, while another felt pressured into being placed in a scatter flat away from her community when she really wanted to stay in her own home:

A lot of people gather round you at these times, they would tell you, 'You know, it's best for you to get out because these things can get bigger and you can-' Just, before I knew it, I was there. That wasn't my strongest frame of mind at that point anyway. (54-year-old woman, West Rural)

Psychological support for trauma

There was also an emphasis on the need for better access to one-to-one mental health support. Even where services were described as 'trauma-informed', participants reported feeling uncomfortable disclosing personal details in a group setting:

There's certain things from my life that I'll not bring in a group and that's just through experience where I've said too much and I've regretted it. So there are things that I can talk about in a group and there's things that I can speak to one of the staff or volunteers about. (38-year-old man, West Urban)

One-to-one, that's when the best things happen. A lot of things happen in group activities but sometimes when you're in a group activity, you can hold back a lot cos you don't want people to- you don't want to expose yourself as vulnerable. And vulnerability, that's where the magic happens. (50-year-old man, West Town)

The limited availability or provision of counselling services was seen as particularly problematic for those experiencing symptoms of psychological trauma, sometimes doing more harm than good:

I went to the [NHS Counselling Service] and there was only 10 sessions which obviously wasn't enough. That was enough to open up the can of worms but not enough to deal with it, obviously. (36-year-old woman, West Urban)

When I talk, when I had so much hidden away, the bubbles were just- Everything just dries and then that would be in my mind tick-tocking again. So after I'd have one session a week and then after that I'd be completely- (PAUSE) withdrawn for like two to three hours and then normally that night I would have night terrors and then for a couple of days after. So, every time that intervention hurt. I would have to have a- I would have to relive it for that period of time. (41-year-old woman, East Rural)

These experiences sometimes exposed participants to the risk of relapse, raising distressing feelings and memories that they were then left to deal with on their own. This was particularly challenging for those living in insecure housing with limited support networks. The difficulty in offering victim support services to people with lived experience of repeat violence is that, as we have seen in Chapter 4, they often have experiences of unresolved trauma which may be intimately linked to their more recent experiences of victimisation. For this reason, some participants highlighted a need for integrated or holistic services for people who experience repeat violence rather than different interventions dealing with different issues separately:

You've got counselling that's really good at kind of looking into previous trauma but it's like people are getting affected by both sides. So if they've got the current trauma of being beholden to a drug or to alcohol, at the same time as dealing with previous trauma as in any kind of abuse that may have happened as a child or whatever, then to look at just one side of it is going to be pointless because you're not going to be able to deal with the full issue. (Peer mentor, East Urban)

One participant compared her experience of accessing support from a national service provider compared with a small local service, noting that funding restrictions can limit the impact of the support offered:

Ten sessions. They're only supposed to provide 10, that's all they get funding for but it's not enough. Anyone who's been through a service like that, working with someone, or having actually been through it themselves, you're not going to be fixed in 10 sessions. Like 10 hours of work for something that's life-changing, it's not enough. So, with [Local organisation], they don't have that limitation, there's no time limit. You'll leave the service when you want to leave, it's a planned exit when you're ready to leave. There's no pressure. So, you don't want them to become that sort of big monster because you don't want them to become so restricted. (32-year-old woman, West Urban)

As we have seen, people who experience repeat violence also often experience multiple other disadvantages and so victimisation may not be the most immediate or pressing thing that they need help with. As the following stakeholder explained:

The cases I've dealt with, it's not common to seek help. [...] Reaching out for help about that level of violence just isn't that common, it just isn't. I think if there's issues that go alongside it, if you've also got a drug or alcohol issue or if you've got a mental health issue, then there is that scope to ask for help. But it's not often going to be about specifically the violence and that's going to form part of an assessment that someone's going to make but it's not necessarily going to be front and foremost within that assessment. (Recovery worker, West Town)

This finding aligns with the data presented in Chapters 3 and 4, which highlighted participants' lifelong experiences of violence and abuse, alongside problems related to poverty, health and housing, substance use, offending and criminalisation. Whilst some participants recognised psychological trauma as a problem requiring support, they were often not currently in a stable enough situation – practically or emotionally – to pursue support. This points to the need to be able to address victimisation and trauma in conjunction with other pressing concerns, as part of a holistic approach to justice, or indeed a broader trauma-informed approach to public policy. This would involve recognising the disproportionate exposure to and cumulative impact of trauma on marginalised groups, incorporating adverse childhood experiences and trauma in adulthood.

Stakeholders in prison throughcare support organisations and participants with convictions for serious violence raised important contributions about the lack of support for dealing with the traumatic impact of perpetrating violence:

Quite a lot of the individuals that we work with suffer quite horrendous flashbacks and PTSD [linked to their index offence]. Not all my staff are qualified to work with that and we do provide as much training as we can to help individuals, but more and more people were presenting with PTSD diagnoses and really quite extreme mental health. (Throughcare manager, West Urban)

I still think about stuff that I've done now when I'm lying in bed like that, how lucky certain situations if I'd actually got to that point that night, I could potentially be doing life the now or some sort of heavy sentence or somebody could have lost their life. [...] I couldn't tell you the last time I actually slept through a full night without waking up. I can go through a couple of weeks of sleeping fine and then for a few months I'm up sometimes two or three times a night and then some nights I'm covered in sweat. (24-year-old man, West Urban)

It's that thing- (PAUSE) When you cause a- With my crime, I destroyed all sorts of families. So, then that's had an impact on all them. Maybe this is selfish what I'm going to say but it also has a heavy impact on you, but obviously that family and then that boy's lost his life as well. So, it's all that as well and then, at the end of the day, the perpetrator, i.e., me, has got to live with that for the rest of their life. The demons of that. (45-year-old man, West Urban)

Exclusion from services

Participants described ways in which they were excluded from support services through systemic or structural inclusion/exclusion criteria and rules which prevented them from accessing appropriate services at the time of need.

As discussed in Chapter 3, many people were diagnosed with mental health conditions because of their trauma, and many more self-diagnosed conditions to help make sense of their response to trauma, lacking timely access to formal psychiatric or psychological support. Formal diagnoses were sometimes required in order to access counselling:

I was getting very vivid flashbacks of the guy coming at me, me fighting him and any time I would get a fright from behind me, I was reliving it all and everything. So I asked a lot of people to see if I could get counselling and both Victim Support and the NHS told me that they couldn't provide trauma counselling until at least six months after the event because, apparently, you can't get a diagnosis of proper PTSD until six months after because in the immediate aftermath of the incident, it's just considered to be like shock or something. [...] Six months later I'm in a bad place still but whatever, I'm trying to move on with my life, etc, etc. But when I really needed the counselling was like right then and it was kind of like Victim Support were only willing to help me get immediate counselling if I was say, like, suicidal or something. And I wasn't suicidal, and I would never infer that. (26-year-old woman, West Urban)

Participants experiencing complex trauma from their experiences of violence risked being excluded from statutory services, including mental health and addiction, due to overstretched public services where in some cases, caseloads were very high or in other cases people were deemed too challenging to engage with:

You look at the issue with the drug treatment system, like a care manager will have 90 clients on their caseload. Now, you cannot work with 90 clients. You cannot see 90 chaotic people in one week. It is nearly impossible for you to do that. So, what's happening is those 90 clients are getting neglected. So, there's

negligence right across the board here, whether it's coming from social work, criminal justice, addiction, education, right across the board. We're missing so much and, again, we're so disjointed. (Throughcare manager, West Urban)

It's just really difficult because some of the guys might have severe trauma and stuff that is really disturbing them when they're on their own and it's like the crisis team will give them a phone call [but] they have to be referred from the addiction service. [...] I find we seem to get a lot of guys that statutory services find it difficult to engage with and for whatever reason it is, I don't know. (Throughcare worker, West Town)

Exclusion based on substance use was highlighted as a particular issue in statutory support services, especially mental healthcare services, which were said to operate through the hierarchy of competing needs rather than seeing the person as a whole:

Dual diagnosis is a big problem for people. What I'm finding in [West Town] is people, if they've got an addiction problem but they've also got a mental health problem, they won't see them both, they won't treat them both at the same time. The addiction service has to deal with them, or they have to be stable to be assessed for mental health. It's just a nightmare. A lot of the guys have got both going on at the same time, so they're finding it really hard to actually get an appointment to be assessed for their mental health if they've got an addiction problem. (Throughcare worker, West Town)

