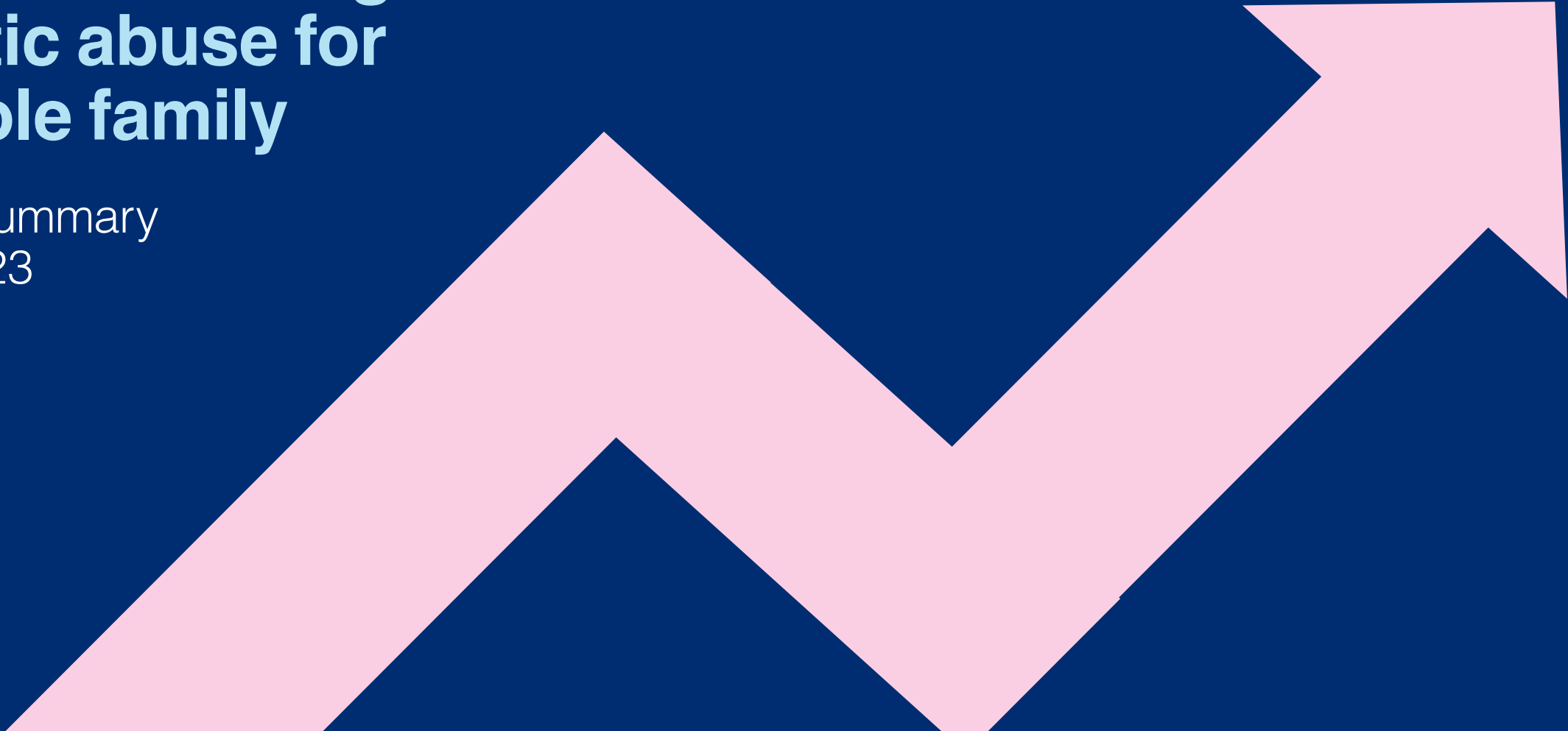




# Taking a public health approach to ending domestic abuse for the whole family

Executive Summary  
January 2023



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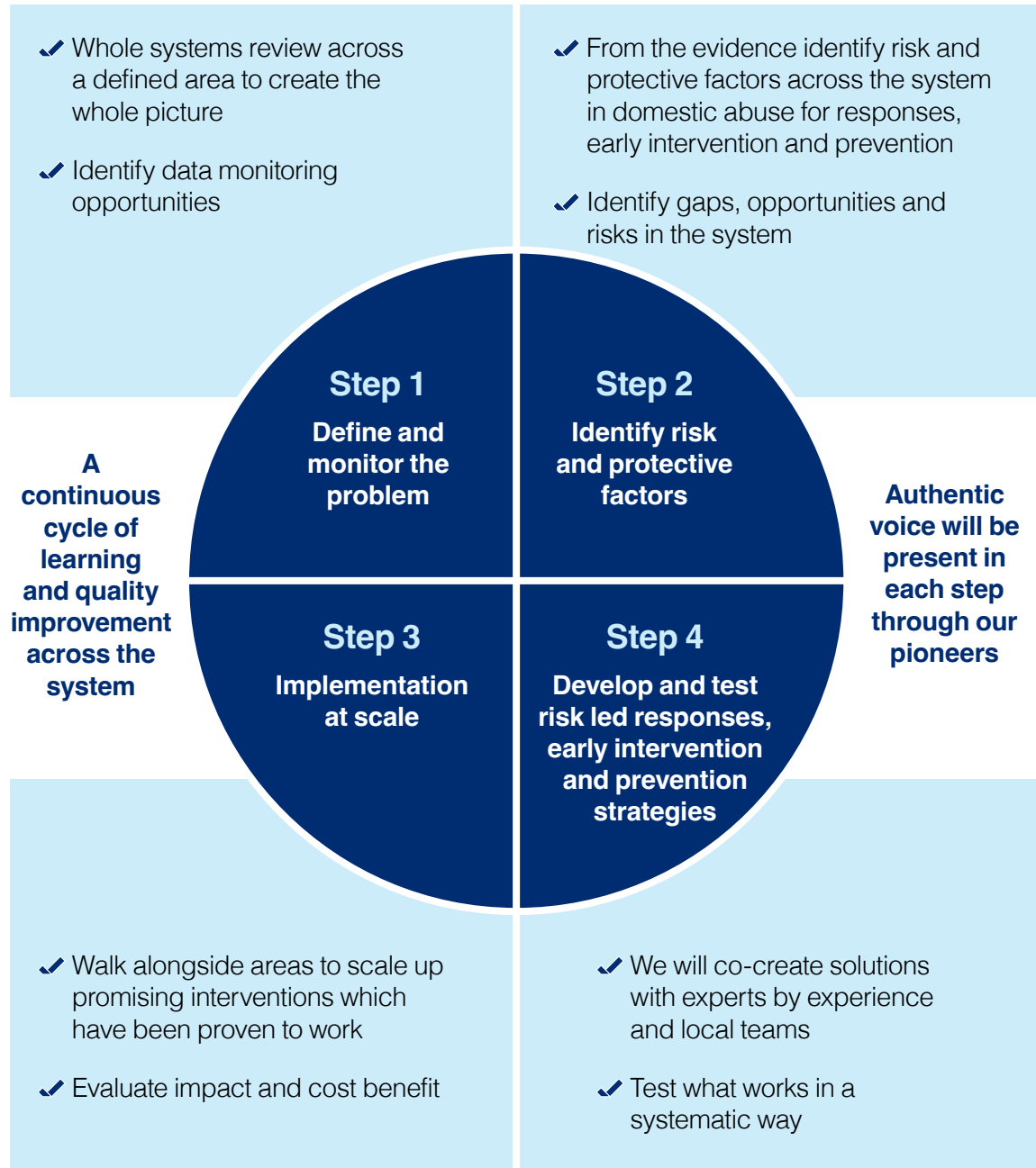
SafeLives, (2023), SafeLives' Public Health Approach: Emerging findings and recommendations: Executive Summary.

