



Ending domestic abuse

SafeLives DA Bill Consultation Response

31st May 2018

About SafeLives

We are a national charity dedicated to ending domestic abuse, for good. We combine insight from services, survivors and statistics to support people to become safe, well and rebuild their lives. Since 2005, SafeLives has worked with organisations across the country to transform the response to domestic abuse. Last year over 60,000 victims, and many more children, received co-ordinated support to become and stay safe through interventions pioneered by SafeLives and our partners.

Introduction

SafeLives welcomes the Government's continued commitment to supporting victims and survivors of domestic abuse, and their children, through its legislative and non-legislative programme of reforms. We're well into the 21st century but it's still common for women to be fleeing their home with their children and a bin bag full of their belongings. It's even more common for women to stay, living with abuse for many years. The Government is opening up a national conversation about abuse - let's really have that conversation, not settling for piecemeal solutions but determinedly pursuing change in our thinking and our actions.

This means shining a light on things we still don't want to acknowledge; namely what goes on in our most personal, intimate relationships, often behind closed doors. Talking about the fact that if you're a teenager, disabled, in a same sex relationship or from an ethnic minority, you're less likely to get support and less likely to get justice. That if you're a wealthy white woman in the home counties, people still say it couldn't happen to you.

Domestic abuse is an endemic part of British society. A truly ambitious goal would be that all victims and survivors, no matter what front door they live behind, can have a safe relationship and home. What it will take to achieve this is i) comprehensive support for all victims/survivors, whether they seek it out at school, work, hospital, their community or elsewhere ii) relentless focus on understanding not 'why she doesn't leave', but 'why he doesn't stop', creating solutions that change or constrain harmful behaviour iii) support for children and young people that recognises the particular risks to them developing safe and well.

In recent years, an increasing number of victims and families at risk from abuse have been identified by non-police agencies such as health and children's social services. But still, far too

many families are only getting help when the abuse reaches crisis point and the police are called – and not every family gets the right help then. There are likely to be many more victims and families in contact with other statutory agencies, but they are not identified as living with domestic abuse. There is considerable potential in locating domestic abuse specialists in mainstream services, like hospitals. Programmes in GP surgeries and advice agencies have shown that it is possible to significantly increase identification. And these programmes may also reach groups of victims and families who are different to – and in some cases, more vulnerable than – those identified by other routes. As HMIC rightly put it back in 2014, we have to make domestic abuse everybody's business. In 2018, that remains a work in progress.

Survivor voices tell the truest, most immediate and most compelling story of domestic abuse. In preparing for our engagement with the proposed Bill, we have extended the work we do daily with victims and survivors, creating Every Story Matters¹ so that as many people as possible, from those who lived with abuse as children, to those who have managed to leave it behind, to those still experiencing it, could raise their voices and say, in their own words, what needs to change. Hundreds of people have responded to that call in just a few weeks, proving once and for all that survivors want to be heard. Our consultation response honours those voices but only begins a conversation. We haven't yet had chance to undertake proper qualitative assessment of the detail of what people told us in written word, audio and video. That process will continue as we prepare for the pre-legislative scrutiny for the Bill and its Parliamentary passage, likely to last for up to 18 months. In the meantime, we will seek an opportunity separate to our written response to present the voices of those c350 voices to relevant policy teams. People's own stories will create change.

As ever, we have also engaged in detail with multiple frontline domestic abuse practitioners, nearly 50 of whom responded to a separate survey for this consultation. Where appropriate, their views too are reflected in our responses. We have added this to data from our Insights and Marac datasets, practice findings from our frontline interventions including Drive, One Front Door and our Beacon Sites, research findings from our many reports and a wealth of evidence and practical expertise from a very wide range of colleagues from inside and beyond the DVA sector.

Our thanks to everyone who engaged with us as we pulled together this consultation response. In particular, thank you to anyone who said that they still feel afraid, but took part despite that fear. Every Story Matters included links to support services - we hope that everyone who needs a service will be able to reach for that, and get it.

¹ <https://everystorymatters.typeform.com/to/PMloFG>

SafeLives believes the Domestic Abuse Bill process can help us to get it right for survivors and their families in the following three ways:

1. The right resources at the right time to reduce missed opportunities and make individuals and families safe, sooner.

- Specialist support services need to be commissioned, well resourced, and working to high standards in every local area.
- Provision needs to include high quality outreach services which promote victims' resilience and to ensure every area has its full complement of Idvas - we need nearly 300 more to ensure every survivor at the highest risk of serious harm of murder is given the support they deserve.
- The role of agencies such as health, housing, children's services etc. needs to be enhanced through ensuring they ask about domestic abuse at the earliest possibility and follow through by referring survivors and perpetrators to specialist services.
- Specialist domestic abuse professionals need to be located in a greater number of health settings (IRISi, hospital and mental health Idvas).

2. To understand the whole picture for an individual and family, to give an effective response.

- Integrated One Front Door for referrals of all family members (and no wrong door for support, whether online or offline).
- Coordination of civil/family and criminal courts processes – one family, one judge (e.g. Family, Drug and Alcohol courts).
- Comprehensive DA Matters style training roll out for the Police and other statutory frontline professionals (particularly Children's and Adult Social Workers).
- Dedicated services for the 50%+ of survivors who currently don't plan to leave or separate, survivors with complex needs, and survivors with unmet or 'hidden' needs for example, 60 years plus, teenage, disabled, BME, LGBT+ survivors.
- Services for children living with domestic abuse and other ACEs including full provision of Ypvas - Young people's violence advisers and specialist children's workers. Relationship and Sex Education guidance needs to include a focus on the nature of domestic abuse (with an input from specialist domestic abuse professionals) and roll-out in schools should include i) extra support for children

who may disclose abuse ii) support for young people who worry they might be at risk of using violence and abuse.