Homelessness and housing insecurity were also identified as barriers to accessing support, for example, trauma counselling, which requires participants to be physically and psychologically safe:

I had broke up with my partner eventually. Had nowhere to go. Stayed [at a homeless hostel] for a night. Ended up back at my mum's and then I went to my appointment at [Sexual Abuse Clinic] and she was like, 'I can't even do any therapy work if you're staying in that house. You were staying in that same room that your abuse happened. I can't do any work with you; I need to find you somewhere to stay cos you need out of there.' (36-year-old woman, West Urban)

Two participants also discussed their exclusion from accessing criminal injury compensation. In both cases participants were met with different bureaucratic criteria which prevented them from accessing this fund, reinforcing the idea that their victimisation mattered less or that they were not a 'proper' victim:

They would only offer actual compensation if you had lasting physical disfigurement. So, I had to also talk to people on the phone about it, who were [asking] 'Are you physically disfigured from this?' And I was like, 'No but I'm pretty traumatised, honestly, I'm really struggling to sleep'. [...] The process of me applying for it, because of the limited nature of it all, it almost just made me feel like, 'Oh, well I'm not really that much of a proper victim or something because I'm not entitled to any of this real compensation'. (36-year-old woman, West Urban)

I never got a claim cos I've got a criminal conviction. I never got any compensation [...] See if somebody stabs me today, I'd get nothing; I don't know what that's all about but I've not got any violence on my record. It's theft and dishonesties, no violence, no GBH or anything and that's what they said. (49-year-old man, West Rural)

Funding challenges and service gaps

When reflecting on barriers to accessing support, stakeholders highlighted that support service provision gaps, as well as the short-term and competitive nature of funding, disproportionately impacted key groups within already marginalised communities.

As previously discussed in Chapter 3, stakeholders working with children, young people, and families within areas impacted by high levels of socio-economic deprivation highlighted the impact of public service funding cuts and the closure of public spaces and services catered toward children and young people. They also discussed the unequal footing grassroots and small organisations have when competing with far larger organisations and statutory bodies for funding, and a sense of injustice that larger organisations do little with the funding they receive:

We did a mapping exercise in this area and had a look at like what's on offer for young people. So, we know this area, there's issues with young people coming all the way through from five [years old], all the way through. And this area again, like it's the largest majority of youth funding per capita in [East Urban] than anywhere else. Like we get loads of youth money for the youth work provisions in this area; I think we get more than anywhere else in [East Urban] and we've got some of the shittiest youth provisions in the city. (Youth service manager, East Urban)

Particularly within the context of austerity and increased inflation, when less funding is available, stakeholders felt that important preventative work had been de-prioritised:

The thing that really bothers me is that early intervention services across the board, they're the services that are impacted first. So statutory services have to be funded because they're statutory. Anything that's non-statutory, if somebody needs to cut a budget, that's what goes and nobody seems to have the political will to actually make funding available beyond an election cycle. And I think that's really short-sighted and missing the most important opportunities to assist people to develop different understandings about relationships, about violence, about strategies around meeting your needs in a healthy way and developing goals in your life. (Social worker, West Rural)

Young people [...] are getting involved in more risky behaviour and those risky behaviours we were then able to try and counterbalance with trips and residentials and things like that, but we physically can't do that because the funding isn't there and available anymore. (Youth service manager, West Urban)

I think it's going to get worse as well just now where we're now going through budget cuts, like the whole of Scotland is. But young people have already lost so

much, especially during the pandemic and then they were getting money pumped in to help sort from the pandemic but it's only very small pockets of funding. But it was very restricted in what they could do as well. (Local authority community development worker, West Town)

Stakeholders based across all sectors in Rural communities discussed the impact of disproportionate geographic resource distribution and the unique challenges of life in Rural parts of the country, which often relied on extremely limited bus services which prohibited access to services:

Well, one of the issues in [West Rural] I think particularly is the lack of transport, so that is definitely a barrier to accessing support from services. There's no question about that. There is actually no train, for example, from [West Rural] to [West Urban]. It's buses and you're lucky – it might be one bus a day, for example. I think from [West Rural] to [West Urban], I think there's one bus a day. So if you need specialist services at [Hospital] relating to injuries received or some sort of support service in [West Urban], then yeah, there's a bus. It's pretty dire. [...] And there's lots of areas where there's no public transport. None. (Social worker, West Rural)

As discussed further below, this entrenched socio-economic disparity as people seeking support in Rural areas had to cover private travel and public transport costs. The unequal access to support services in Rural areas compared with more accessible and Urban areas was said to create further harm, for example, self-medicating when mental health services were unavailable:

Then they become disillusioned, as you would expect, and they learn to manage it in ways that are not healthy for them, if they learn to manage it at all. Self-medicating, acting out, all sorts of behaviour. Like the suicide rate in [West Rural] is enormous and I'm not laying that all at the feet of the mental health services but obviously it's going to impact. So certainly in- Definitely in the [West Rural] area particularly, there's a global lack of services, it's not just mental health, it's all the other support services that are really, really important. (Social worker, West Rural)

Only one stakeholder discussed the limited uptake of remote victim support services in a Rural community. The impact of post-Covid digital fatigue among Rural communities meant that people were less willing to discuss their victimisation and traumatic experiences online or in their own homes:

If you've been a victim of a crime, you are eligible for a referral to Victim Support. The people who I've interacted with say in the last year when I was in response shifts, a lot of folk wouldn't accept it maybe cos they don't know what it is or it's over a phone or it's on the internet. People want to speak to people face-to-face, especially after the pandemic. And it's great in some respects that you can just click up Microsoft Teams and I can speak to my inspector sitting in [West Rural], which is great. But when it comes to things like that, especially when folk have maybe been through kind of quite traumatic experiences, they want to speak to somebody face-to-face as opposed to over an iPad. (Police officer, West Rural)

The lack of privacy or anonymity associated with smaller populated areas was also discussed as a specific challenge of accessing support in Rural communities, for example one participant highlighted feeling too ashamed to access mental health support given her familial connections:

When I did seek intervention, it was very difficult especially in [East Rural] [...] My mum [family member] was really high up in the mental health sector in [East Rural], she didn't want it to be – so there was a bit of shame in it as well. (41-year-old woman, East Rural)

Another participant highlighted that this lack of anonymity also created security issues for women escaping domestic violence, as emergency refuge sites and scatter flats had been identified:

We do have Women's Aid but the homes, the Women's Aid centre is a known now, they've been about for a while. (45-year-old woman, West Rural)

Finally, stakeholders working with migrant communities, including refugees and people seeking asylum, highlighted various barriers faced by their communities in terms of accessing support services. For example, language barriers, where English was a second or other language, and lack of outreach to or communication with migrant communities:

I think language and literacy is really important because even if the service is open to people that can be supported, they don't necessarily always have the literature or the means to communicate the services to the public. So there's a bit of a failing on the [victim support] organisations there as well. (Housing worker, West Urban)

Some stakeholders were concerned about cultural barriers, including a sense of resignation to the lack of support or acknowledgement of victimisation, trapping people in cycles of violence and social harm. The following excerpt is from a stakeholder working with refugees and asylum seekers:

I think it's become normal – normalisation. I call it normalisation of being a victim, it's normal for these people. It's part of their life. [...] Trauma every day, like being hopeless. Hopeless in terms of there is no other solution, this is what it is, this is my life, I'm stuck with this, but they carry on for years. (Mental health worker, West Urban)

A stakeholder working with the Roma community in West Urban stressed that this group were extremely stigmatised and subjected to racist discrimination, making them feel deeply disenfranchised:

I just want to really stress though like the sense of lack of entitlement and rights is so huge. Just if you imagine that there is no sense of entitlement – that's where you've got to start. [...] There's such a lack of knowledge of personal rights but just no sense of empowerment or no sense of entitlement in any way.

[...] They expect nothing and often get nothing; that's why the exploitation happens. (Housing worker, West Urban)

These entrenched forms of systemic and social exclusion make marginalised migrant communities especially vulnerable to further exploitation, institutionalised harms, and broader forms of violence – pointing to the need for further research designed with the specific needs of this group in mind.