# 01

## Introduction & Background

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This executive summary lays out the key findings and priority recommendations emerging from SafeLives' Public Health Approach across local areas. We have extracted shared themes across areas to build a national picture of the response to domestic abuse. We explore where the gaps are and identify what good practice looks like. The full report will be published in due course.



**...we work with local areas to identify opportunities to improve the risk led approach, early intervention and prevention of domestic abuse.**

In 2020 SafeLives developed a four step Public Health Approach to domestic abuse to provide a holistic response to the whole family, drawing on lessons learned from earlier pilot projects. The approach is the next step in creating a sustainable and scalable way of implementing best practice when responding to domestic abuse at the local level. The four steps of the Public Health Approach are shown in the image opposite.

Using a systems-thinking methodology and through the lens of the whole family, we work with local areas to identify opportunities to improve the risk led approach, early intervention and prevention of domestic abuse. We also help to deliver the ambitions requirements set out in the Domestic Abuse Act 2021 and deliver a coordinated community response. This includes a systems-wide assessment of the

current local landscape, identifying data and ongoing monitoring opportunities, consulting with local victims/survivors and providers to understand risk and protective factors in steps 1 and 2. We then develop and test risk led responses, working with areas to scale these up and monitor and evaluate their impact.

To date, SafeLives has worked with 27 Local Authorities in England and Wales on the first two steps. At the time of reporting, data had been collected from 12 areas in England.

Our findings from these are based on extensive research which includes surveys and interviews with survivors, professionals, and those who harm. The report is organised into four sections; priority recommendations, survivor voice, consultation with professionals, and engaging with those who harm.



## Data collection

The findings within this report are based on data collected from 12 areas in England between March 2021 and June 2022. The diagram indicates the spread of areas included. The surveys and interviews conducted in local areas have been combined.

173

Survivor survey responses

58

Survivor interview participants including 5 group interviews

1322

Professional survey responses

89

Professional interview participants

24

Those who harm/have harmed survey responses

2

Those who harm/have harmed participants in one-to-one interviews

A detailed methodology will be included in the final report. Please see the Appendix 1 for more information about data collection.

## Benefits of the Public Health Approach

The SafeLives' Public Health Approach (PHA) helps local areas by:

- ✓ Promoting whole family thinking and placing the authentic voice of survivors at the heart of recommendations to shape a more effective response to domestic abuse locally.
- ✓ Supporting areas to develop awareness of gaps around multiagency working, specialist service provision, and levels of awareness of domestic abuse.
- ✓ Helping areas to make addressing domestic abuse a priority, which they may have otherwise struggled to do with existing capacity.
- ✓ Recognising that local areas are best placed to know what will work for them, so working with them to create recommendations for sustainable change.

We gather feedback from local areas at the end of each project via a survey. Results to date indicate professionals had a positive experience of the approach and believed it would lead to positive changes for victims of domestic abuse and their families within their area. In two local areas we have continued to work with them as a critical friend through steps 3 and 4 to implement recommendations around support for children and young people.



When asked what they thought worked well, professionals commented on the holistic approach as well as the knowledge and supportiveness of SafeLives staff:

***“The holistic approach taken, the supportive approach of Safe Lives staff, the quality of the feedback.”***  
(Professional, Feedback Survey)

***“Professional and approachable. Task focused. Knowledgeable and able to give advice and guidance. Ready to provide information upon request.”***  
(Professional, Feedback Survey)

***“...The consultants have been absolutely amazing and I’m very glad that we got the opportunity to work alongside them. The dedication has been incredible.”***  
(Professional, Feedback Survey)

When asked how confident they were that the PHA work will lead to changes that will have a positive impact for victims and survivors of domestic abuse and their families in their area, six out of seven responses from five local areas said fairly or very confident. Professionals explained how it will lead to new projects and programmes:

***“We will use the findings to plan and develop projects/programmes that are of the most benefit to our victims/survivors and their families”***  
(Professional, Feedback Survey)

## Social Value Engine

Others highlighted the benefit of all partners hearing the findings together, as well as survivor voice being central to the work:

***“...all partners heard the feedback at the same time so can work together to improve things for our people”***

(Professional, Feedback Survey)

***“It’s made me think a lot about our gaps and weaknesses but in a supportive way. Survivor voices and experience have been kept central to the exercise”***

(Professional, Feedback Survey)

Professionals also commented on the benefits of using an independent organisation to review their domestic abuse response as it helps to reduce bias, allows for appropriate challenge within their local authority, as well as not having the time to do a review themselves:

***“It’s really important to have an objective view and approach – an organisation with no vested interest in the locality is the best option to allow for completely unbiased and honest responses”***

(Professional, Feedback Survey)

***“Literally the fact that its independent. Agencies and LA can become quite biased and political in their approach to avoid this its important that work and projects at this level are independent.”***

(Professional, Feedback Survey)

***“...because we don’t have time to do it ourselves!”***

(Professional, Feedback Survey)

SafeLives has been working with The Social Value Engine (SVE) to develop a dashboard that will help measure the social value of the Public Health Approach. Our first pilot has calculated the social value of the Public Health Approach after completion of steps 1 and 2 in an area in the Northwest of England. The SVE calculation found that for every £1 invested there is a return of £7.72.

The SVE provides a systemised and academically robust assessment of value to forecast, plan and evaluate ‘social value’, which calculates an estimation of the social value informed by academic, peer-reviewed research:

The SVE calculation found that for every £1 invested there is a return of

# £7.72

‘Social value’ is the description of how a project creates value and a ratio that states how much social value in monetary terms is created for every £1 of funding. If £1 is spent on the delivery of services, can that same £1 be used to also produce wider benefit to the community?’ – Public services (Social Value Act) 2012.

This can help us understand where we are having the most significant impact, informing decisions about where to invest resources, and demonstrating value to funders and commissioners. It also helps us understand how we are building a better ‘place’; a sustainable community where people want to live, work, and invest.

Future calculations will vary from place to place, taking into account individual and local arrangements.

# 02

## Priority Recommendations

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We work with stakeholders in local areas to co-create recommendations applicable to any professional responding to domestic abuse. The recommendations in this executive summary are organised into eight main categories: authentic voice, communication and information sharing, mental health support, specialist support, those who harm, courts, children and young people, and training.



## Authentic Voice

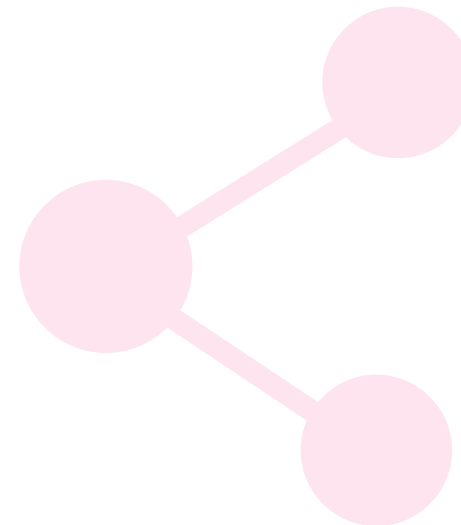
Authentic Voice is the voice of a survivor of domestic abuse who has chosen to share what they have learned from their experience. How, when, and what a survivor shares is always their choice, but it should be an essential part of a high-quality response to domestic abuse. In working with local areas, we have encouraged services and professionals to value the expert knowledge, perspectives, skills, and strengths survivors bring. In doing so, it is important for services to understand and respond to the impact of trauma on people's lives, to make sure that they do not cause harm to those working with them, and work with survivors in a trauma-informed way from the beginning of their involvement.

### We recommend:

- ✓ Local authorities develop an Authentic Voice strategy and framework that embeds the expertise of survivors with lived experience into every part of the system and routinely listens to the experiences of survivors with services as part of the development of a learning and improvement culture.
- This process should ensure that survivors are actively involved in the design, wording and process by which information is communicated, and that these groups do not merely 'sign-off' work that is already complete.
- Local authorities can implement SafeLives' Authentic Voice Toolkit which sets out principles that should be adhered to when working to develop a sustainable and tangible model for co-creation and empowerment.