3. To stop asking "Why doesn't she leave?" and start asking "Why doesn't he stop?"

- A radical cross-government strategy on boys and men who harm, taking in all forms of violence against women and girls and associated damage and offending, including harm that boys and men do to themselves.
- All 43 police force areas to establish a forum to coordinate a multi-agency response to high-harm perpetrators of abuse, adhering to nationally agreed and consistent standards so the perpetrator, the cause of the harm, is identified, monitored and held to account, including if they enter a new relationship.
- Quality assured one-to-one interventions with high-harm complex needs perpetrators - whose complex needs and engagement profiles are different from those suitable for more long-established structured group work programmes - as well as a roll-out of well-evidenced, Respect-accredited programmes for lower risk perpetrators.
- Action against the abusive parent when children's social care become involved in a family's life, with responsibility for change placed where it should be – with the person causing harm.
- We need to support survivors to stay safe in their own home through greater roll-out of Sanctuary schemes, specialist support such as Idvas and more varied supported housing options e.g. move-on, Housing First, a national housing reciprocal programme with regional centres, Shared Lives model, and safe houses, as well as refuge. Suitable housing options must also be available to make it a realistic option to remove the perpetrator from the home and house that person somewhere else, so the victim/survivor and any child(ren) can stay safely where they are.
- Criminal and civil justice sanctions which make clear that if you refuse to change your behaviour, there are consequences.

In relation to the main proposals in the DA Consultation, we would like to highlight the following:

Domestic Abuse Commissioner

SafeLives supports the creation of a new Domestic Abuse Commissioner, but only if they are given the access and platform they need to hold us all to account for radical change in our society. We would like to see the Commissioner given:

- A remit that focuses on domestic abuse, but which recognises and responds to the strong intersections between DA and other areas of risk, both those considered under the term 'VAWG' and also other forms of risk and disadvantage, such as mental ill-health and exposure to other forms of criminality such as CSE, CSA and wider violence against women and girls. It is confusing that the Home Office acknowledges the indivisible ties between all forms of VAWG through its 2016 strategy, but that the Commissioner will only be able to focus on domestic abuse.
- We also think it is vital that onward links are acknowledged; the co-relationship between mental ill-health and domestic abuse is evident in all good quality studies of the issue. We support the push to ensure local authorities and commissioners jointly agree VAWG strategies for local areas, carrying out needs assessments across different forms of VAWG and other intersecting issues, rather than segmenting strategies, and if the DA Commissioner is to make a difference, it sends a backwards signal for them to focus too rigidly on domestic abuse on its own. We suggest that while the title of this role should remain 'DA Commissioner' to give sufficient focus, they are given responsibility for monitoring local Commissioners' performance against the refreshed VAWG strategy, as well as the National Statement of Expectations for the Home Office, and MHCLG's commissioner priorities for domestic abuse. We also feel the person holding this post should attend the cross-Whitehall Directors Group on prevention of social harms.
- Appointment of the Commissioner by Parliamentary Committee – perhaps a joint committee of Women and Equalities and Home Affairs if committee time allows? It is important that the Commissioner feels accountable to Parliament rather than to the Government so that they are independent and able to exercise their role without fear or favour. It will be important to understand why Kevin Hyland, held in high esteem, felt he couldn't continue in role as the Modern Slavery Commissioner, and to learn any lessons.
- The right resources and staff to fulfil the role. The numbers of domestic abuse victims sits just under 2 million a year which is significantly higher than the number of trafficking victims, and yet the budget proposed for the Commissioner role is not proportionate to that of the Modern Slavery Commissioner. We would

suggest that the budget needs to be increased to reflect the prevalence of domestic abuse in society (let alone the prevalence of other forms of violence against women and girls such as sexual abuse which are closely linked).

- A remit which covers not just adult victims/survivors of domestic abuse, but also children experiencing domestic abuse as they grow up, and young people in abusive relationships. We also would like to see the Commissioner have oversight of all levels of perpetrator provision – both by statutory, voluntary and private sector providers, to ensure it meets national standards and that gaps in provision are identified.
- The authority to receive Joint Targeted Area Inspection reports and be tasked with ensuring findings are acted upon, starting with the recommendations made in the 2017 JTAI report², working closely with the relevant inspectorates.

Wider cultural change

*'I believe very strongly that we should educate everybody: male, female, LGBT, all age groups and talk about it far more than we do.'*³

Domestic abuse won't stop because of legislation. Domestic abuse will only stop when our society embraces wider cultural change - from top to bottom. The Government has a huge opportunity to use its convening power to start a national conversation for a decade and more - doing for domestic abuse what previous Governments have achieved on smoking, AIDS, road safety, and more recently gay rights.

- Government controlled statutory services and Departments lead the way in raising awareness of domestic abuse by agreeing employee policies on domestic abuse and implementing stronger pathways to refer victims in the workplace for support. In particular we would like to see the NHS, the police and the Ministry of Defence demonstrate zero tolerance of abuse by members of their workforce and implement stronger policies for victims of domestic abuse.
- We would like to see the Department of Health and NHS England show strong leadership on the issue of domestic abuse and ensure they track NHS compliance with NICE Quality Standards.
- To accompany the introduction of the new Act, the Government should introduce a £5m public awareness campaign along the lines of 'Time to Change' in the mental health sector so that domestic abuse is taken from a private matter into

² JTAI (2017) The multi-agency response to children living with domestic abuse Prevent, protect and repair

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/68067/1/JTAI_domestic_abuse_18_Sept_2017.pdf

³ Respondent to Every Story Matters, April-May 2018

the public domain. Survivors' voices and experiences should be at the heart of the campaign with public figures encouraged to talk about how domestic abuse has affected them and their families.

- Government contracting processes could encourage private sector employers to ensure they meet accredited standards of supporting domestic abuse victims and perpetrators in the workplace by requiring them as a condition of receiving business. Just as businesses have risen to the challenge of tackling modern slavery, they should be leaders in ensuring their staff can find support in their workplace when they are victims of domestic abuse. We support the call from the Employers Initiative on Domestic Abuse⁴ to introduce into the Domestic Abuse Bill a minimum entitlement of ten days' paid leave in any year to an employee experiencing domestic abuse. This must be paid leave (equivalent to annual leave and sick pay) with job protection. We also believe employers require a clear set of good practice standards to work towards, akin to the SafeLives Leading Lights standards applied to specialist services, and a concomitant monitoring process to check for continuous improvement.

We are pleased to have worked with many colleagues within and beyond the domestic abuse sector to prepare this response, and note the thoughtful submissions from many of those organisations, ranging from Women's Aid, to Action for Children, Galop, the PPMA, DAHA and others. Our own response is usefully read in conjunction with the one we have produced in partnership with colleagues at Respect and Social Finance, that comes from the Drive partnership.