Financial burden

Structural inequalities around service provision, availability, and eligibility created profound barriers to accessing support. Very few participants in this study had the financial means to access private sources of support, specifically counselling services. A small number of participants felt forced to do this due to the exclusionary rules around medical diagnoses, lengthy waiting times, or lack of availability in Rural areas. These participants struggled to make ends meet to cover the costs, particularly due to precarious employment and caring responsibilities:

I am in counselling, trauma counselling. It was once a week, but I had to change to once a fortnight because coming to work, looking after kids, cos I was off work [on sick leave] for eight months. (45-year-old woman, West Rural)

The only counselling I'd had any time around this was that I had an old talk therapist that I had from years ago [...] but I couldn't really afford to get her. One thing that really fucked me about the whole experience is that the [incident] happened right at the end of a precarious contract and, honestly, they were all just like, 'Sorry', you know, I mean, like, 'Tough shit', and like, 'Off you go'. So, the month right after – the month right after the [incident], I had to jump right back into my backup job of [hospitality], which was harrowing. And that was when I'm like coming into contact with a lot of strangers, all that was very, very difficult. But I used a bit of that money myself to pay for my own one or two sessions with my old therapist. But I was honestly just like, I can't afford this now, I've not got a job. So, I've got to just try and cram this all into one session. (26-year-old woman, West Urban)

Precarious employment and the cost-of-living crisis were also noted as barriers to accessing support services in Rural areas due to the cost of public or private transport to get to there:

One of the issues as well is the distance that some people are having to travel to actually access the programmes [...] The recent and ongoing cost of living rises is going to impact on people's ability to even further access support services, particularly in the rural areas. (Social worker, West Rural)

Stakeholders identified that the financial burden of reducing or avoiding repeat victimisation often fell on victims, who may lack the financial resources to be able do so:

For people that we work with, they will remain in that community, they won't move, they don't have the financial means to move, so they don't migrate, they will remain there. So that same person's going to know where they stay if they're a witness or just if they're aware if they've got a grudge against them or anything like that, they'll always become a victim of that person and of that crime as well. (Youth service manager, West Urban)

The issues with domestic violence and escaping domestic violence is reliance on finances, reliance on support networks and these are obviously decisions that victims have to make to potentially cut themselves off from all these things and it's a major issue. So, I think albeit there's support available, it's perhaps more difficult in a rural area because it means a massive change in lifestyle and help. (Police officer, West Rural)

Summary

This chapter has explored participants' experiences of the criminal justice system and accessing support, including the police, courts and statutory Victim Support. Only a very small number of participants had reported experiences of victimisation to the police, and fewer still had their cases taken forward to court by the procurator fiscal. These participants reported dissatisfaction with their treatment, framing their experiences in terms of examples of secondary victimisation. This contributed to a lack of faith in formal systems. Interaction with victim support services was also low, linked to perceived and actual exclusion linked to drug use and previous convictions.

7. The cumulative impacts of repeat violence

Key points

- The impacts and effects of repeat violence on participants' health and their help-seeking strategies are difficult to disentangle from cumulative experiences of trauma and harm.
- Participants disclosed a range of physical and mental health problems with profound and sometimes permanent consequences. A number had received diagnoses for complex PTSD, but an even greater amount described trauma responses. For some this resulted in social withdrawal and feelings of isolation; others described hypervigilance and emotional reactivity. These reactions negatively impacted personal relationships and social networks.
- Strategies for coping with trauma included regular binge or heavy drinking, drug use, fighting, and self-harm. Preference for informal dispute resolutions sometimes escalated conflict, leading to further violent victimisation.
- Grassroots support services were valued for their community connections and emphasis on holistic response. Smaller, locally based organisations were seen to offer more individualised support, with an emphasis on building longer-term relationships of trust. Lived experience gave workers credibility, alongside the experience and skills to engage people who are distrustful of more formal sources of support.

Overview

Previous chapters have developed an understanding of repeat violence as a dynamic process, rather than a series of stand-alone or successive incidents, embedded within and informed by a context of intersecting interpersonal and structural harms. Building on this understanding, this final findings chapter explores the impacts and effects of repeat violence alongside intersecting forms of harm, showing the cumulative consequences of these experiences on participants' health and well-being, and their help-seeking strategies. It begins by highlighting the broad-ranging impacts of repeat violence on participants' physical and mental health and their personal relationships, illuminating trauma responses and triggers alongside coping mechanisms which expose participants to further harm. Lack of trust and a preference for self-reliance have significant impacts on people's help-seeking strategies, and the chapter concludes by examining participants' preference for informal resolutions and community-based support.

The impacts of repeat violence

Just as it is difficult to untangle different forms of repeat violence, from one another and from the wider circumstances in which they emerge, it is difficult to untangle the impacts of repeat violence. As previously indicated, the pervasiveness of violence in many of our participants' lives meant that it was often minimised, accepted as an inevitable consequence of 'lifestyle', or overshadowed by other more pressing concerns related to poverty, addiction and homelessness. Within our 'unsettled lives' and 'mutual violence' groups, participants viewed the spaces they inhabited as generally unsafe and the people they encountered as generally untrustworthy – but as we saw previously this was linked to early childhood experiences of neglect and abuse, negative (or neglectful) contact with state systems of support, alongside cultural injunctions to 'stand up yourself' and 'no grassing', not simply direct experiences of interpersonal physical violent victimisation. That acknowledged, participants identified the following impacts of repeat violence during our discussions.

Deteriorating physical and mental health

In our 'unsettled lives' and 'mutual violence' groups, participants recounted a range of acute injuries and long-term health conditions linked to specific incidents of violence. This included (but was not limited to): broken teeth, broken bones, scars, facial disfigurement, nerve damage, sight loss, pregnancy loss, infertility, mobility impairments and coordination problems, traumatic brain injury, cognitive impairment, problems with memory and concentration, and chronic pain:

One put a knife to my throat. I managed to get away from him but when I ran, I ran up an embankment and banged my head and ended up with a detached retina which they couldn't do nothing about. (53-year-old man, West Town)

She slashed me when I was pregnant, a couple of weeks back, and I ended up miscarrying because of all the stress and that. (44-year-old woman, West Town)

But the hole in my head, the back of my head. [...] I'm scarred for life with that. I don't know, it's about two and a half inch across the back of my head and I hadn't done nothing. [...] I'm scarred for it. It's stupid. It's like getting my hair cut- Getting my hair cut, it doesn't cut right and every time I get it done it's like, that bastard done that to me. (37-year-old man, East Town)

I've got numbness in my full cheek now, so I've got nerve damage and sometimes it twitches and that and all, I've got like a nerve in my face [that] will twitch. (24-year-old man, West Urban)

These problems impacted participants' lives considerably, affecting their ability to work or have children, for example, or providing a constant visual reminder of violent victimisation (with facial scars marking them out as 'deviant' or 'dangerous').

Participants across all groups identified emotional and mental health impacts relating to particular incidents of violent victimisation, including shock, fear, anger, and distress following the event, worsening with repeat violence. Emotional and mental health

impacts could also often be long-lasting, with examples provided of flashbacks, nightmares, paranoia and avoidance:

It was like after the attack happened and I come out the hospital, I found myself- It was like flashbacks to the event because the way this certain person done it, he jumped out a car and I was just standing in the middle of the street and it was that quick, it just happened so quick. [...] But paranoia set in, man. I think it was- Phew. I was just struggling to deal with simple things, going to the shop and that. (48-year-old man, West Urban)

I'm on SSRIs (selective serotonin reuptake inhibitors, i.e., antidepressants). They give you quite vivid nightmares and that was stopping me from getting to sleep at all. Because like many trauma things, I was getting very vivid flashbacks of the guy coming at me, me fighting him, and any time I would get a fright from behind, I was reliving it all. (36-year-old woman, West Urban)

Six participants said that they had attempted suicide as a result of their experience of repeat violence. In most cases, it was not simply victimisation that caused these participants to attempt suicide but difficulties with accessing support (see Chapter 6).

Social anxiety and withdrawal

Across all lived experience groups, participants expressed fear about visiting places they could potentially re-encounter their perpetrator and this was particularly problematic when the offence took place close to their home or accommodation. Side effects of this fear included social withdrawal, 'keeping yourself to yourself', avoiding leaving home (or, in the case of homeless accommodation, your room) or avoiding certain areas (e.g., the local shop, Town or Urban centre). In some cases, participants relocated, for example, giving up their tenancy in order to avoid further harm.