## Communication and Information Sharing

Through our initial research, survivors told us that poor communication between agencies negatively impacts victims. Often, poor information sharing has meant victims have to retell their stories again and again which many described as retraumatising. Consultation with professionals supports this finding as many said communication and information sharing could be improved by more efficient processes and improved multi-agency relationships.



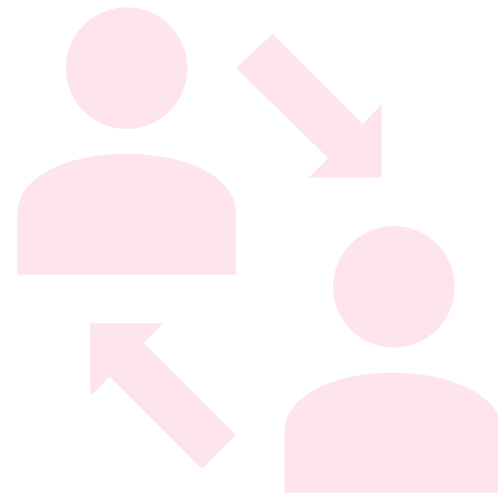
### We recommend:

- ✓ Local authorities should develop a domestic abuse champions network amongst frontline professionals, with a key lead in each organisation (or team) to support colleagues in understanding local processes and pathways. The network should be clearly advertised, with key contacts in each agency clearly articulated. The role of a champion should be clearly defined, in writing, with a confirmed set of responsibilities and expectations. Appropriate training and support should be provided for champions, with enough time to carry out the role built into their existing schedule. Champions should be visible within their organisations and teams and their input recognised, heard, and respected by individuals within senior positions.

- ✓ Agencies attending multi-agency meetings, such as Marac, Mappa etc., should ensure the same individuals act as representatives for their agency to assure continuity and trust between organisations. Chairs of meetings should take time to ensure that new members are inducted, and that terms of reference and expectations are clear from the outset.
- ✓ Partnership boards should identify a communications lead who will be part of a locality wide governance structure and manage communications at strategic level. This will ensure that recommendations around communication remain a priority and are embedded within the development of strategy and processes.



**The information that we really need to know is hidden in the white noise of all the other information that we don't need to know because everyone just wants to share everything.**  
Professional, council



## Mental Health Support

The research found the most common need identified by survivors is mental health support. Professionals who answered the survey also highlighted mental health support as a key need for both survivors and those who harm and described gaps in this support across areas. SafeLives' Practice and Research project Spotlight on Mental Health<sup>1</sup> supports the findings from the Public Health Approach and provides further recommendations for local authorities.

<sup>1</sup>SafeLives (2019) Safe and Well: Mental health and domestic abuse. <https://safelives.org.uk/spotlights/spotlight-7-mental-health-and-domestic-abuse>

### We recommend:

- ✓ Multi-agency forums (e.g. Marac, MAPPA) ensure their membership always includes a mental health representative who is supported and equipped to actively participate and share expert insights.
- ✓ Local multi-agency training strategies should embed an understanding of the relationship between mental health problems and domestic abuse in victim/survivors and those perpetrating abuse, including the risk dynamic where both parties have mental health difficulties.
- ✓ Domestic abuse services and mental health services should work closely together and ensure clear referral routes are established. Mental health services should have training in domestic abuse (DA), and DA services should have training in mental health. Integrated Care Boards should note NHS England's guidance on their responsibilities under the Domestic Abuse Act 2021 to highlight the need for Joint Forward Plans to ensure this happens.
- ✓ Mental Health Trusts and non-statutory mental health associations should review their current strategy and ensure it sufficiently covers a response to victim/survivors (both adults and children) and perpetrators of domestic abuse. The strategy should be based around providing trauma-informed care.

## Specialist Services

Survivors we interviewed told us about their experiences of gaps in specialist services, in particular, support for Black, Asian and racially minoritised victims, LGBT+ victims and male victims.

### We recommend:

- ✓ The Ministry of Justice ensures that community-based services are placed on the same statutory footing as accommodation-based services in the Victims' Bill. The proposed 'duty to collaborate' set out in the draft Victims' Bill should be strengthened to be a duty to commission, accompanied by a funding package, so that community-based services are commissioned with sustainable and multi-year funding, and victims of domestic abuse can get safe and access support. This need is especially acute for services run 'by and for' marginalised communities.

- ✓ The Ministry of Justice ensure that the 'duty to collaborate' set out in the Victims' Bill requires partner agencies to uphold the principles for effective commissioning set out in the Victims' Funding Strategy, in particular: involving victims at every stage of the commissioning process; using needs assessments and other local tools to commission appropriate services in response to victim needs; working together to reduce the need for victims to share their experience multiple times; streamlining the victim journey through building complete victim pathways and promoting data sharing; and engage in collaboration across local service boundaries, to reflect the knowledge that victims move between areas but do not always get the same level of support.



**It's just really complex because you know how the culture impacts, of, you know the woman, her wellbeing, and you know her, her safety. [...] This is what we deal with and because we understand the culture, the clients feel comfortable opening up because they understand where we're coming from.**

Professional, domestic abuse service



**We have no accommodation for older people. You know, we end up often putting them into care [...] they don't actually have the needs, but there is no other place for them to go.**

Professional, adult social care

- ✓ Local authorities contribute to the effective planning, design and securing of specialist and 'by and for' services, based on a thorough understanding of need across the local area, identified through a regularly conducted and comprehensive needs assessment, with data disaggregated by gender, ethnicity, age and all protected characteristics. This needs assessment should be used to identify gaps in provision and understand how services could better meet the needs of underrepresented and minoritised groups.

- ✓ Local authorities should promote awareness of specialist services and by and for services that exist in their local area or elsewhere if the provision isn't available and how to refer into them.

- ✓ Local authorities should develop a robust, sustainable domestic abuse joint commissioning strategy between partners covering the provision of services for the whole family. This strategy should be based on a thorough understanding of need across the area, service mapping and analysis of current and future resources.

## Those Who Harm

The research found that many professionals lack training and confidence in responding to those who harm. Our engagement with families and those who harm indicates that nationally, provision of support and behaviour change programmes is inconsistent and can be difficult to access. Professionals across areas emphasised the importance of improving the response to those who harm in the interest of the safety and recovery of the whole family.

### We recommend:

- ✓ DA partnership boards should set up perpetrator working groups to ensure a robust perpetrator strategy and tailored provision as a priority.
- ✓ DA partnership boards should support the wider workforce and empower professionals to work with those who perpetrate domestic abuse, that includes Engaging with those who harm training.

- ✓ Local authorities should create a single pathway for support for perpetrators of abuse that do not access court mandated programmes. This includes working closely with partners to embed non-police referral routes across agencies, including those for perpetrators of abuse who may not be seen through the current referral channels (e.g. those from minority groups).
- ✓ Local authorities' communication strategies should support the local area with the correct language and messaging surrounding whole family work and the system wide response; for example, changing the narrative from, 'why doesn't she leave?', to, 'why doesn't he stop?' – which applies whatever the gender of the victim or the perpetrator.

## Courts

Survivors told us that the court was often an unsafe environment for them. Earlier research by SafeLives and the Domestic Abuse Commissioner (2021) found that survivors were often not well supported in court and many Idvas (Independent domestic violence advisors) were blocked from court. The report also found the single most commonly cited intervention that improved survivors' experience of going through the courts was dedicated court domestic abuse support, yet there are still very few Idvas who specialise in the family courts or criminal justice system. Many survivors we spoke to as part of the Public Health Approach told us they had not received specialist support in court.