⁴ Vodafone Foundation (2017) Domestic Violence and Abuse: Working together to transform responses in the workplace
https://www.vodafone.com/content/dam/vodafone-images/foundation/55376_Vodafone_domestic_violence_report_AW5_V2.pdf

1A: Introducing a new statutory definition of domestic abuse

Q1. Do you agree with the proposed approach to the statutory definition?

Strongly agree.

It is important that the preamble to the definition recognises the disproportionate impact that domestic abuse has on women and girls, and its close relationship with other forms of violence against women and girls.

We also think it is crucial for statutory agencies to recognise that domestic abuse can impact on anyone regardless of gender, age, sexuality, class, income culture or religion, and that domestic abuse and coercive and controlling behaviour can be perpetrated by family and community members as well as intimate partners. If the statutory definition is made too specific and specialist it will result in a narrow criminal justice lens being taken of domestic abuse missing those who are most vulnerable and those who pose a critical risk.

We particularly welcome the inclusion of economic abuse as a form of abuse.

So-called 'honour'-based violence (HBV) and forced marriage (FM) are a form of domestic abuse even if community members collude or perpetrate. Professionals should know that even if the current suspect is not a family member/(ex)partner, it could be a part of HBV and the 'main perpetrators' do fit within the definition.

However, we feel that the statutory definition will only have a real impact on domestic abuse if the guidance issued alongside the definition contains clear examples of the different forms and typologies of abuse. The guidance needs to be extensive and will be key to changing the way the definition is currently used by different organisations. As with the legislation on coercive and controlling behaviour, the success of the change in status of the definition will only be as good as the commitment made to training frontline public sector, multi-agency workers, so that domestic abuse becomes their business in everyday practice. This training needs to be embedded into the induction of new staff, and updated annually for all staff.

Q2. Will the [new](#) definition change what your organisation does?

No, it won't change.

SafeLives already works with range of organisations and practitioners in producing guidelines and developing services that effectively support victims and families of domestic abuse. We will ensure that our guidance and training is updated to reflect the new statutory definition and to ensure multi-agency partners understand the implications of the new definition. In particular we will renew our efforts to augment our Domestic Abuse Matters cultural change programme to suit key multi-agency partners including Children's Social Care and Adult Social Care.

Q3.How can we ensure that the definition is embedded in frontline practice?

Ensuring that training and cultural change programmes are rolled out to all frontline practitioners in statutory agencies - particularly the remaining police forces who haven't undertaken Domestic Abuse Matters, and an extension of DA Matters for child and adult social workers.

The proportion of referrals of victims to Marac from Child and Adult Social Care remains worryingly low, despite their frontline role in potentially identifying victims at the highest-risk of serious harm or murder. While Marac referrals are only one indicator of an agency's engagement in properly responding to domestic abuse, we believe this is symptomatic, and would be reflected in findings in other datasets. Until those agencies recognise that identification and referral for support is absolutely key to their business, we won't see the step-change needed to prevent and protect adult and child victims and survivors of domestic abuse.

Q4.What impact do you think the changes to the age limit in the 2012 domestic abuse definition have had?

Positive.

Though it is worth noting the challenges young victims face in accessing the support services they need. In SafeLives *Safe Young Lives* report⁵ we noted that despite the change in definition and the efforts to embed this change in the response to domestic abuse, there are still gaps in the support for 16 and 17 year olds. While the Idva role is embedded in the Government's strategy to end Violence Against Women and Girls, there is no such formal support for the Ypva role. Many young people must still rely on services designed for adult victims. SafeLives' annual practitioner survey reveals that the commissioning of Ypvas within adult Idva services is patchy across the country. Many areas had only one Idva service with a specialist Ypva, and one area had none at all. While Ypvas may be based in other local services, such as specialist children's services, it is clear that there is no consistent pathway to specialist support for young people.

Q5.We are proposing to maintain the current age limit of 16 years in the statutory definition – do you agree with this approach?

We disagree and think there shouldn't be an age limit.

Our Safe Young Lives Spotlight⁶ concluded that child protection services were failing young people who were victims of domestic abuse under 16 and young people who harm other young people, as well as family members, particularly mothers (in 61% of cases where a young person who harms an adult, this abuse is directed at mothers). Young people aged 13, 14, and 15 need to be recognised as being victims within intimate partner and coercive and controlling relationships. The

⁵ SafeLives (2018) *Safe Young Lives: Young People and Domestic Abuse*. Accessible at: <http://www.safelives.org.uk/knowledge-hub/spotlights/spotlight-3-young-people-and-domestic-abuse>

⁶ *ibid*

16 year old threshold has a negative impact on the provision of services for this age group because it fails to recognise this where it matters most – in the statutory definition.

The whole family approach recognises that children can be primary victims, such as we are striving for in our One Front Door model⁷. We believe that bringing young people under 16 into domestic abuse assessment rather than the child protection regime may help to identify vital risk indicators which may be missed if there is only a narrow focus on the child.

We recognise that there is the potential for this move to unnecessarily criminalise young people so it is very important that the guidance is very clear that prosecution of young people, except in the most serious offences, should be avoided. Instead the focus should be on ensuring young people get access to specialist services and tailored interventions - both victims and young people who harm. The current response which tends to be geared towards adult victims and perpetrators is failing young people and a change in the age limit could help to shift provision for this age group and recognise that young people's needs are different.

1B: Educating young people about relationships

Q6. In addition to the changes being made to how relationship education will be taught in schools, what else can be done to help children and young people learn about positive relationships and educate them about abuse?

85% of respondents to Every Story Matters said that they did not talk about domestic abuse at all when they were growing up. Only two respondents out of 344 said they learned about it at school.⁸

We welcome the Government's policy of Relationships education (for primary ages) and Sex and Relationships education (secondary students) set to launch September 2019 and believe this could provide a transformational moment in opening up discussions about what happens in intimate relationships in our society. We reflect on the Government's plans later on in this section. However, in response to the question, there is an opportunity to educate young people and children in the spaces they interact outside of the school setting, for example in social clubs and online spaces.