Emotional and mental health impacts specifically associated with experiences of repeat violence, sometimes diagnosed as complex PTSD, included depression, anxiety, and panic attacks:

I ended up paranoid, my anxiety and that went through the roof, and I ended up in the [Secure hospital]. That's where I ended up. [...] I've got PTSD, my depression and my anxiety all came through all that sort of stuff, and I was basically paranoid. [...] I'm always looking seeing if anybody coming from behind. And I'm like, my head's always going in a circle. (43-year-old man, West Town)

I get paranoid and scared walking about the town in dark places. I hate it. I take panic attacks and all that. I suffer severe depression through everything that's happened to us in the past. [...] I can't sleep, I can't think right. (45-year-old man, West Urban)

For such participants, potentially unpredictable situations led to feelings of anxiety or paranoia related to a fear of attack. Young men in particular described how this limited their mobility to the local neighbourhood, which could in turn adversely affect leisure and employment opportunities:

It's just you're not comfortable in like crowded places or that. You're not comfortable in busy places, in places out of here cos there's a lot of chances that something might happen. You're on edge. You don't know what you're on edge for, but you are on edge. [...] I just don't like being anywhere other than here. (19-year-old man, East Urban)

Some participants talked about fear and mistrust of particular groups within their community, including different ethnic groups or migrant groups. This sometimes resulted in hostility and violence. Others reported that 'you can't trust no one'.

Heightened feelings of insecurity and anxiety led some participants in the 'unsettled lives' and 'mutual violence' groups to carry weapons out of concern for personal safety, and several people we interviewed said they had dogs as a form of protection (as well as companionship):

Firearms was the last thing I was in for, but it wasn't a case of using it or anything like that. It was more protection for myself cos I wasn't from the area and my mental health was really bad and I was terrified. [...] It never even had bullets in it. I didn't want bullets in it, I just wanted to make sure people stayed away from me and left me alone. [...] But the way I live now, I've always got a big dog. I've had a lot of Pitbulls, American Pitbulls, I've got a big Belgian Shepherd just now, he's massive and he's like a really dangerous guard dog but he doesn't go out without a muzzle. (45-year-old man, West Urban)

Emotional reactivity and hypervigilance

Rather than withdrawing socially, or avoiding risky areas, some participants responded to the threat of violence head on. This could involve deliberately seeking out violent confrontations as means of discharging pent up emotions, or responding disproportionately to perceived slights or insults. When describing these scenarios, participants usually presented themselves as responding reasonably, though sometimes they acknowledged that certain situations 'triggered' them or that they had problems 'tolerating' unpleasant emotions. Either way, such outbursts were understood to have a protective function:

At parties, everyone has a laugh and winds people up. If someone takes the mickey out me, I would start over-thinking it and I'd be like- [...] I started getting anxiety, thinking, 'They're taking the piss out of me, they're taking this piss out of me'. I wouldn't ever have a comeback or a joke back. I'd be like: [Motions squaring up] 'I'm becoming a victim I need to act', and then I'd act, you know, and it's stupid because, say this wee quiet guy, I'd just bang and explode. (39-year-old man, East Rural)

My brother and his girlfriend were fighting. I got a flashback of my mother and dad. I was in the middle of getting my carpet laid and there was a Stanley blade on the floor. I got the Stanley blade and stabbed my brother. (47-year-old woman, West Town)

It is important to understand such reactions as social and not just psychological, since they were socially learned and culturally transmitted. Participants who had difficulty walking away from violent encounters often made reference to notions of respect, reputation and in/justice, the need to stand up for yourself and protect vulnerable others, even if that meant 'taking a beating'. As previously discussed, this 'code' is linked to both the stress of living in deprived and violent circumstances and the sense of alienation associated with the failure of state systems.

Hypervigilance, an elevated emotional state of assessing potential threats, was another common theme, across different groups of participants, with references made to 'running on fear', 'like a tightly wound-up spring', 'looking over my shoulder constantly', or 'wing mirrors on all the time':

I'm always on my toes and like I always know my surroundings, if I go on a bus, I'll sit at the back of the bus so I can see – even before, this is before it happened to my face, just so I could see everything round about me. If I get on trains, I sit with my back in against a wall or in a corner so I can see everything. (24-year-old man, West Urban)

It's like you're on edge constant. [...] Totally 100% aware of what's going on. [...] It's like muscle memory, it's imprinted on your brain: 'Right, there's two guys behind me that are there. I need to go and sit in the corner, so I can see what everybody's doing and see when they start acting dodgy towards me'. And that's the mindset that you're always in. (27-year-old man, East Town)

This hypervigilant, threat-sensitive way of life was exhausting and participants sometimes talked about how they sought out violence, drugs and alcohol to break the tension:

I used to kind of harm myself to stop- to try and be like- to try and gain back control. So, it'd be like he'd be doing this to me, and I was completely out of control of my feelings and what he was doing and what the consequences would be. It was my home that we shared, and I kept thinking I'd get chucked out and all this type of stuff. But I just used to lock myself in the bathroom and I'd cut myself because I was like, 'I have to get control of this situation and I'd rather harm myself than him harm me'. (30-year-old woman, West Urban)

I drank a lot, took quite a lot of drugs. [...] It wasn't recreational. I think I would have said it was at the time but looking back on that, that was a serious problem. But I don't think I recognised it at the time. I probably wouldn't even have said it was a coping mechanism at the time either. Again, you know, hindsight's a good thing because I can look at it detached now and go, 'Of course, that was a coping mechanism' and 'Of course, it's because I was feeling awful'. It was just oblivion basically. (32-year-old woman, West Urban)

These coping strategies often put people at greater risk of repeat victimisation, not to mention criminalisation. Some of the participants' more positive strategies for coping with repeat violence included writing, walking, meditation, yoga, and breathing exercises, often discovered as part of recovery support.

Personal relationships and social networks

Being emotionally reactive, alongside problems with substance use, made personal and intimate relationships challenging to maintain for some participants. Within interviews, participants often disclosed having difficulties forming emotional connections with other people, particularly in the context of intimate relationships, as well as problems getting along with people, discussed in terms of 'attachment issues' and 'trust issues'. This sometimes manifested itself in recurrent involvement in what were described as 'intense' or 'toxic' relationships, linked to a search for love and protection:

I was in homes from I was 11 till I was 17 and then when I left- I got thrown out the children's home and I started going out with a guy and that was my first sort of proper relationship. And it was quite- It was like- It was a completely controlling relationship. Like we took heroin together and at first it wasn't that bad, but it just got worse and worse over time. He used to beat me up, lock me in the house. But it was gradual, it was sort of gradual. I think I was always looking for somebody to look after me. I was looking at the wrong sort of people, I think. (38-year-old woman, West Urban)

I had attachment issues and that's the way I see it. When I was going into relationships, I was looking for somebody to bond to and then that impacted upon like when there was splits and stuff like that. (53-year-old man, West Town)

It gives you major trust issues. You can't really trust the people you love. (33-year-old-man, West Urban)

No matter what I went through in my life, all I really wanted was to be loved and cared for. (32-year-old man, West Urban)

The cumulative impact of repeated experiences of violence within the context of personal relationships – including the family, intimate partners, friends and community peers – contributed to a sense that the world is an unsafe place, where people are not to be trusted. This not only manifested in fears for one's own safety but fears for one's loved ones, which for some men resulted in controlling behaviour (of their intimate partners), chivalrous violence (in response to men's violence against women), and attempts to teach children (particularly sons) 'to look after themselves':

Terrified. Terrified that he's my boy, terrified that he's the same as me. Fucking used to think I'd be scared because people would want to get to him to get to me. Now I'm fucking scared that he's not going to back down from something that he should. [...] I don't want my bairns to walk about being fucking hard because the next hard [guy]'s wanting to beat him to make his name. I don't want that, but I do want them to be able to protect themselves. (40-year-old man, East Town)

I was one of these ones like if my girlfriend didn't come home, I'd be like, 'Where is she? Where is she?' kind of thing. And it was a safety thing as well because I knew I wasn't safe when I was growing up and I knew- (PAUSE) what some

women were enduring by being forced to go into prostitution and all the rest of it. (53-year-old man, West Town)

I would go and fight three fucking men that were trying to set about a bird. It doesn't stop me, it doesn't bother me, I'm not scared of you three, if you're fucking onto that bird and you're all coming at me instead and it's fucking shit that I don't agree with that. (40-year-old man, East Town)

They're not cheeky kids but they're not going to just sit there and take shite that they don't deserve. They'll stand their ground. My oldest son, he asked me advice on a bully. [I: What advice did you give him?] The only advice that a dad would give his son: get him on his own. So, the very next day, the kids' mum, sent me a video. (LAUGHS) So my wee boy approached the guy and put him straight, then took him round the corner and put him straight again (LAUGHS). I phoned him that night and I was like that, 'That's that guy, you've dealt with him, now he'll stay away from you, cos he'll know that you're not to be messed with and his pals will not come near you either cos you just got the big guy'. I told him that as well: the big guy, the one that causes it, the instigator, get him on his own. So, he got him on his own. (38-year-old man, West Urban)

Parents also recounted how they encouraged children to stay home, where they could keep an eye on them and 'keep them safe'. This exposed children and young people to other risks, including exposure to violence and abuse online.