### We recommend:

- ✓ Dedicated court support services, specifically Idvas, should be recognised as an integral part of court systems and viewed as equally important as other professionals supporting victims at court or advising the court in relation to risk and safety. The role of the Idva should be formally recognised by the judiciary in consultation with specialist services and the Ministry of Justice and be formally described and recognised in dedicated court related guidance, policies, and practice.<sup>2</sup>

<sup>2</sup> SafeLives & Domestic Abuse Commissioner, (2021), Understanding Court Support for Victims of Domestic Abuse, <https://domesticabusecommissioner.uk/wp-content/uploads/2021/06/Court-Support-Mapping-Report-DAC-Office-and-SafeLives.pdf>

## Children and Young People

The DA Act 2021 recognises children as victims in their own right and places a duty on local authorities in England to provide accommodation-based support.<sup>3</sup> However, almost three-quarters of the survivors with children who answered the survey told us their children had not been offered support in relation to domestic abuse. Our findings show that there are still gaps in relation to agencies conducting whole family assessments with a wide range of age groups and accessibility needs and ensuring the voice of children and young people is at the centre of assessments. Gaps also exist in being survivor- focused, at times impacting on delivering a trauma-informed approach or responding effectively to perpetrators of domestic abuse.

<sup>3</sup>UK Home Office, (2022), Domestic Abuse Act 2021: overarching factsheet: Policy Paper. <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet#will-these-measures-apply-across-the-united-kingdom>

### We recommend:

- ✓ Government departments should conduct an annual review of progress in meeting the Domestic Abuse Act 2021's training requirements for agencies responding to domestic abuse. Although Government has taken action to support and offer training to key groups of professionals, based on our findings, Department for Education (DfE) and the Department for Levelling Up, Housing and Communities (DLUHC) should, in particular, have oversight of levels of quality assured training being undertaken by children's social care, local education representatives and housing officers.

- ✓ Given their responsibility for supporting families experiencing domestic abuse, DfE, DLUHC, Department for Health and Social Care and the Home Office should:
  - Provide joined-up cross departmental funding to ensure there are adequate interventions available at a local level to support children and young people who have experienced domestic abuse. Provision should also be available for young people causing harm. This work should be enhanced by both whole family interventions and complimented by individual need for children, the parent who is abused and the person causing harm.
  - Provide guidance to local services and agencies on safely collecting, analysing and evaluating domestic abuse data to measure outcomes from interventions through a whole family lens. Multi-agency partners should be incentivised to share information in a standardised way that builds a joined-up picture of what support is being provided to each family member, and what impact it is having.

- ✓ As highlighted and also recommended in the Independent Review of Children Social's Care, providing families with higher levels of meaningful support via multi-disciplinary teams is key. To achieve this, local authorities should develop and implement a 'One Front Door' (OFD) approach. This brings together multi-agency teams of specialist partners to risk assess and respond to individuals within families allowing the provision of earlier specialist support. This should be driven and overseen by a steering group and led by a designated funded single point of contact where training supports the whole spectrum of needs for families. This can act as a single point of entry for all domestic abuse referrals providing a triage system led by key agencies, both statutory and non-statutory.
- ✓ Local Authorities' commitment to securing safe accommodation for victims, including children, should include a package of trauma-informed care and intervention which is appropriate for a range of different ages.



## Training

Evidence from our surveys and interviews with professionals indicates that whilst some agencies are generally well trained in domestic abuse, there are clear gaps and areas for improvement, particularly training on responding to those who harm. Evidence from our surveys and interviews with professionals indicates that whilst some agencies are generally well trained in domestic abuse, there are clear gaps and areas for improvement, particularly training on responding to those who harm.

### We recommend:

- ✓ Local authorities implement a training framework which should include a comprehensive training package, performance, and monitoring. This may include a review of the current offer and/or a Training Needs Analysis which should be reported against with the strategic board annually to measure the impact of training.



**When they're delivering the training, there's- it's not about blaming people for the way that they've practiced. It's about just refocusing and reshaping about why we- why we practice that way [...] all the plans, the responsibility would be with the survivor. You know, 'don't let them in, don't do this, don't do the other. You must do this; you must do that'. And then the lack of engagement around the perpetrator at a Social Care level because of worry of making it worse [...] All of that kind of approach very much shifting that balance. We can start to see in the practice the change and shift in engaging in perpetrators, holding them to account.**

Professional, Other agency



# 03

## Key findings

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In order to effectively review the response to domestic abuse in an area, we have captured perspectives from local survivors, professionals working across a range of agencies and roles, and those who have used harmful behaviour. This section outlines the findings from our analysis of surveys and interviews.

## Key Findings

# Survivor Voice

Survivors are best placed to co-create and inform development and improvement of services.

**W**e have worked with areas to meaningfully engage with local survivor voice and create mechanisms for staff with lived experience to participate. However, we acknowledge that we are missing voices, particularly those who services are not engaging with.

In both our surveys and interviews, survivors were asked questions about their experience of local services (statutory and non-statutory). Our key findings indicate a range of positive and negative experiences:

- ✓ Survivors identified mental health as a key area of need, yet many found that there were not enough mental health services offering long term support.

- ✓ Poor communication between agencies led to survivors retelling their stories which many found re-traumatising and encouraged a disengagement with services.
- ✓ Many survivors told us that court was not a safe environment for them and that judges and lawyers had poor awareness of domestic abuse and associated trauma.
- ✓ Survivors highlighted the need for financial support and help with financial abuse.
- ✓ Survivors who had children told us there was not enough good quality support available for children who have experienced domestic abuse.

See Appendix 2 for the demographic information of survey and interview participants.

## Mental Health support needs

Survey findings indicate that the most common need identified by survivors is mental health support. Unfortunately, not all survivors received the mental health support they needed. Despite over two-thirds (69%) of survey respondents selecting mental health support as a key need, just under half (49%) had received counselling or therapeutic support.

Across areas, many survivors emphasised the importance of accessible and sustained support with their mental health as the impact of abuse continues and outlives the relationship. In one of the interviews, this survivor articulates the ongoing impact on her mental health and the benefit of sustained support:

***“the ‘I Matter’ programme, or programmes of a similar nature... they are absolutely key to putting everything into perspective, and then ongoing support and help. Because although this stops when you move away and you move out, it actually never stops within your mind.”***  
(Survivor E)

***“I’ve been fighting for nearly two years now, telling them I need counselling...I get in touch and they’re like, you can’t come to this counselling because you need specialist counselling and we can’t provide that...”*** Group Interview 3

# 69%

of survey respondents selected mental health support as a key need

# 49%

of respondents had received counselling or therapeutic support.



## Experience of Services

Three quarters (76%) of survey respondents had received at least one type of support and half (49%) felt they had received the right type of help. This data suggests a mixed experience for survivors with some receiving compassionate and helpful responses and others struggling to access services and receiving poor support.

### Good Practice

***“I got referred to [service name] via social services after I had to call the police. They have been with me since August, a named worker who I speak/meet with weekly who has been supporting me through escaping and divorcing my husband safely. Reassuring, non-judgemental and supportive.”*** Survivor survey respondent

Over three quarters (78%) of survey respondents identified emotional support as a key need. Effective emotional support was prominent in survivors’ feedback about the services they accessed. In particular, non-judgemental approaches were valued by survivors – 84% ranked it as important to them when accessing support. Emotional support and non-judgemental responses are elements of an effective trauma-informed approach which seeks to understand and respond sensitively to individual’s experience of trauma.<sup>4</sup> When asked about their experience of services survey respondents highlighted this good practice by a mental health professional and a DA support service:

***“she didn’t rush me or judge me.”***  
(Survivor survey respondent)

***“I felt validated and believed”.***  
(Survivor survey respondent)

# 78%

of survey respondents identified emotional support as a key need

<sup>4</sup>The Office for Health Improvement and Disparities defines a trauma-informed approach in more detail here <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice>

## Police Response

### Disjointed Response

However, many survivors found that services did not communicate with each other. Multiple survivors told us that agencies instructed them to call services themselves rather than carry out the referral.