"Education is needed. I had no idea I was in an abusive relationship until it was far too late. Starting in schools to help raise awareness for both potential victims and potential abusers, but also vital through media."⁹

The role of community groups in challenging gender stereotypes

⁷ SafeLives One Front Door <http://www.safelives.org.uk/one-front-door>

⁸ SafeLives' conversation with 348 survivors through Every Story Matters April-May 2018

⁹ Respondent to Every Story Matters, April-May 2018

Sports clubs, youth groups and community leaders have an influential role in young people's lives. Outside school hours these are the organisations and individuals interacting with young people and they do great work in teaching social skills and embedding values of respect, teamwork and self worth. We are aware of organisations doing just that, for example, Being Mankind¹⁰ is a project creating a space to discuss what life is like for men and boys living in 21st century culture. They offer free resources to help school and community leaders to explore and challenge outdated gender stereotypes.

Tackling the prevalence of online abuse

As using a mobile phone and the internet is now the default position for young people when communicating with friends, abuse frequently takes place online in addition to offline behaviours.

In her Spotlights interview with SafeLives,¹¹ Ypva Hollie Pearson highlights how control of the victim's phone and social media can often be a monitoring tool for the abusive partner. Young survivor Jill¹² spoke to SafeLives about how easily this monitoring can begin: *"After a few months of being together we ended up with each other's Facebook passwords but at that time I thought this was a normal thing to do. Not long after, he began to go on my Facebook quite often until it turned into him being on it every day."*

Lora, another young survivor, spoke to SafeLives about the jealous and controlling behaviour from her intimate partner through the use of technology: *"He ended up getting us a new phone in his name. So the contract was in his name, so he could see like everything I went on. He could see who I'd been texting, what numbers I'd been texting, what numbers I'd been phoning."*

It's vital the Government works with technology companies such as Facebook, Twitter, YouTube and emerging platforms in making it easier to report abuse and to continue campaigns such as Disrespect Nobody¹³ which helps young people to understand what is a healthy relationship.

Proposals for relationship education in schools

We have concerns that the current proposals for RSE in schools will not provide a 'whole school approach' to embedding awareness of domestic abuse and other forms of violence against women and girls in a way which will challenge societal norms.

¹⁰ <https://www.beingmankind.org>

¹¹ SafeLives Spotlight 3: Episode 7 Podcast Transcript. Accessible at: <http://safelives.org.uk/sites/default/files/resources/Hollie%20podcast%20transcript.pdf>

¹² SafeLives (2017) Stories from Young Survivors: Jill. Accessible at: http://www.safelives.org.uk/practice_blog/stories-young-survivors-jill

¹³ Disrespect Nobody Accessible at: <https://www.disrespectnobody.co.uk/>

In particular we are concerned that the onus will be placed on class teachers to deliver RSE lessons, without the adequate training and pastoral support needed. Instead, we believe that schools should be enabled to pay for outside charities and experts to come and deliver or co-deliver some sessions. It is unfair to expect teachers to deliver on these complex topics without the confidence and resources to do so. It is also much harder for someone known to their pupils to talk about something like pornography, whereas as an outside speaker, it is easier to deliver on sensitive topics. However, teachers must be equipped to handle disclosures and to enable them to reflect the messages heard by young people from external educators back to them. This would ensure that children are given the most appropriate responses from those that understand the topics best.

In particular we have found through our research that in the area of so-called 'honour'-based violence, young people can sometimes be getting different messages from home and school about what is normal or acceptable – which teachers will need to be aware of and manage well – e.g. if the views that pupils are starting from are very different to what's in the curriculum, you might have to take a different approach. The controlling nature of HBV often starts when victims learn what is normal or acceptable within their communities. It may only be when the abuse becomes more overt, once within a marriage, or if rejecting demands to marry or behave in a certain way, that the victim seeks help. Therefore, it will be important to ensure young people are educated about issues such as consent, their rights, and the law within the UK, in order to help them to identify abuse and get help earlier.

Ada, a survivor speaking as part of our Spotlight on HBV said: *“Yeah, you’re born, you go to school, and at a certain age you get married, you have kids, and that’s the woman’s life... there is a lot of things you want to do, but it’s always what the elders want you to do even when you’re 40 years old or 50 years old, you’re always going to be told what to do... You just get that brain wash. But as you get older, you go to school, you watch TV, you think, well other people don’t have to do that why can’t I do what I want? But you need to have a lot of courage or heart to do it. Me, I was quiet for a very long time until I couldn’t handle it no more.”*¹⁴

The House of Commons Home Affairs Select Committee reported on DV and HBV in 2008 and found that none of the survivors they interviewed had received any kind of education in school about forced marriage and HBV¹⁵. The report also commented on the resistance within many schools to addressing the issue of forced marriage through awareness-raising actions such as displaying posters, for example. However, school is not the only way to tackle this problem, and Shigufta Khan (Blackburn and Darwen Without Domestic Abuse) notes in her Spotlight podcast interview that it will be important for young people to hear these messages against the abuse elsewhere within the community: *“It needs to happen in different settings and different scenarios*

¹⁴ SafeLives (2017) Your Choice: 'honour'-based violence, forced marriage and domestic abuse.

Accessible at:

<http://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf>

¹⁵ House of Commons (2008) Domestic Violence, Forced Marriage and “Honour”-Based Violence

Accessible at: <https://www.publications.parliament.uk/pa/cm200708/cmselect/cmhaff/263/26302.htm>

and everybody should be given the same message because otherwise how confusing is that for a young person?’¹⁶

In order to adapt teaching and curriculum content to meet individual needs teachers need to be well informed and confident in the subject – especially when you’re dealing with topics that can affect the safety and wellbeing of pupils. One survey¹⁷ found that teachers aren’t confident delivering SRE lessons. This is why SafeLives has recommended that The National College for Teaching and Leadership (NCTL) should consider establishing a specialist PSHE route into teaching.

Messages to children and young people must take the opportunity to directly address those who worry they might use violence and abuse in their relationships, as well as those who might experience harm. Those who took part in Every Story Matters were absolutely clear that not enough is currently done to support young people – both those who have already witnessed some form of violence or abuse and those who haven’t – to identify signs of concern in themselves and get help.