Grassroots and informal responses

Continuing the theme of self-reliance, this section considers the cumulative impact of interpersonal and structural harms on participants' help-seeking strategies, exploring their preference for informal resolutions, community-based, and peer-led support. This is supplemented by a discussion of the value of local partnership working, a theme highlighted by several of our stakeholders. As discussed throughout the report, participants were generally unwilling to seek help from formal state agencies, partly because of the harms they had experienced at the hands of the state, and partly because of community norms linked to the criminal economy. Reluctance to engage with formal institutions was particularly prevalent amongst men, who often felt that they had to present as autonomous and capable to maintain their self-respect. Where women expressed reluctance, this was generally linked to past negative experience(s). Where support was accepted, it was usually in the context of community-based recovery groups, led by peer mentors with lived experience.

Informal resolutions

Many participants explained that they would prefer to deal with issues directly rather than report to the police or authorities. Particularly amongst our East Urban and East Town participants, who were not currently accessing services, there was an emphasis on 'sorting things out' yourself as a matter of respect:

It's more if somebody hits you, you don't go to the police, you go and batter them back. Just the way we were brought up. The police don't really give a fuck, so we were just brought up to defend ourselves. (24-year-old man, East Urban)

Like if you get assaulted, if you want to do something back about it, then you go and do it yourself, you don't bother going to the police. The police don't help people out. (36-year-old man, East Urban)

This reinforces much of the discussion from Chapter 3 regarding a culture of violence, rules around not grassing, and traditional models of masculinity, including fathers encouraging and rewarding violence as a form of self-defence. Dealing with conflict directly was viewed as more honourable than seeking state support, particularly where participants were concerned about maintaining their reputation and strong social bonds.

One participant discussed the sense of solidarity in their community about how issues like housebreaking and theft were resolved or restored by contacting the local drug dealer, rather than the police:

If there was somebody who was the sort of main drug dealer in the area, you'd go to him and say, 'Listen, somebody keeps breaking into my fucking house, you're going to need to get them to stop it like or I will go to the police'. And that person would go, 'I'll sort that'. And before you knew it, the person's TV and whatever would be back at their doorstep with an apology. (Peer mentor, East Urban)

Some participants discussed how informal resolutions were imposed by peers or 'gangs' when they had been victimised. In the following excerpt, a participant describes being paid informal compensation by the person who stabbed him:

Know what he said? 'Here, stab me back'. I [was] only a wee guy and I'd not stabbed anybody. I was like that, 'I'm not stabbing you.' So [gang leader] comes in and goes, 'A hundred quid every stitch'. Fucking ended up 800 quid that day off him. (43-year-old man, West Town)

Of course, the availability of alternative resolutions as a restoration of conflict was not always regarded positively, particularly when people were on the receiving end of violent restitution for a perceived wrong or slight. In the next example, a participant explains that he was shot for stealing a local gang leader's car:

I looked in the glovebox and seen the ID and I was like, 'Oh no'. And he knew it was me right away because I was well known for it. He came to my mum's door with a shotgun in their hand and took me away and shot me in the leg. I thought he was going to murder me and all they were wanting was the ID back that was in the motor. I gave them it and they still shot me. (45-year-old man, West Urban)

The preceding examples demonstrate that much of the victimisation experienced by participants was hidden from formal channels, with people usually responding to victimhood directly without recourse to state agencies and actors. Of course, the major disadvantage of this approach was that it could result in a never-ending cycle of tit-for-tat retaliations, as described in Chapter 5.

Community-based support

Where support was accepted, it was usually in the context of community-based recovery groups. As previously discussed, most of the participants in our West Urban, West Town and Rural case study sites were accessed via prison throughcare support, addiction recovery support, homeless services or community cafés. They were unanimously positive about these services, citing the value of community connections and lived experience as well as the benefits of peer-led harm reduction. All of these services can be categorised as ‘grassroots’ community development approaches, insofar as they sought to tackle inequality, disadvantage and exclusion through participatory processes that encouraged discussion and ownership, including the employment of paid and volunteer peer support workers or ‘mentors’.

The potential of community development as a means for violence prevention was recognised by a local authority manager in one of our West case study areas (picking up on the discussion of the value of community policing in Chapter 6):

Within a community-based setting, we could potentially prevent the incident from happening in the first place rather than reacting to an incident that’s taken place thereafter. Because what you tend to find is that it tends to be from certain areas. So we could be in those areas, we could really work with those areas. To me, that just goes back to good community development work. It goes back to people having eyes and ears in that community and understanding where the pressure points are going to be. (Local authority manager, West Town)

Lived experience participants also highlighted the importance of local knowledge and relationships, emphasising the role played by peer mentors, who may work in a voluntary or paid capacity, and provide a wide range of practical help and support, including gathering information about local education and employment opportunities, helping with the completion of application forms, and accompanying participants to court appearances or meetings with service providers:

They’ve helped us with my house, they’ve helped us with my applications for my PIP, my money, they’ve helped me deal with all that, they’ve helped us with budgeting, they’ve helped us with food when I’ve not had it, they’ve helped us with- They’ve gave us every bit of support that I’ve needed. Counselling, they got us tied in with a counsellor. And now, [Name]’s asked me to open up a recovery meeting here cos she sees a lot – there’s a lot of people see something in me that I’m only just now beginning to recognise. (38-year-old man, West Urban)

The community aspect of recovery groups and cafés was also emphasised, providing participants with a safe space to meet with people who have shared experiences, providing routine and stability and the opportunity to develop meaningful relationships and wider pro-social connections:

Aye, it’s a good group, aye. I really enjoy it. You learn a lot about like trauma and all that stuff. Like, you learn that you’re not the only one going through it and all that, know what I mean? It’s just a good wee group, it gives you something to do. (31-year-old woman, Rural East)

Coming to the group, it helps me stay away from those kinds of people that's in town. And those people [in the group] have been through what I've been through, they've got the same kinds of experience. It's a good place to come and talk and you feel safe to be able to talk. (34-year-old man, West Urban)

Peer mentors and workers with lived experience generally had similar social and cultural backgrounds to the people they were supporting, often because they grew up in the same community. They were also likely to have similar experiences of repeat violence, drug use, criminalisation, and homelessness, which helped them to relate to the people they were supporting. This is illustrated by the following two excerpts from interviews with peer mentors:

I come from a violent background and taking drugs. That's all I've really known since I was maybe 16, 17, taking drink, drugs, whatever. Just ended up in and out of jail until I was about 30 odds. But that helps me in the work here to relate to people cos a lot of them know me from my old antics. [...] A lot of the guys know me from the town and they know what I used to do and what I used to get up to. So they would try and maybe lean on me cos they know where I had come from and what I'm doing now to change my life. [...] If you've lived experience, then guys can look and they can see: 'He's done it, you know, try and follow the things he's doing, just to keep yourself clean to start with and then you can start putting positive stuff in your life'. (Peer mentor, West Town)

The kind of things that I've been involved in, the kind of things that I've subjected other people to, the kind of things that I've been subjected to, were like a really long apprenticeship for doing the job that I do just now. I've got a fairly good insight when chatting away to people. [...] I can definitely empathise with being a victim of violence, I can definitely empathise about hating yourself because you're just so angry at everybody. [...] I can walk alongside them and use some of the more negative parts of my life as positives. (Peer mentor, East Urban)

Participants reflected on the value of workers with lived experience as follows, highlighting themes of trust and credibility:

You can't buy lived experience. You cannot buy that. The identification, the similarities. They've been through the same or similar to what I've been through and they're through it. So what advice can I take from them that I could use in my own journey, so I can get to where they are? (38-year-old man, West Urban)

[Worker 1] is from [District 1]. That got knocked down and that was a whole different world, that was a lot worse than all of here. And [Worker 2]'s from [District 2], that's another deprived area. So they both know what it's like. [...] That's why [Worker 1] and [Worker 2] have the respect they've got cos they've been through it all what we've been through, they know what it's like. They understand our backgrounds. (19-year-old man, East Urban)

These excerpts also highlight how peer mentors can play an important role in supporting change, with part of their effectiveness coming from them being important

role models for change and growth themselves. Shared experiences also gave peer mentors credibility to engage with people who are distrustful of more formal mechanisms of engagement, highlighting the importance of grassroots responses to repeat violence.