***“I don’t feel there was enough support in the refuge for me. I felt like I had to do a lot of stuff myself, like referring myself to places”***  
(Survivor N)

Moreover, even where there is a referral from an agency, poor information sharing often means that survivors have to retell their stories. Multiple survivors described this as re-traumatising and exhausting:

***“When you’ve got some many different agencies involved, that feeling of having to go through it all again, you’ve done it all with the police, then potentially you then have to tell several different people the same thing and I suppose it comes back to having that one person that can pull all that together”*** (Survivor A)

The majority, 72%, of survey respondents had been in contact with the police. Many survivors told us about negative experiences they had with the police, these ranged from inaction by police, poor communication between forces and poor awareness of domestic abuse by officers. These experiences negatively impacted with survivors’ trust of the police. For example, this survivor experienced an officer questioning the severity of her experience:

***“And she did say to me at one point, “Well, if it was that bad, why didn’t you leave him then?” And I just thought it’s just, she just doesn’t get it”***  
(Survivor B)

This example and others evidence the need to change the narrative around domestic abuse and ask, ‘why doesn’t he stop?’ rather than ‘why doesn’t she leave?’

# 72%

of survey respondents had been in contact with the police

## Criminal Justice

Over half (58%) of our survey respondents said they needed legal support and whilst there were multiple positive comments about Idva (independent domestic abuse advisors) support through court proceedings, many survivors said they needed more support. The system was described as difficult to navigate and court itself as an unsafe and combative environment. Survivors told us that they had been made to sit in the same waiting room as the person who harmed them. These findings are supported by a recent SafeLives' report<sup>5</sup> which found simple safety measures like private waiting rooms were often not implemented.

One of the most common problems survivors cited was the lack of domestic abuse awareness by CAF/CASS officers, solicitors and judges which resulted in emotional trauma for survivors. Moreover, a lack of understanding of coercive control was seen as enabling perpetrators to manipulate court proceedings. One survivor described the court as a **'perpetrator's playground'** (Survivor Z).

## Safe Accommodation

Multiple survivors had positive experiences in refuge, including specific support such as play groups for their children, mental health or by and for support. Others cited many problems accessing safe permanent housing including long waiting times, inappropriate housing offers and poor awareness of domestic abuse amongst housing officers. For example, one survivor told us she was offered housing near where the person harming her lived. We also found evidence of additional barriers to accessing safe accommodation faced by women with no recourse to public funds. This was the case for a survivor with insecure immigration status who was refused support by the Local Authority Housing Service.

***"So when I approached the authority... local authority, I was told there's nothing they could do because I don't have a residency, in this country and I don't have a paper for them to do any... providing support for me, in terms of housing"*** (Survivor M)

## Financial support

The cost-of-living crisis is putting pressure on many different groups of vulnerable and marginalised people. Survivors of domestic abuse can be more vulnerable to economic crises for various reasons. When we spoke to survivors, they told us that they needed financial support; help to manage their finances, access free and affordable support and help with financial abuse. We know that many survivors of domestic abuse also experience financial abuse; 95% of female survivors report experiencing financial abuse<sup>6</sup>. Financial abuse can involve perpetrators of abuse withholding funds to survivors, taking out debts in their name and gambling with family resources.

Over half of survivors (51%) told us that they needed financial support. This was also strongly reflected in the interviews. Multiple survivors across areas found they didn't qualify for means tested support, particularly legal aid. This survivor spoke about how the system did not account for victims of financial abuse.

***"It wasn't fair, I lived in a nice house, [inaudible 00:37:50] farmhouse and I had a nice going on and because of that, I was judged. I didn't get any financial support because they thought I had it, but I hadn't. He took it all with him. I had to borrow or do whatever. I was living in the house and he was paying the bills, but he was controlling everything from afar and I was treated differently"***

(Survivor, Group Interview 3)



# 95%

of female survivors report experiencing financial abuse

<sup>5</sup> SafeLives, (2022), "...Don't complain" Domestic abuse survivors' experiences of family lawyers, [https://safelives.org.uk/sites/default/files/resources/Don%27t\\_complain-Domestic\\_abuse\\_survivors%27\\_experiences\\_of\\_family\\_lawyers.pdf](https://safelives.org.uk/sites/default/files/resources/Don%27t_complain-Domestic_abuse_survivors%27_experiences_of_family_lawyers.pdf)

## Support for Children Those Who Harm

Of the 72% of survey respondents who had children, only 28% said their children were offered support. This finding is reflected in recent research by the Domestic Abuse Commissioner which found ‘29% of survivors who wanted support for their children were able to access it’ (DAC, 2022: 2)<sup>6</sup>. Furthermore, of the survivors whose children had accessed support, many had to wait a long time or found the support unsatisfactory.

**“They are on the waiting list for counselling. It’s a very long list”**  
(Survivor survey respondent)

**“My children still have contact with their Dad and they have to deal with him. There is not enough support out there for children who still have to deal with perpetrators.”**  
Survivor survey respondent

# 28%

of respondents who had children said their children were offered support

Only 3% of survey respondents said that the person who caused them harm had received support for their behaviour. This included mandatory support. Almost half (43%) were clear that the person causing them harm had not received support either because it was not offered, or they did not accept it. Over half (54%) did not know whether the person who caused them harm accessed support. For this survivor, her abusive partner had engaged with services, but she felt this had not had an impact on his behaviour.

**“But obviously he signed his self out. And he’s just gone back to like he used to be.”** (Survivor I)

**“There seems to be no mechanism to identify or halt my ex’s perpetration simply because he is a parent his behaviour is allowed and in fact supported [...] I worry about the psychological impact on my daughter’s [sic] and how it will impact their futures.”** Survivor survey respondent

<sup>6</sup> Domestic Abuse Commissioner, (2022), Mapping of Domestic Abuse Services across England & Wales, <https://domesticabusecommissioner.uk/wp-content/uploads/2022/06/DAC-Mapping-Briefing-Paper-05.pdf>

## Key Findings

# Consultation with Professionals

This section outlines the key findings from the consultation via surveys and interviews with professionals:

- ✓ Whilst some agencies are generally well trained in domestic abuse, there are clear gaps and areas for improvement, particularly training on those who harm.
  - ✓ Professionals identified mental health support as a key need for both survivors and those who harm and described gaps in this support across areas.
  - ✓ Communication and information sharing could be improved by more efficient processes and improved multi-agency relationships.
  - ✓ Marac attendance was inconsistent across areas, with some areas seeing better attendance than others. We also found evidence of some professional uncertainty around referral criteria to Marac.
  - ✓ Limited resources and funding were cited as putting strain on professionals and organisations and leading to long waiting times for survivors.
  - ✓ Strategic leads highlighted challenges on how best to collect data to inform improvements to their area’s domestic abuse response and to evidence the impact of support services.
- A breakdown of who took part in the research is included in Appendix 3.

## Knowledge, Training & Culture

Survey data indicates a strong level of professional understanding of domestic abuse. The majority (86%) said they have a good understanding of domestic abuse and a further 86% felt confident recognising the signs of domestic abuse.

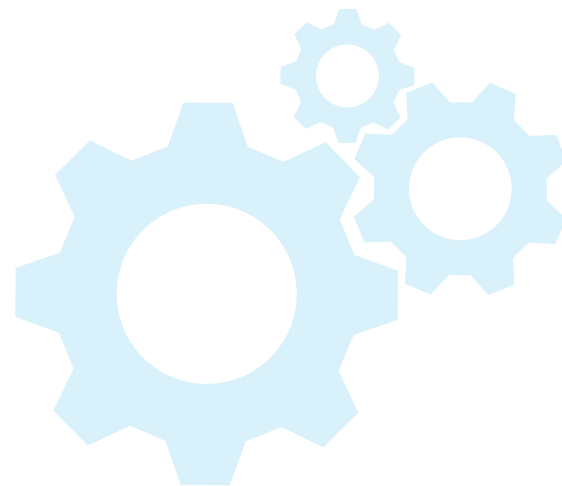
# 86%

felt confident recognising the signs of domestic abuse

# 86%

of professionals said they have a good understanding of domestic abuse

Most professionals had received training on child (79%) and adult (65%) safeguarding and domestic abuse of adults (65%) and children (56%) within the last two years. An agency breakdown, however, shows that there is a difference in training across agencies, with the highest proportion coming from probation and the lowest from education. Conversely, only 38% of the total had received any training on those who harm, with the lowest proportion of those trained working in adult social care, housing, and mental health.