‘My teenage son now tells me he used to believe that I would be killed and grew up tormented by the fear which made him reluctant to attend school because he was afraid to leave me. Now as he grows older he exhibits signs of an abusive nature which I have to challenge often and my concern is for him now with mental health depression and for any future intimate relationships.’¹⁸

There is anecdotal evidence of very high rates of family violence experienced by girls and boys who attend Pupil Referral Units, with some good work being done in Devon and a number of other parts of the country to work with those children to identify their experiences and what support will help them recover and change their story. This is also an extremely sensitive area of work, for which significant specialist expertise is needed. We strongly believe that there would be value in bringing together organisations with multiple areas of specialist knowledge, such as domestic abuse specialists and youth crime and violence specialists, such as LEAP Confronting Conflict, named in the recent Serious Crime Strategy.

Reporting domestic abuse to statutory services

Q7. Which statutory agencies or groups do you think the UK government should focus its efforts on in order to improve the identification of domestic abuse?

Health Professionals
Children’s Services

¹⁶ SafeLives Spotlight #4: Episode 5 Podcast transcript. Accessible at: <http://safelives.org.uk/sites/default/files/resources/Shigufta%20Khan%20podcast%20transcript.pdf>

¹⁷ Guardian (2010) Teachers 'lack confidence' to give sex education lessons. Accessible at: <https://www.theguardian.com/education/2010/oct/28/teachers-sex-education-survey>

¹⁸ Respondent to Every Story Matters, April-May 2018

Police

But fundamentally, all of these agencies and groups should be supported by government to improve the identification, and importantly the referral of domestic abuse victims. Too many victims are still invisible to key agencies. Earlier identification of domestic abuse by agencies cuts the time that victims and their families will live with abuse.

SafeLives Insights datasets reveal that duration of abuse for victims also varies according to how they are referred in to a domestic abuse service. Victims had experienced abuse for significantly shorter periods of time (2.1 years) if they had been referred to a domestic abuse service by the police or health services, than if they had referred themselves (4.9 years). Referrals from wider agencies into domestic abuse services continue to be driven by the police year-on-year (54% of referrals in 2015, 59% 2016 and 60% 2017). Fewer than 4% of domestic abuse referrals were made by health services, 1% from housing services and 4% children and young people's services. Every agency has a responsibility to recognise and respond to domestic abuse. To cut the time it takes for victims to receive help, agencies must know how to identify domestic abuse and work together to create clear, joined up referral pathways for each family member.

The Government should keep a close watch on the outcomes of Wales' 'Ask and Act' legislation which is showing early signs of increasing frontline public sector identification of domestic abuse. As it is still early in the process of roll-out, however, we will wait to see whether it has a genuine impact on the referral of victims and survivors into specialist services so that they can get the support they need.

Q8. In addition to improving training programmes and introducing guidance, what more can the government do to improve statutory agencies' understanding of domestic abuse?

"If we had had this training a few years earlier we undoubtedly would have saved lives and prevented DA homicides" Detective Inspector, Surrey Police

The Domestic Abuse Matters¹⁹ cultural change programme was written with the College of Policing by SafeLives following a recommendation in HMIC's report 'Everybody's Business' in 2014.²⁰ The aim of the programme is to implement long-term attitudinal and behavioural change on the issue of domestic abuse and coercive controlling behaviour in every police force. It is designed to ensure police first responders understand the relatively new offence of coercive and controlling behaviour introduced in 2015 and to change day-to-day practice towards victims of domestic abuse.

¹⁹ SafeLives For Police: Domestic Abuse. Accessible at: <http://www.safelives.org.uk/training/police>

²⁰ HMIC (2014) Everyone's Business: Improving the police response to domestic abuse. Accessible at <https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/2014/04/improving-the-police-response-to-domestic-abuse.pdf>

To date, SafeLives has trained ten police force areas (over 4,500 first responders), four of which contributed to an evaluation we recently published.²¹ 87% of first responders reported improvements in how they work with victims of abuse, while three out of four first responders reported improvements in their evidence gathering. More in-depth and comprehensive investigations, coupled with increased empathy and a more open-minded response, will undoubtedly have an array of positive impacts on all those affected by domestic abuse.

Following the success of this programme, SafeLives has won the bid to provide training through DA Matters to 14,000 first responders in Police Scotland. There the force has been able to adopt a comprehensive approach for all parts of the country, thanks to direct investment by the Scottish Government.²² To ensure victims and survivors receive the best possible police response, we support the roll-out of DA Matters to the remaining police forces across England and Wales who have not yet adopted the programme, to promote a long-term cultural shift in the approach and attitude of officers to domestic abuse.

However, within those forces that have already received the training, it is important that the momentum to change generated by the training is maintained. This is best achieved through the use of Domestic Abuse Matters Champions, who can offer support and additional ongoing training to responders. For the training to work as envisaged, ensuring that officers are made aware of who Champions are, and what support and assistance is available, is essential. Second, ensuring that Champions are supported in their new role and are given the additional time needed to complete these duties is of great importance. Additionally that these Champions link with other Champions nationally via the Safelives Community platform group to share best practice and enjoy the support of other Champions nationally. Finally during work with the 10 early adopter forces we have identified that where there are units or ranks which have not been subject to the training there can be a barrier to change, so we feel there needs to be whole force adoption of cultural change via DA Matters and not just by uniform response officers. This involves training most ranks and positions in both the responders package but also having DA Matters Champions in all ranks and positions too. This together with the health check, sustaining the change senior command workshop and the use of approved DA Matters local trainers to continue using the training packages for new starters, future proofs the force from deteriorating attitudes and practice.

We believe strongly that no one agency can respond effectively to domestic abuse. We also believe that issues of social vulnerability and justice are tolerated more and treated with lower levels of urgency than those which happen far more rarely, but whose impact can be immediately and visibly devastating, such as national security or civil contingencies. We think it would be highly valuable for those agencies which sit round a Marac table to take part in a

²¹ SafeLives (); Domestic Abuse Matters Force Evaluation Accessible at: <http://www.safelives.org.uk/sites/default/files/resources/DA%20Matters%20-%204%20Force%20evaluation.pdf>

²² Police Scotland (2018) SafeLives to deliver Police Scotland domestic abuse training. Accessible at: <http://www.scotland.police.uk/whats-happening/news/2018/may/safelives-deliver-police-domestic-abuse-training>

programme of simulated exercises similar to those which are routine for national security and civil contingency operations. This allows organisations to get to know each other's priorities, ways of working, behaviours, capabilities, legal powers and thresholds. When we did an initial test of this format, the use of effective case study material created a valuable learning environment for all participants.