Peer support workers know what is going on in their local areas in terms of crime patterns and issues that people are coping with. They also understand how people with lived experience of trauma respond to potential threats, and therefore can read situations that are developing and work to de-escalate conflict. This is illustrated in the following excerpts:

Normal youth workers know how to work with normal bairns. [Worker 1] and [Worker 2] know how to work with bairns with behaviour, criminal backgrounds, might have a shorter fuse than normal bairns. [Worker 1] and [Worker 2] know how to work with that and that gets them respect. (19-year-old man, East Urban)

Literally half an hour ago, I was in a de-escalation situation with a gentleman downstairs just because he felt that he had been slighted in some way and his go-to is to ramp himself up to be the scariest person around. But if you have a wee chat and have a coffee, then you usually find that there's other things going on. (Peer mentor, Urban East)

Because they understand the wider challenges of issues like drug addiction and psychological trauma, peer mentors have the confidence to respond to situations using their own discretion, where possible keeping the people they work with away from the attention of the authorities. This is part of what distinguished them from national, government-funded organisations, however, several participants also emphasised how smaller, grassroots organisations would also 'go the extra mile':

They're more than youth workers like because, it's like youth workers do their job until they're finished, then they just chuck you out. But [Worker 1] and [Worker 2]'s more than that. They want to make sure you're alright, that you're going home with a full belly. [...] They show you care and they talk to you more as in they're your friend or your family and not a youth worker who's above you. [...] They don't forget about you. (20-year-old man, East Urban)

Most of the staff who are here are from [West Town], so there's that sort of grassroots feel about it. [...] The likes of [National organisation 1] and [National organisation 2], a lot of the staff there are leaving [West Town] at 5 o'clock, at the end of the day, and they're going back to wherever they're from. That community connection's a wee bit lost with these larger organisations. (Mental health organisation manager, West Town)

In comparison with larger organisations, smaller services were also seen to be able to provide more of a personal service, because they were not bound by national standards or procedures.

Local partnership working

The importance of being able to be responsive to the needs of the local community was also raised by stakeholders working at a strategic level, who emphasised the importance of a partnership approach to tackling repeat violence. For example, stakeholders working in Rural and Town settings saw themselves as being at an advantage, insofar as the scale of the community permitted a service delivery model that reduced 'silo working' by bringing partners together, sometimes in the same office or other centrally-located community space. This permitted managers to get an overview of the issues affecting their area, and also to develop a detailed understanding of the issues facing particular individuals and groups:

I think there's a uniqueness about the nature of partnership working because we're such a small local authority. [...] I'm based within the health and social care partnership and based within justice social work. So, I think there are some other agendas that I can bring to [community justice] in terms of particularly some of the journeys that service users will have been on. [...] I'm embedded within a department where actually I still get that meta view but actually I get to hear stories of individuals. [...] I've got colleagues who sit within a community safety setting and justice is part of their portfolio. But I get a real sense of taking it beyond that step of actually understanding why some people who're involved in justice are some of the most marginalised people within our community, the impact that trauma has, [...] understanding the frequency of violence of certain individuals [is] because their family has a past, or the community in which they find themselves in. So I think I would maybe miss an awful lot if it wasn't for sitting in this department. (Local authority manager, West Town)

Co-located partnership service provision brought benefits for people accessing multiple services, innovatively reducing barriers by bringing services to individuals and marginalised communities. An example in one Rural community was using the primary school as a central hub for essential services, simultaneously hosting the local food and clothing banks, GP and nursing team, benefits and job centre representatives, and drug harm reduction workers while also co-opting the local fire station as a refuge site for people fleeing violence.

Picking up some of the points raised by lived experience participants in the last section, the following excerpt highlights the value of holistic models of service delivery, facilitated in this case by partnership working and co-location. It also reiterates the importance of community networks – and the contribution that small-scale, grassroots initiatives can make in fostering local connections, tackling stigma and addressing isolation:

Whether it's housing, or health, or benefits, or mental health, or addictions, everybody knows who everybody is in the area and that's been the beauty of having that co-located team and it doesn't matter what the front door is, you can come into the school to get health pointers or you can go to the women's group if you're scared about domestic violence. So no branding anything as: you come here for your mental health, you come here for your addiction support. You open the doors- Like: 'If you've got any issues, let us know what they are and we can organise that for you, we can sort that out for you'. (Local authority community development worker, West Rural)

Throughout these conversations, there was an emphasis on adopting an ‘asset-based’ or ‘community development’ model of working, involving and empowering local communities and disadvantaged groups. This way of working was often evidenced in our access negotiations, where we often had to present our research access request to an advisory group of service users who decided together whether to grant us permission to speak to people using their service.

Summary

This chapter has explored the impacts of repeat violence alongside intersecting experiences of structural exclusion and social harm, recognising the cumulative effects of trauma and harm across the life course. It began by highlighting the broad-ranging effects of repeat violence on participants’ health, wellbeing, and feelings of connection to others, illuminating trauma responses and triggers, adverse impacts of justice interventions and support accessibility, and feeling threatened and unsafe in the world. Previous chapters indicated the impact of structural and cultural factors on whether or not people report further victimisation; the remainder of this chapter explored the impact on how they might seek or access support. Grassroots support services were valued for their community connections and emphasis on a holistic response to repeat violence. Lived experience gave workers credibility, alongside the experience and skills to engage people who are distrustful of more formal sources of support. Local partnership working and asset-based community development approaches were highlighted by stakeholders.

8. Conclusions and recommendations

Overview

This chapter summarises the key findings of the research based on our analysis of the interview data and includes related policy recommendations which have implications for criminal justice and beyond.

Research design

The study aimed to provide a qualitative understanding of interpersonal repeat violent victimisation in Scotland by exploring the views and experiences of people with lived experience of repeat violence, not all of whom identify as victims. This included people with convictions and people with multiple complex needs.

Research questions included:

1. What are the characteristics and circumstances/contexts of people who experience interpersonal RVV?
2. What are victim-survivors' understandings and experiences of RVV?
3. What impact does interpersonal RVV have on victim-survivors?
4. What are victim-survivors' experiences of seeking help and support with RVV?

Fieldwork took place over 12 months, focusing principally on in-depth, qualitative interviews with people with direct experience of repeat violence (n=62), alongside shorter, semi-structured interviews with community stakeholders (n=33). To provide important contextual data on communities and services, this primary data collection was centred in distinct, geographically defined communities: Urban, Town and Rural areas characterised by high levels of deprivation and violent victimisation.

Key findings

Following the original research specification, guided by the international literature on repeat violence, our recruitment strategy targeted people living in communities affected by deprivation, people with convictions and people defined as having multiple complex needs. Most participants experienced violence across the life course, but the nature and intensity of this violence changed according to their circumstances, for example increasing in tandem with escalating substance use and diminishing during periods of recovery support. For others, experiences of violence were more time-limited, though the impact of such violence and external responses to it could be long-lasting.

We distinguished three groups or 'clusters' of lived experience of repeat violence within our sample:

- Unsettled lives: Comprising men and women aged 25 to 59 years, many of these participants were currently homeless or living in supported

accommodation and in recovery from addiction, experiencing deep poverty. They reported the most persistent patterns of repeat violence across the life course, often beginning with childhood experiences of abuse, with men reporting more physical violence and women reporting more sexual violence. Domestic abuse was another common experience in this group, reported by some men and almost all women. Recent experiences of repeat violence were usually related to the drug economy, presented as part and parcel of what participants referred to as a 'chaotic lifestyle'.