## Responding to the Whole Family

To ensure families receive the most appropriate, timely and robust support, it is vital that agencies develop a local culture that puts the survivors at the heart and start of their work. This is fundamental to an effective response to domestic abuse, which includes professionals having a good understanding of domestic abuse and the capacity to deliver trauma-informed support.

Whilst most professionals who answered the survey showed a good understanding of domestic abuse, 10% (106) of professionals agreed with the statement “there are lots of malicious reports of domestic abuse e.g., making false allegations about people to agencies”. Professionals from health and housing made up the biggest proportion of this group. Whilst the intention behind these responses cannot be fully understood, it could indicate the need for training within agencies which deal with domestic abuse but might not consider it as their primary role.

Across the survey and interviews professionals provided evidence of good practice, but also highlighted many gaps in the response to the whole family, including children and the person causing harm. Some areas reported specialist provision around pregnancy and parenting and using effective multi-agency relationships to monitor the wellbeing of children. The voice of children was seen as central to an effective whole family response, building relationships through trusted adults and advocating for them with parents.

**“We stop that response being about, ‘h-he said, she said, they did this, that and the other’ and lost sight of the child, instead making sure the voice of the child is central around the domestic abuse”** (Professional, ‘other’ agency)

**“Obviously the first lock down the schools were closed unless you were a key worker and I was obviously on maternity leave at the time but the school did say to me why don’t, why doesn’t your eldest come back in to school for some routine um and I sort of agreed with that decision, um to give her a bit of normality and also because I just was not coping”** Survivor A



## Responding to Those Who Harm

When asked what they would do if they identified a client was perpetrating abuse, professionals appear to take fewer actions than when they suspect a client is a victim. Just over a third (37%) said they would discuss their concerns with the individual, compared to 85% with suspected victims. Of those who told us that they would not know what to do, over half had received no training on those who harm. Professionals identified the response to those who harm as a key area for improvement across areas. We interviewed professionals about the outcomes for those who engage with behaviour change programmes. Where that engagement is sustained, positive outcomes for the whole family were noted.

***“Then the feedback from the offenders is just amazing how much it’s positive. They come on it and they’re very resistant, ‘I shouldn’t be here, I’m not an abuser, you know, I’ve not hit my wife, I’ve only done this’, and then you see the change throughout and the realisation and the feedback”*** (Professional, perpetrator service)

There were also many comments from professionals about the value of preventative work such as education with young people to break cycles of abuse.

***“So, it’s no wonder we’ve got these teenagers who are ...you know... perpetrating violence and abuse, because actually it’s what they’ve witnessed – it’s a learnt behaviour that they’ve seen – so, what are we doing to support that in them early years, as well?”*** (Professional, health)

# 37%

of professionals said they would discuss their concerns of abuse with a suspected perpetrator

# 85%

of professionals said they would discuss their concerns of abuse with suspected victims

## Lack of Specialist Support

Though there were instances of specialist support for victim/survivors, the majority of professionals across interviews reported some lack of specialist provision in their area. Whilst the nature of these gaps varied across areas, examples include support for male victim/survivors, especially when they are racially/culturally minoritised; mental health support for victim/survivors, specialist services for those surviving honour-based violence; support for survivors from gypsy/traveller communities; and access to support for those with no recourse to public funds. Gaps in specialist provision are due to not only a lack of specialist services in some cases, but also a lack of training and cultural understanding within mainstream services.

***“With domestic abuse, from a cultural aspect and understanding the culture and the honour-based element, some of them just don’t understand, and understanding the women’s needs as well.”*** (Professional, domestic abuse service)

Furthermore, where specialist by and for services were operating in an area, many professionals were not aware of them and did not know how to refer into them. More scoping is needed to fully understand the extent of the provision of specialist services.



## Resource and Capacity

When asked what could be improved about the response to domestic abuse in their areas, many professionals reflected on tight resources and funding. Over half (54%) of survey respondents strongly agreed or agreed that “inadequate staffing impacts on the safety and quality of provision for domestic abuse in the local area”. This reflection on the challenges of understaffing was particularly strong amongst professionals working for a domestic abuse service, with three quarters (75%) agreeing with the statement. Limited resources and funding were cited as putting strain on professionals and organisations and leading to long waiting times for survivors.

**‘We need better staffing to be more flexible to the needs of our families.’**  
(Professional survey respondent)

The inclusion of survivor voice in service improvement and review is essential. Across the board, professionals indicated that their areas could do more to include authentic voice in decision making. One professional we interviewed reflected that sometimes strategic leads in the area do not provide enough time and resource for consulting with survivors:

**“We push for the focus groups and probably we could do more ... the timeframes are too short, that ... they’re just, they don’t give us... we’re at capacity all the time.”** (Professional, Domestic Abuse Service)



**Limited resources and funding were cited as putting strain on professionals and organisations and leading to long waiting times for survivors.**

## Data Collection

Whilst professionals recognise the importance of data collection, those working at a strategic level reflected on challenges engaging services when collecting and aggregating data to inform their understanding of domestic abuse in their area. In particular, professionals discussed the importance of collecting data that was useful and could inform improvements or evidence real impact.

**“I think there’s huge amounts of data and information collected in [system]; I don’t think much of that is useful to us in terms of telling us the story. It might be useful in terms of managing a contract. But I don’t think it’s useful more widely in terms of, you know, the kind of stuff that you need for needs assessment and developing strategies.”** (Professional, health)

Effective and inclusive data collection provides opportunities for informed intervention including capturing unheard voices. However, poor data collection, management and analysis can waste resources and misinform policy and practice development. Some professionals spoke about chasing agencies to respond to requests for information and receiving a differential level of data across the area.

Different agencies have different frameworks for data collection and subsequently possess information that is difficult to compare. When data is being collected and presented heterogeneously by different agencies, professionals at the strategic level experience real difficulty reaching an accurate and evidenced understanding of the whole picture.

**“we’re not all talking to each other in the same language around data. We’re not all collating the same information in the same way, we’re not actually even evaluating the same issues.”**  
(Professional, children’s services)



## Multi-agency Working and Marac

Dash (DA risk indicator checklist) Idva and Marac form key parts of the risk-led approach – a vital and well-established element of the national domestic response in the UK. This is founded on the belief that victims at the highest risk of serious harm or murder must receive a prompt coordinated local response as no single agency is equipped to respond effectively and that victims at other levels of risk are also provided with support that’s tailored and appropriate to their situation. Research by SafeLives has shown that this approach is effective – 57% of all victims experiencing a complete or near cessation in the abuse they were suffering following the support of an IDVA.<sup>7</sup> Idva and Marac continues to perform a critical role, as indicated by approximately 293 Maracs in the UK having discussed 120,956 cases in the twelve months to September 2022.<sup>8</sup>

Overall, almost three-quarters (72%) of professionals agreed that they “trust professionals from other agencies to advocate for a victim of domestic abuse and have their best interests at heart”. However, there is some deviation when looking at individual agencies. One in 5 (19%) professionals working for a domestic abuse service and 18% from a voluntary/ community organisation disagreed with the

statement. This snapshot indicates a mixed picture across agencies and areas in terms of the effectiveness of multi-agency working.