Alternative ways to report domestic abuse

Q9.What further support can we provide to the public (employers, friends, family, community figures) so they can identify abuse and refer victims to help effectively?

"I believe very strongly that we should educate everybody: male, female, LGBT, all age groups and talk about it far more than we do"²³

As highlighted in the Citizens' Advice report *A Link in the Chain*²⁴, friends and family are more likely to be aware of abuse than anyone else. The Crime Survey of England and Wales (2014) found more than two thirds (71%) of individuals who experienced domestic abuse, told someone personally close to them, compared to just one third (33%) who told an official (police for example), and only a quarter (25%) who spoke to a specialist or a support organisation. Ensuring they have the resources and understanding to identify when a loved one is in a potentially abusive relationship is therefore key.

Each year the Government spends millions on public health advertising (£41.9m in 2016/17) - £20m on drink driving campaigns over ten years and around £1m a year on the Fire Kills campaign. There were 327 fire deaths in 2016/17²⁵ and The HM Treasury Green book put the cost of a life saved at £1.3m in 2010²⁶. There were a total of 454 domestic homicides recorded by the police in England and Wales between April 2013 and March 2016; this represents 31% of all homicides where the victim was aged 16 and over during this time period. We think there is a clear case for the Government to make a long-term commitment to a national public health campaign which raises awareness of what domestic abuse is, the support available and the law and urge the Government to consider committing an initial £5m to launch a nationwide domestic abuse campaign in partnership with the specialist domestic abuse sector.

²³ Respondent to Every Story Matters, April-May 2018

²⁴ Citizen Advice (2015) *A Link in the Chain: The role of friends and family in tackling domestic abuse*. Accessible at:

<https://www.citizensadvice.org.uk/Global/CitizensAdvice/Crime%20and%20Justice%20Publications/Linkinthechain.pdf>

²⁵ Fire Statistics Data (2017) Accessible at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/705228/fire-statistics-data-tables-fire0501.xlsx

²⁶ Communities and Local Government (2011) *Fire Kills Campaign Annual Report 2010-11*. Accessible at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/5900/1992322.pdf

Providing support for family and friends through technology

*Bright Sky*²⁷ is a free to download mobile app providing support and information for anyone who may be in an abusive relationship or for those concerned about someone they know created by Hestia. Bright Sky can also be used by practitioners and other employers to learn more and provide support.

Through the app, friends and family will gain access to a directory of specialist services, helplines, log incidents of abuse in a secure way amongst other features.

Using technology in this way has the potential to evolve into nationwide single point of contact for individuals accessing the domestic abuse support they or family member needs.

Engaging employers

The Employers Initiative on Domestic Abuse²⁸ has been very effective in galvanising new interest and discussion amongst major employers, public and private, about domestic abuse. Over 200 organisations now form part of the network. We welcome the fact that Public Health England and BiTC are working together on a toolkit for employers, as employers we talk to are extremely keen to now move on from simply writing a policy to implementing more fundamental, practical change. They remain unsure how to do that and the extent to which they should expand their responsibilities in this area, so the toolkit will be helpful, though we do feel it's a shame the scope of the toolkit won't be comprehensive to fit the whole definition of domestic abuse. We have made this point to PHE and BiTC, and have had chance to feed in other comments and advice, too.

We know that employers are now waiting for someone to set a precedent. We have been repeatedly asked, including by 'destination' employers in the FTSE 100; 'Who does this well already?' All of them are looking to each other for an example. When this has been raised with the EIDA team they have understandably said that they can't resource further work on benchmarking and best practice assessment. They would, however, be supportive of someone else taking on this role.

SafeLives created the Leading Lights²⁹ benchmark of quality for frontline domestic abuse services many years ago. Over 50 services around the UK now hold this quality mark, and many commissioners will specifically require that a service either meets it or is willing to work towards it. Our team works closely with that service to help them reach the standard over a period of almost a year, in most cases. The standards we set in Leading Lights build on the

²⁷ Hestia Digital Tools. Accessible at: <https://www.hestia.org/brightsky>

²⁸ Employers' Initiative on Domestic Abuse. Accessible at: <https://eida.org.uk/>

²⁹ SafeLives Leading Lights: accreditation for domestic abuse services. Accessible at: <http://safelives.org.uk/practice-support/resources-domestic-abuse-and-idva-service-managers/leading-lights>

Shared Core Standards³⁰ work done jointly by members of the women's sector a number of years ago.

While private and public organisations have very different responsibilities to frontline specialist organisations, we would like everyone responding to domestic abuse to work to common standards of practice. We would like to see an appropriate arrangement made for employers to understand what 'good' looks like in their response, and for this to be assessed and monitored in order for it to be meaningful and continuous, not a one off exercise. Standards could readily be drawn up which would be applicable to both public and private sector employers/employees, providing additional content for certain statutory sectors such as the police or military, where the conditions of service are quite specific.

2A: Improving support services for all victims of domestic abuse and their children

Q10. We are in the process of identifying priority areas for central government funding on domestic abuse. Which of the following areas do you think the UK government should prioritise?

Select the following:

- Advocacy for victims to enable them to stay safely in their own home (Independent Domestic Violence Advisors or their equivalent)
- Interventions embedded in health
- Perpetrator Programmes which aim to change offenders' behaviour and stop reoffending

Q11. What more can the government do to encourage and support effective multi- agency working, in order to provide victims with full support and protection?

Select the following::

- Sharing effective practice
- Guidance
- Other (free text)

We would like to see:

Integrated One Front Door for referrals of all family members (and no wrong door for support, whether online or offline).

Coordination of civil/family and criminal courts processes – one family, one judge (e.g. Family, Drug and Alcohol courts).

³⁰ SafeLives Violence Against Women & Girls Sector: Sector Shared Core Standards. Accessible at: <http://safelives.org.uk/commissioning-support/vawg-sector-shared-core-standards>

Comprehensive DA Matters style training roll out for the Police and other statutory frontline professionals (particularly Children's and Adult Social Workers)

Dedicated services for the 50%+ of survivors who currently don't plan to leave or separate, survivors with complex needs, and survivors with unmet or 'hidden' needs for example, 60 years plus, teenage, disabled, BME, LGBT+ survivors.