- Mutual violence: Mostly men, aged 16 to 44 years, living in social housing, this cluster of participants was predominantly involved in violence between young people in the community, tit-for-tat neighbour disputes, or violence in or around the night-time economy. Often fuelled by excessive amounts of alcohol, such violence was normalised: described as 'recreational', or as an informal form of dispute resolution. This group were resistant to thinking of themselves as victims despite sometimes receiving very serious injuries.
- Intermittent victimisation: Mostly women aged 25 to 44 years, this group of participants portrayed violence as being 'out of the ordinary', confined to particular contexts or periods. Most repeat violence experienced was either (a) domestic or sexual abuse confined to one relationship⁸ or (b) multiple, unrelated incidents of sexual and/or physical violence usually starting in their teens and mostly perpetrated by peers or acquaintances, and sometimes strangers. Victims of intermittent violence reported alcohol and drug problems or recreational substance use, commonly presented as a way of coping with victimisation.
- These clusters point to the importance of paying attention to the different contexts and characteristics of different forms of violence and approaching violence as a dynamic condition rather than a series of disconnected events.

The role of gender

The research confirmed gender-based understandings and patterns of repeat violence, with men who have been on the receiving end of violence more likely to identify as perpetrators and women as victims. These identifications were linked to gendered norms relating to violence and victimisation since most of the men and women we interviewed had both perpetrated violence and been on the receiving end of violence, though men had typically engaged in more persistent and more serious forms of physical violence and women had experienced more sexual violence. A minority of men and a majority of women reported physically violent victimisation within the context of intimate relationships, with physical violence perpetrated by men often more persistent, more serious, and more commonly accompanied by coercive control.

⁸ Within the confines of this one relationship, participants usually reported a pattern of controlling behaviour alongside the threat or use of physical or sexual violence. Sometimes experiences of violence within relationships were described as 'a one off' rather than part of a pattern.

The role of drugs and alcohol

Drugs and alcohol featured prominently in participants' accounts, with connections commonly made between poverty, violence and the drug economy, and alcohol, violence and the night-time economy. As well as being understood as drivers of repeat violence, both drug use and alcohol use were described as a means of coping with the impacts of repeat violence and trauma. People who experienced drug- and alcohol-related harms faced barriers to accessing victim support.

Community context

Participants made a connection between poverty, violence and the drug economy within their communities – and this was linked to industrial decline and generational deprivation, lack of local jobs and services, housing inequalities and concentrated disadvantage, social norms sanctioning specific forms of violence, a defensive culture of non-cooperation with the police, and models of masculinity emphasising self-reliance. The high frequency of violence, experienced across different settings, meant that violence was often presented as an endemic, embedded, routinised and normalised feature, though different forms of violence were differently tolerated by different groups within the community. Positive features of communities included close family connections, shared place-based identity, loyalty, and community spirit.

Individual characteristics

The life histories of people who experienced repeat violence were characterised by childhood experiences of neglect and abuse, bereavement and loss, and psychological trauma. They had also often experienced a series of systemic exclusions across their life course, including experiences of being 'looked after' and 'locked up'. Participants reporting a greater number of diverse experiences of trauma and harm in their background reported more persistent repeat violence as adults. These institutional histories had an important impact on their vulnerability to violence and exploitation, their sense of self-worth, their faith in state systems, and their help-seeking behaviours.

Experiences of repeat violence

Participants discussed a range of different forms of violence, including violence between young people, violence in the NTE, community disputes, violence related to the drug economy, violence in institutions, sexual violence and domestic violence. These different forms of violence were described as being overlapping and co-constituted, emphasising an understanding of repeat violence as a dynamic process, wherein diverse forms of violence inform, transform and amplify one another. Pervasive violence across diverse settings informed participants' perceptions of what constituted violence, with 'real' violence restricted to serious violence involving physical injuries inflicted against 'innocent' victims. Physical fights as means of dispute resolution or a form of recreation were deemed to involve willing participants – and therefore no 'victims' (unless things went too far).

Impacts of repeat violence

The impacts and effects of repeat violence are difficult to disentangle from accumulated experiences of associated trauma and harm. Participants disclosed a

range of physical and mental health problems with profound and sometimes permanent consequences. A number of participants had received diagnoses for complex PTSD, but an even greater amount described recognised trauma symptoms, including flashbacks, nightmares, paranoia, and anxiety. For some this resulted in social withdrawal and feelings of isolation; others described hypervigilance and emotional reactivity. These reactions negatively impacted personal relationships and social networks. Strategies for coping with trauma included regular binge or heavy drinking, drug use, fighting, and self-harm. Participants were often driven towards such behaviours because family and social support systems were absent.

Attitudes towards reporting repeat violence

The majority of participants in our 'unsettled lives' and 'mutual violence' groups said that they did not and would not consider reporting victimisation to the police, even in cases involving serious injury and hospitalisation. This was linked to rules and repercussions of 'no grassing' and a desire to deal with violence themselves, as well as previous negative experiences with the police, e.g., as a result of being arrested. Within our 'unsettled lives' cohort, there was a deep sense of resignation about victimisation linked to stigma and deeply internalised disadvantage. In other words, they did not see any point in reporting because they did not think they would be taken seriously, or that they deserved support. Participants in our 'intermittent victimisation' group were more likely to consider reporting but expressed reservations based on previous experience of police and criminal justice interactions as victims.

Experiences of the criminal justice system

A small number of participants had ever reported experiences of victimisation to the police, and fewer still had their cases taken forward to court by the procurator fiscal. Most of these participants were in the 'intermittent victimisation' group. As a group, these participants reported dissatisfaction with their treatment by the criminal justice system, recounting examples of insensitive questioning, invalidation, and lack of support or representation, experienced as secondary victimisation. Negative experiences with criminal justice contributed to a lack of faith in formal systems, reinforcing a pervasive sense that nobody cares and no one is coming to help. Despite these negative views and experiences, participants often held community police in high regard, largely because they had taken the time to build meaningful relationships with people within the community.

Experiences of accessing support

Outwith the 'intermittent victimisation' group, very few of our participants had accessed victim support services. Participants in the 'mutual violence' group did not see themselves as victims and tended to adhere to masculine norms emphasising self-reliance. People with 'unsettled lives' often considered themselves as exempt from support services due to their own involvement in violence, or they were actively excluded due to their substance use or housing status. Low levels of uptake were also related to the timing of referrals and readiness for engagement, with several participants reflecting that they did not feel ready to access support immediately after the event, sometimes as a result of insecure living circumstances. One of the major difficulties in offering victim support services to people with lived experience of repeat

violence is that they often have other more pressing concerns, such as finding suitable accommodation, alongside prior experiences of trauma.

Preference for informal and grassroots solutions

Many participants explained that they would prefer to deal with issues directly rather than report to the police or any other statutory authorities. This preference for informal resolutions sometimes resulted in an escalating series of tit-for-tat disputes, related to further violent victimisation. Grassroots support services were valued for their community connections and emphasis on holistic response. Smaller, locally based organisations were also seen to offer more individualised support, with an emphasis on building longer-term relationships of trust. Lived experience gave workers credibility, alongside the experience and skills to engage people who are distrustful of more formal sources of support.

Summary

Taken together, these findings demonstrate that people who experience frequent and serious repeat violence usually do not bring this to the attention of the authorities, meaning that their victimisation ‘doesn’t count’ in terms of the officially recorded picture of crime. When they do report victimisation they feel dismissed, discredited, and devalued by state-funded organisations and institutions.

This suggests that violence prevention strategies that draw solely on official data relating to offending and self-reported victimisation to target their efforts are unlikely to fully address the complexities of repeat violence and cultural attitudes towards reporting and accessing support effectively. Doing so requires an understanding of the local community context of repeat violence, based on relationships of trust with local community members and representatives.

The findings also point to the need to develop support services that are more inclusive of people with experiences of repeat violence, and which foster empowerment.