### Referral Pathways

Findings from the survey indicate that over three quarters (77%) of professionals said they are aware of referral pathways to services if they suspect their client is a victim and 71% said they found referring victims easy or very easy. When referring to Marac, two thirds (62%) of professionals said they feel confident. Many professionals reported that the referral processes appeared to be well understood. There was also support from other practitioners in making referrals. Marac and other multi agency meetings were seen as important in understanding which services and agencies should be referred to. On the other hand, evidence from interviews and case audits suggest that referral pathways are not always clear – often where there is a lack of knowledge of services or a clear procedure.

Furthermore, across interviews, professionals discussed challenges with both too few and too many referrals into Marac. The reasons for this will vary across areas. However, our research indicates that low Marac referrals can be due to

professionals not being appropriately trained as well as unclear referral pathways. This can lead to missed opportunities to thoroughly investigate cases and escalate them into Marac.

On the other hand, in areas with very high Marac caseloads, professionals explained that when there is a limited offer for medium risk victims this can lead to all cases being referred into Marac as there is nowhere else for them to go. Certain agencies were also at times perceived as risk averse and lacking understanding of the role of Marac. This suggests a strong need for ongoing training on risk led approaches and Marac procedures across all professionals as well as ensuring there are multi-agency pathways for all risk levels. One professional described their Marac as being overloaded by referrals from professionals who were not appropriately trained in risk criteria:

***“I think they’re really scared. I think... there’s been that... working in isolation, ... they’re getting all these referrals in – they’re speaking to these people on the phone, in isolation, and they’ve gone ‘Oh! Oh, my God! I don’t know what to do with it... Marac!’”*** (Professional, domestic abuse service)

### Communication and Information Sharing

Communication and information sharing was the most common area professionals who answered the survey told us could be improved in their area. Information sharing between agencies is in some instances challenged by difficulty securing information sharing agreements. Even when there are these systems and processes in place, information sharing can be inadequate when they are not used efficiently. Professionals reported that certain agencies tend to miss key pieces of information. Even when information is comprehensive, concern was expressed by some that data systems are being treated as depositories from which little action is taken.

***“The numbers of cases where they are high-risk, and they’re coming from the Police, and there is no other agency working from them; they are not known; they have no phone numbers; they’re... it’s just phenomenal!”*** (Professional, domestic abuse service)

<sup>7</sup> SafeLives (2009). Safety in Numbers. [https://safelives.org.uk/sites/default/files/resources/Safety\\_in\\_Numbers\\_16pp.pdf](https://safelives.org.uk/sites/default/files/resources/Safety_in_Numbers_16pp.pdf)

<sup>8</sup> SafeLives (2022). Latest Marac National Dataset. <https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

### Marac Attendance

Overall, 82% of professionals surveyed either knew their agency attended, or personally attended Marac. Domestic abuse services, probation and police were the most likely to attend themselves. Just 4% (n=48) said that they do not attend and know that their agency does not have a representative, professionals working in education made up the largest proportion of this group.

This finding is supported by interview data from professionals, who reported instances where key agencies have been missing from Maracs either through poor attendance or not being invited to attend. Agencies often cited as missing included mental health, health, and education.

The availability of expertise from certain agencies at Marac is also challenged when their representative regularly changes. When agencies are absent despite the submission of information onto case management systems (CMS), other attendees are unable to ask questions, follow up on missing information, or comprehensively action plan. This impacts negatively on delivering an appropriate risk led response.

***“It really does matter. Because we’re trying to move on the strategies that we’ve got in place right across our partner agencies. It does matter when you’ve got missing people.”***  
(Professional, education)

# 82%

of professionals surveyed either knew their agency attended, or personally attended Marac

## Key Findings

# Engaging with Those who Harm

To end domestic abuse for good, systems need to understand those who harm in order to implement effective prevention and provide support for people to stop harming.

**H**owever, there is limited research about the perspectives of those who harm, including those who have engaged with behaviour change programmes. The survey and interview data presented here represent small sample sizes, but the collection of this perspective provides valuable additional information for looking at the whole system response to domestic abuse.

The key findings are:

- ✓ Many people were motivated to address their harmful behaviours in order to maintain relationships with their children.

- ✓ Participants who had accessed support were generally positive about the service and the outcomes for their behaviour.
- ✓ Barriers to support included a lack of understanding of healthy relationships and a lack of information about available services.

A breakdown of who took part in this part of the research can be found in Appendix 4.



## Motivations

Survey respondents and interview participants were asked about their motivations to address their behaviour. The most common response to the survey was wanting to repair and maintain relationships with family and friends. Within this theme, contact with children came through strongly. This respondent recognised the harm that they caused and wanted to repair their family relationships.

***‘Fed up of doing the same cycle over and over and over again. I was fed up of making me, and most importantly, my (ex) partner and her daughter miserable. Something had to change. it is not acceptable.’*** (Those who harm survey respondent)

Other participants told us they had been made aware their behaviour was abusive through court processes and that engagement with behaviour change had been court mandated.

## Barriers to Accessing Support

We asked participants about the barriers to accessing support for their harmful behaviours. One participant spoke about how their limited understanding of domestic abuse was a barrier to identifying their behaviours as abusive.

***“My... my understanding of domestic abuse, I suppose, was more... I don’t know, I would say it was more physical.”***  
(Those who harm interview)

Furthermore, another participant highlighted their understanding of gender roles and family units as a barrier to awareness of harming behaviours.

***“My sort of upbringing and beliefs that I held of what a family unit and what the roles played was potentially another”***  
(Those who harm interview)

This quote supports existing evidence that educational work on gender-based violence is an essential component of preventing harm.

## Experience of Support

Of the 24 survey respondents, the most common type of support accessed was a voluntary behaviour change programme (n=11) which accounts for 46%. A further 8 people (33%) had accessed anger management support. However, 4 people (17%) had not received any type of support.

Both of the two interview participants had mostly positive experiences of behaviour change programmes including consistent communication from the service, mental health support and ongoing support. This participant spoke about being able to reach out to the programme after completion.

***“I can reach back out to [behaviour change programme] for support – it’s not like a ‘your support finishes, and that’s it’ ...you know... it’s... your support is there for when you need it, which I think is really excellent.”*** (Those who harm interview)

Others highlighted the positive outcomes of behaviour change programmes including increased self-awareness and more effective emotional regulation.

***“It has taught me what impact my behaviour on others, and techniques to cope with situations that would normally “trigger” me. These techniques have been invaluable during the transition away from abusive behaviour. For example, I now understand the physiological and psychological changes that are associated with my anger, and how a simple breathing exercise can alleviate both of these”*** (Those who harm respondent)

On the other hand, there were also some negative comments about support. Participants often preferred face-to-face support to online delivery. For example, one participant felt uncomfortable in an online group session.

***“I did have a couple of reservations about... because you do it in a... well, in a Teams meeting, but there’s like yourself and there’s [anonymous], but there’s 3 or 4 other blokes along the bottom of the screen.”*** (Those who harm interview)

Across the survey and interviews, participants spoke positively about the support they received and emphasised the need for it to be more widely available and accessible.

# 04

## What next?

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The findings described here were collected in local areas working on steps 1 and 2 of the Public Health Approach. These focus on identifying the issues and gaps in the approach to domestic abuse in local areas and co-creating solutions to strengthen the system-wide response. In the next stages of the work, we will be expanding engagement with different groups and communities and supporting the implementation of recommendations in local areas.

## Data Collection

The perspectives of children and young people (CYP) experiencing domestic abuse in their family or intimate relationships needs to be collected at scale. We are expanding surveys and interviews to include CYP and build a more substantial evidence base which will aid local areas in developing specialist service provision. Furthermore, we want to understand the wider public's understanding of domestic abuse and their awareness of available services. We have developed a public survey to collect this data.

We are also undertaking ongoing work to capture more diverse voices and have commissioned a review into the accessibility and inclusivity of the tools used to collect evidence. The findings from this review will be integrated into the future development of the Public Health Approach.