Services for children living with domestic abuse and other ACEs including full provision of Ypvas - Young people's violence advisers and specialist children's workers. Relationship and Sex Education guidance needs to include a focus on the nature of domestic abuse (with an input from specialist domestic abuse professionals) and roll-out in schools should include i) extra support for children who may disclose abuse ii) support for young people who worry they might be at risk of using violence and abuse.

2B: Supporting victims with special needs

Q12. What more can the government do to better support victims who face multiple barriers to accessing support.

*'I believe I have suffered PTSD but haven't had help. Someone to help advise on financial situation and where to go. How to survive with helping you become in touch with others going through the same. Breaking barriers and allowing support with an online counsellor. Survivors stories and contact with support group that includes a survivor. Encouraging people to report everything as evidence is so hard to capture and fear stops this happening.'*³¹

Research tells us that many people experiencing domestic abuse also have range of additional needs that co-exist alongside domestic abuse and are often a result of the abuse they have suffered. The Agenda Alliance and AVA charities have done particularly good work in this area. For example, when we look just at clients who are experiencing mental health and/or substance misuse we see a big increase in issues around poverty, disability and health, confirming the interaction and exacerbation of multiple needs, adding complexities.

People with complex co-existing needs alongside domestic abuse will frequently face multiple barriers in accessing services and will not be receiving dedicated interventions. Understanding and responding in the right way and at the right time for these clients is a gap in the UK's current response to domestic abuse. We need to look at the person as a whole, taking into account and supporting them with all of their needs.

Over the last two years we have been working in partnership with specialist frontline service Aurora New Dawn, a domestic abuse service in Hampshire offering a range of domestic and

³¹ Respondent to Every Story Matters, April-May 2018

sexual violence support including: Idva, Isva, stalking clinic, outreach and support to women in prison.

Along with extensive consultation with victims/survivors we have reviewed research documents on multiple and complex needs and visited or spoken with specialist services across a range of different geographical areas to gain their insight into this area of work. The agencies spoken to include both domestic abuse (DA) and non DA services working with clients who have multiple or complex needs.

We have identified seven elements indicated to be common themes from our research and scoping. These underpin the outcomes and might best form the foundation of the approach. These elements are:

1. Flexible, consistent and reliable

The overwhelming message from research, clients and services is that the relationship between practitioner and client is vitally important, not just in terms of the client engaging, but that for many clients this may be the first positive relationship they have had and will be central to their recovery.

One of the main challenges for individuals who have complex needs is engagement with services and the feeling was that often DA services do not know how best to engage this client group with practitioners not always being clear about how they could be supported. Creativity and a focus on taking the service to the client promotes flexibility rather than expecting clients to fit into services. Services we spoke to that were consistently engaging with this client group described being flexible in their approach, responding quickly, thinking creatively and individually, and focused on the pressing needs of the clients.

2. Accessible

Clients with complex needs talked about being unaware of the services available to them. There may be a lack of available information on what services offer, or this information may be inaccessible to them. This is exacerbated by the number and complexity of needs a person has, as potentially they will need to navigate a number of services and may end up in services inappropriate to their needs, or be denied support from one service due to other needs.

Individuals may find their needs labelled too complex – or too challenging – for the service they are trying to access. ‘Complex’ is often equated with ‘difficult’ – those with complex needs are frequently considered challenging or difficult to work with. A focus on taking the service to the client and a more assertive outreach approach promotes an ethos of ‘how do we engage these clients?’ rather than labelling them as ‘non-engaging’. The extent to which individuals are treated with dignity and respect by services will directly impact on their engagement going forward.

3. Strengths-based needs assessment

Client consultation within the research highlighted that clients stressed the importance of having choices and being actively involved in the setting of outcomes. This 'strengths-based' empowerment way of working is effective because it encourages practitioners and services to go beyond 'helping' or developing interventions in which individuals can feel like they are being 'done to'.

This is in line with the findings from the medium risk research, and our expert partner Oasis have developed a strength-based needs assessment. To ensure links with this intervention, they have combined extra sections to cover relevant assessment areas for multiple/complex needs.

4. Survivor involvement

Peer support: This is a model of support often used within substance use and mental health services, but was discussed as useful across a range of needs. Some DA services reported finding group support difficult to run for individuals with complex needs, but the availability of one-to-one peer mentoring schemes has been really successful, particularly as part of the FLIC (Fulfilling Lives in Islington and Camden) approach. This encourages client involvement in the service, which can then easily link into a wider process of service co-design.

Collaboration is noted to be a key component of any service that aims to empower clients. This could be in the way the support is agreed for that individual or at a wider service development level.

5. Gender-sensitive

Research by AVA and Agenda has highlighted that agencies within the field of multiple or complex needs often deliver services that are mixed gender, which women have fed back can feel unsafe, and may result in them not accessing services at all.

Women-only spaces, such as women's centres, were seen to be effective not just for safety, but because they address holistic needs which clients feedback was essential. But just having a single gender space was not always effective in itself; the main message from the research is that the way a service is delivered is as equally important as what is delivered.

6. Collaborative working

From the very beginning of this development stage, multi-agency collaboration and proactive partnership working (at all service levels) has been highlighted as crucial to any effective response. Central to this is the understanding that the needs a person has interconnect, so trying to address domestic abuse issues without understanding how their substance misuse impacts and being able to work on both issues will likely result in poor outcomes.

We have seen differing approaches to this, from defined collaborations such as MEAM (Making Every Adult Matter), to co-location of partner agencies, 'one stop shops', drop-ins at partner

agencies, case conferencing, multi-agency panels and team around the worker approaches. The literary review confirmed the importance of these approaches to embed integration at service and system levels. Beacon sites are delivering similar approaches e.g. in Worthing through the local homeless charity. Some approaches (such as MEAM) demonstrated the effectiveness of partnership working and addressing the whole person. Services did identify challenges with multi-agency partnerships, such as information sharing and impacts of reduced funding and capacity.