Recommendations

Distrust in authority is a major barrier to reducing the harms caused by interpersonal repeat violence in Scotland. To address this effectively requires a commitment to tackling the structural harms which are integral to the everyday experiences of people with lived experience of violence. According to our data, these include:

- Poverty and inequality
- Exclusionary educational experiences
- Inadequate responses to bullying within school
- Inadequate safeguarding arrangements for looked after children and young people
- Lack of access to youth services and community facilities

- Exposure to violence, bullying, exploitation, and drug abuse within institutional/communal establishments including prison and homeless accommodation
- Lack of access to mental health support
- Inadequate and overcrowded housing
- Barriers to employment

Cumulatively these harms create a strong sense that people living in deprived communities, people with convictions and people with multiple complex needs ‘don’t count’ as victims. They also work together to produce cultural norms and/or psychological trauma that make repeat violence more likely.

The findings also speak to the significance of intersecting forms of injustice – relating to gender, race or ethnicity, disability, sexuality, and nationality or migration status. These intersections create distinct experiences of violence that require further examination to arrive at a more complete understanding of RVV in Scotland. At the same time, it is important to acknowledge the high-quality and robust research evidence that already exists on the prevention of violence against women and girls, which tends to be studied separately from other forms of violent victimisation but contains important insights for responding to RVV more generally.

Public health and gender-responsive violence prevention

The findings support a public health approach to violence prevention, identifying multiple forms of violence that intersect, alongside a complex interplay of individual, relationship, community, and social factors which shape vulnerability to victimisation and support-seeking strategies. However, they also support a gendered approach to violence prevention, which recognises that men and women are differently impacted by different forms of RVV, with men disproportionately the victims of violence from other men in public and women disproportionately affected by sexual and domestic violence from men known to them. Prevailing social constructions of masculinity mean that men who experience RVV struggle to perceive themselves as victims and this can prevent them from seeking support. Men also receive less recognition as victims and there is a lack of services tailored to their needs.

The complex nature of the challenges identified means that no one sector can prevent repeat violence on its own, but rather there is a need for a strategic response involving multi-sectoral collaboration. This includes collaboration between community justice and the VAWG sector in Scotland. Examples of what this might look like include:

- Victim services: Advertise victim support services to people accessing homelessness and drug and alcohol services; Revisit the timing of victim support; Provide sustainable funding for grassroots organisations that provide specialist, holistic support; Challenge the stigma around and increase the availability/visibility of services supporting men who are victims; Provide funds to cover transport costs for attending victim support services.
- Court: Routinely offer special measures adjustments to all victims and witnesses, regardless of vulnerability criteria.

- Policing: Prioritise community policing; Training for all call handlers and first responders on domestic abuse and sexual violence so that they can provide a gender- and trauma-informed response; Offer choice to speak to a woman officer; Assign a named officer as the key contact point for individual victims; Provide signposting to local victim support services and grassroots organisations; Provide welfare checks; Keep victims informed.
- Housing: Increase housing stock to meet the needs of the local population; Improve emergency and temporary accommodation conditions and security provisions; Identify minimum standards of service provision and safety; Implement statutory inspections to hold emergency and temporary accommodation services accountable to at least minimum standards; Reduce barriers to requesting a change to social housing within the community or between local authority areas when escaping violence.
- Prison: Take action to address drug supply and demand, alongside associated bullying and intimidation; Deliver staff training to develop trauma awareness; Ensure housing is secured ahead of release from custody.
- Alcohol and drugs: Adopt a public health approach to reduce harms associated with drug and alcohol use; Improve access to rehabilitation facilities; Increase availability of treatment and recovery options; Provide support to families impacted by substance use, as well as drug and alcohol-related deaths.
- Mental health: Improve access to adolescent and community mental health support.
- Public health: Work with the third sector to devise media campaigns to address the stigmatisation faced by people affected by repeat violence.
- Youth services: Expand funding for youth services accessible to those from deprived backgrounds, including community centres and leisure centres, detached and outreach youth work.
- Children and families: Improve access to high quality, nurturing and affordable early years education and care; Improve safeguarding for looked after children and young people.
- Education: Promote an inclusive and nurturing culture and ethos that promotes positive relationships; Establish a safe and supportive environment in which bullying is not tolerated; Develop alternatives to school exclusion; Deliver anti-violence education to tackle cultural norms conducive to violence.
- Economy: Invest in the creation of high-quality youth training schemes and employment opportunities in deprived communities; Work with organisations to train and hire people with convictions.
- Transport: Reduce cost and increase the availability of transport in rural areas.

Partners will also need to coordinate with each other on violence prevention and victim support strategies relevant to more than one sector. For example:

- Community justice and VAWG partnerships: Identify and strengthen relationships between different planning processes, where relevant undertaking joint consultation, needs assessment, or progress reporting.
- Children and families, education, health: Establish shared protocols for recognising and addressing trauma among children and young people.
- Prison, housing, and criminal justice social work: Coordinate efforts to ensure that those returning to the community from prison have access to safe accommodation on release.
- Police, health, homelessness: Develop shared training for staff on the experiences of people with lived experience of repeat violence, their rights, and entitlements and how to respond appropriately.

Community development and lived experience

The findings also emphasise the central and critical role of the community in violence prevention. Histories of marginalisation within socio-economically deprived areas are associated with a lack of trust in state institutions. This contributes to a culture of self-reliance and non-cooperation with the police. 'Grassroots' community development approaches that encourage dialogue and ownership have the potential to develop positive relationships between community members and partner agencies, tackling key drivers of RVV through participatory processes.

Features that participants identified as helpful include:

- Grassroots organisations with knowledge of the local community
- Community policing presence
- Peer support from someone with lived experience
- Trauma-informed and personalised support at the right time
- Co-located services, so there is 'no wrong door' to accessing support

Victim empowerment

Finally, the findings point to the need to develop support services that are inclusive of people with experiences of repeat violence and promote empowerment for victims going through the criminal justice system. Victims of repeat violence often do not see themselves as 'proper' victims due to their competing identities as 'perpetrators' or 'drug users' or because their experiences have been dismissed, discredited, or devalued in contact with criminal justice processes. Others dislike the term 'victim' because it denotes that a person is vulnerable or has little control or agency.

It is important that services that provide support for people with lived experience of repeat violence challenge stigmatisation and internalised disadvantage by adopting a person-centred approach which empowers people to have the confidence and the ability to access justice and support, should they wish. This involves acknowledging the agency of individual victims and supporting them to make informed decisions, for example about whether they wish to report their experience to the police or want the perpetrator arrested. Such an approach supports and builds on existing strengths and

resources – both personal strengths and resources and strengths and resources in their social networks.

Within the literature on violence against women and girls (e.g., Russell and Light 2006), the components of a victim empowerment approach are identified as:

- Respectful treatment of victims
- Validating victim experiences
- Showing empathy and compassion for victims
- Regarding victim reports as credible
- Understanding victim reluctance to report
- Appreciating the needs of diverse victims

Further research

This report has presented the findings of the first qualitative study of RVV in Scotland based on 95 in-depth interviews with people who have experienced repeat violence and community stakeholders who support them. In doing so it has addressed an important knowledge gap, providing a detailed insight into:

- factors that increase vulnerability to repeat victimisation amongst high-risk groups, including people living in deprived areas, people with convictions, and people defined as having complex needs.
- the lived experience of repeat violence and related forms of psychological trauma and social harm, including violent offending.
- the support needs and experiences of people who experience repeat violence, who tend to be less likely to seek and access police and victim services.

Important gaps in knowledge remain. In particular, the report identifies a lack of evidence on repeat violence and access to justice within the following communities and contexts in Scotland:

- Disabled people
- People in the LGBTQI+ community
- Racialised/ethnic minority communities, including migrant communities and asylum seekers
- Men who experience domestic abuse and sexual violence
- People living in institutions

All of these groups have unique recruitment considerations that were beyond the scope of this study but should be a priority for future research.

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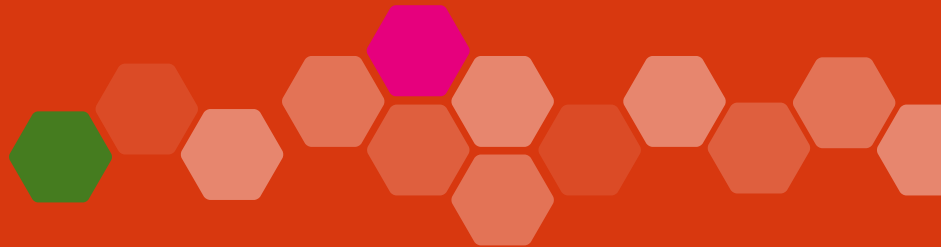
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