## Steps 3 & 4: Implementation, Intervention and Impact

Steps 3 and 4 will build on what has been identified in steps 1 and 2 and focus on translating the systems review recommendations into a working plan to test responses across risk levels. SafeLives will act as a critical friend to local areas providing practice expertise to consider protective factors and what is working well, whilst supporting implementation of approaches that will strengthen the response across the system. This could include specific interventions identified in the recommendations, processes and pathways within the system, training or other areas identified from the initial project.

## Continuing Learning

We are continuing to grow our learning by working with existing and new local partners. As we work with more sites across England and Wales, we are building a better understanding of the national picture of the response to domestic abuse.

For more information about the Public Health Approach or if you are interested in SafeLives reviewing your area's domestic abuse response, then please contact [info@safelives.org.uk](mailto:info@safelives.org.uk)



**Working with SafeLives was a very positive experience and it helped to receive affirmation of where things are working well for us and the approach is the right one. Equally it helped to highlight areas that might benefit from a different approach.**

Professional, Feedback Survey

## Appendix 1 Overview of data collection methods

### Surveys and interviews

Surveys were developed by SafeLives, reviewed by our Pioneers (experts by experience of domestic abuse), and distributed via local authority networks. The data was analysed by SafeLives analysts.

Interview schedules were developed by SafeLives. Interviews were conducted as one-to-one or group sessions online or in person. The interviews were transcribed and then coded using a content analysis coding framework relevant to the type of interview. These coding frameworks organise codes into categories. Within these categories there are subcategories and codes which break down the information to a finer degree of detail.

## Appendix 2 Survivor voice: research participants

### Who took part?

At the time of reporting there are 173 responses to the survey for survivors of domestic abuse across 10 local authority areas in England.

- ✓ 58% of respondents were aged 31-50. 1% of respondents were aged 18-19 and 2% were over 66.
- ✓ 86% identified as white and 13% identified as being from a Black, Asian or racially minoritised background. It is important to acknowledge that only 1 respondent identified as Black, Black British, Caribbean or African.
- ✓ 94% of respondents identified as a woman whilst 3% (6 people) identified as a man.
- ✓ 85% of respondents identified as heterosexual, 5% identified as bisexual or pansexual and 1% as gay or lesbian.

## Appendix 3 Consultation with professionals: research participants

- ✓ Only 1% of respondents told us that their gender identity is different from the sex they were assigned at birth. More research is needed to understand the experiences of this group of survivors.
- ✓ 39% said that they were disabled or had a long term physical or mental health illness or health concern.

58 survivors took part in one to one or group interviews across six different areas.

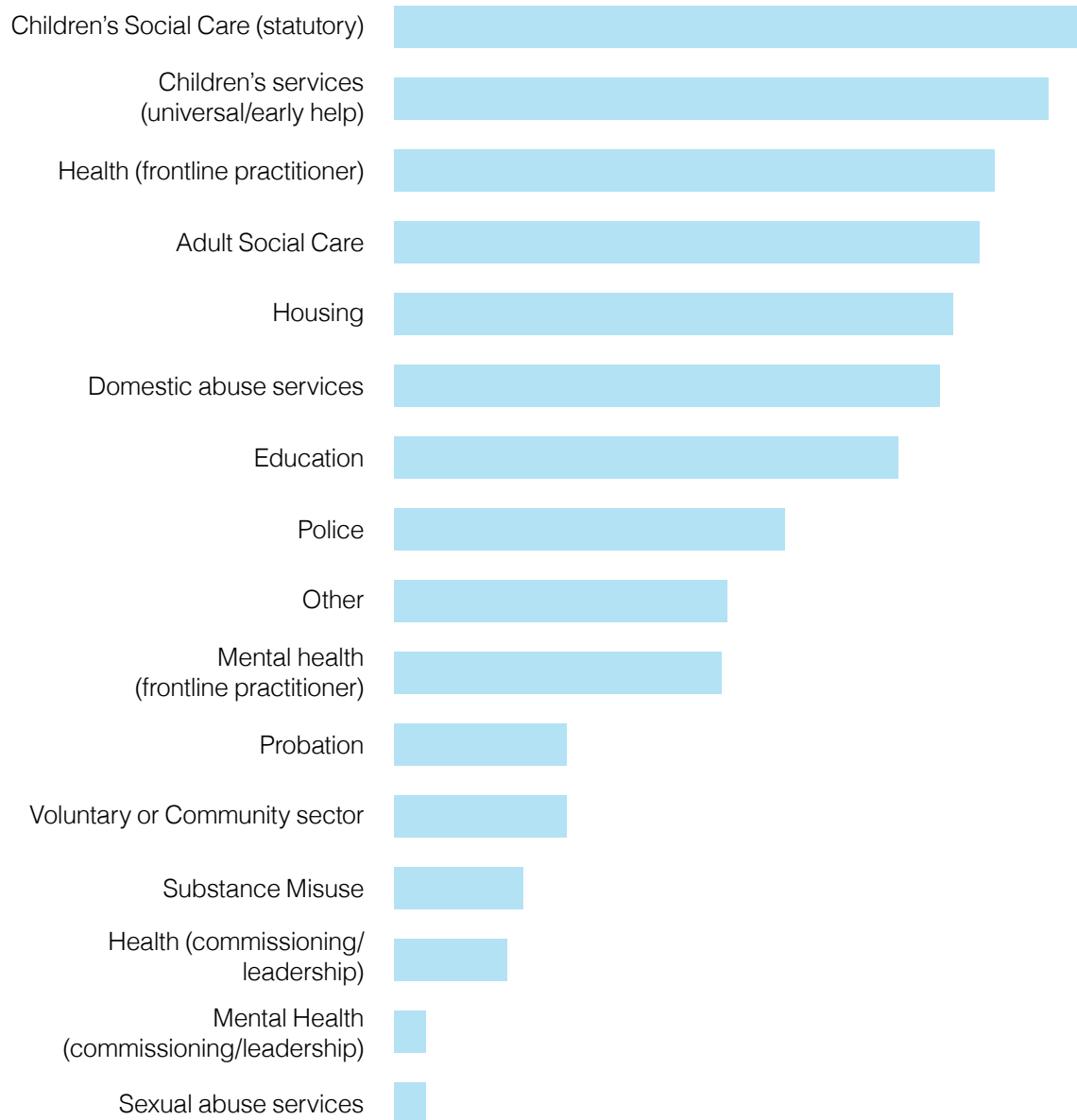
- ✓ The majority of survivors identified as a woman (n=27). A smaller proportion of participants identified as a man (n=5). There were 26 people who took part in groups interviews where individual demographic data was not collected so their gender identity is unknown.

The majority of survivors, 94% of survey respondents and 99% of interview participants, had experienced intimate partner abuse (IPV).

At the time of reporting there are 1,322 survey responses from professionals across 12 different local authorities in England. These professionals belong to 17 different agencies. 89 interviews were conducted with professionals across six areas. Across the survey and interviews professionals occupied a range of strategic and operational roles.

The graph on the next page indicates the agencies professionals who responded to the survey belong to.

**Proportion of responses from each agency**



## Appendix 4 Engagement with those who harm: research participants

**Who took part?**

At the time of reporting there were 24 respondents to the survey from across 6 different areas in England. There were a higher proportion of responses from one area which might bias the data.

- ✓ 22 identified as a man and 1 identified as a woman (1 preferred not to say).
- ✓ 71% were aged between 31 and 50 years of age, 17% were 20 to 25 and 13% were 51 to 65.
- ✓ 22 (92%) were white and 1 (4%) was Asian or Asian British.
- ✓ 22 (92%) respondents said that they were heterosexual/straight, while 1 (4%) said that they were gay or lesbian.

Two individuals who have used harmful behaviours in an area in England participated in one-to-one interviews. Both identified as male.



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