7. Trauma-informed

The trauma-informed approach was developed to better respond to women experiencing mental health and/or substance misuse issues. It's recognition of the link between trauma and psychological/physical health, and the importance of clients understanding the impact and developing strengths and skills to tackle the impact and 'rebuild a sense of control and empowerment'. Research shows that this approach is effective, particularly within the substance misuse field, and that all sectors should work with clients to build up their understanding of the impact of trauma on them, both physically and emotionally, to help develop coping skills.

There are five core principles of trauma-informed approach first established by Harris and Fallot (2001): trauma awareness, safety, trustworthiness, choice and collaboration, and building of strength and skills.

Building these seven elements into the foundation and framework of the final intervention will be considered throughout the design period, alongside how to create an approach that allows local areas to add value to existing provision but is flexible and meets the needs of the client.

Addressing the need for greater Step Down and Recovery interventions

The Step Down and Recovery (SD&R) intervention is one of multiple innovations in practice which address major gaps in the UK's overall response to domestic abuse. These interventions are being implemented in two SafeLives 'Beacon Sites': Norfolk and West Sussex, from late summer 2018.

What helps victims and survivors to recover and move on?

Nottingham Women's Centre (2016/17) carried out seven focus groups with diverse groups of women. In relation to domestic abuse, to help women or prevent domestic abuse, women wanted:

- Staff in frontline public services to be trained in domestic abuse awareness so that they may more easily spot the signs
- Better understanding of emotional abuse / coercive control within the criminal justice system as opposed to physical abuse
- Social media sites for those who have experienced domestic abuse, with online support groups to decrease isolation

- Peer support from survivors to help women to come forward and make friends
- More support in public places where it is safe for women to access e.g. GP surgeries and Sure Start Centres

Therapeutic support

Research by Nottingham Women's Centre (2016/17) found in relation to mental health, whilst acknowledging that waiting lists would be inevitable for certain treatments, some participants felt that there should be something to access / someone to talk to in the interim. It was also felt that therapies or treatments offered are often not long enough to tackle multiple and serious issues.

In a survey conducted in 2017, over half (59%) of respondents had a long-term illness or mental health condition; and nearly a quarter (22%) were classified as disabled survivors. Qualitative comments show that survivors are dealing with PTSD, depression, and anxiety issues. Many noted how counsellors with specific knowledge of DVA helped them understand their experience, although long waiting times could be problematic and there was need for longer, ongoing support. Some survivors specifically highlighted the benefits of mindfulness and meditation. Support with mental health was recorded by nearly two-thirds of survivors as 'extremely helpful'.

Independence and moving forward

Housing was a significant issue for many survivors, and concerns ranged from extended lengths of stay in a refuge, accessing affordable housing, issues with private landlords, housing benefit allowances and eligibility, to issues around getting furniture. The cost of finding alternative accommodation was a barrier to moving forward and single women were also concerned about their lack of housing options.

Survivors in the SafeLives Step Down and Recovery survey (2017) substantiate these views. Many survivors talked about needing help to rebuild their lives. Frequently cited was help with housing, finances and debt due to separating/moving away from the perpetrator. Support with housing was recorded as being 'extremely helpful' by nearly two-thirds of survivors. Also mentioned was the need for support to re-enter the workplace or training in order to become independent from the perpetrator. Just under half of the sample noted support to access to skills, training and employment as 'extremely helpful' and this was higher in B&ME and disabled survivors. Qualitative comments indicate a need for awareness in the workplace and policies or frameworks to be in place as employers are unaware of what to do.

Taken together, these responses show the vital role of the private sector (housing, banking, legal, employment) to support exit and recovery. There is a good model for engaging in detail with these sectors from Home Office work on organised crime, for which the department has found ways to bring industry leaders round the table and secure their commitment to action and improvement, balanced against their commercial imperatives.

Our Spotlight series³², taken forward in partnership with multiple specialist organisations, has increased and spread understanding of how DA impacts different victims/survivors, including those who face additional barriers to getting support at all, and getting support that is suitable for them. The Spotlight series has looked so far at six 'hidden' victim/survivor groups (Older people, disabled people, homeless, young people, honour, " based violence and forced marriage and LGBT+). From the research we have been able to identify common challenges and also unique barriers individuals face in escaping DA and propose how practitioners and DA service providers respond to the needs.

Equipping practitioners to offer better support service to LGBT+ community

While there are universal barriers to accessing specialist services, LGBT+ people can face additional challenges which are different to those experienced by others. Existing evidence³³ as well as Galop's practitioner experience suggests that LGBT+ people face a range of distinct barriers on a personal and systemic level, which often prevent them from getting the support they need. Personal barriers most often relate to LGBT+ people's perception of self and the abuse and their perception of the support system. In contrast, systemic barriers relate to the way services are designed and delivered that may result in them being less accessible and inclusive for LGBT people.

SafeLives have recently produced briefing for Idvas engaging and working with LGBT+ victims³⁴ and would encourage practitioners to regularly review practice and consider whether teams or organisations need to refer on to other LGBT+ specialist services locally.

"You have spent years imagining living as the person that you really are. You enact a conversation in your mind a million times over, of telling your wife how you feel until one day you feel confident enough to actually say it out aloud. I am transgender... She hits you. Once, then again and almost every day and you feel so weak inside. Your dad takes you to one side and tells you to get a grip, to be a man and act like one. There are no trannys in our family he says. And that he says is never gonna change. But you've said it out loud now. The fire that burns so brightly inside you is the only thing that is keeping you alive". - Suzie a transwomen accessing support from Independent Choices in Manchester.

³²To read six reports in full, please visit: <http://www.safelives.org.uk/knowledge-hub/spotlights>

³³ S. Harvey, M. Mitchell, J. Keeble et al (2014) Barriers Faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services.

³⁴ Safelives (2018) Practice briefing for Idvas Engaging and working with lesbian, gay, bisexual and transgender* (LGBT*) clients. Accessible at: <http://safelives.org.uk/sites/default/files/resources/LGBT%20practice%20briefing%20for%20Idvas%20FINAL.pdf>

LGBT+ communities are underrepresented in accessing DA services.

Presently, there are no official ONS statistics reported about experiences of lesbian, gay, bisexual and trans people with domestic violence and abuse that would establish a UK-wide picture. Evidence however suggests LGBT+ people experience equal or even higher prevalence of domestic violence and abuse, compared to heterosexual women. Studies found between 25% to 40% of LGB people report at least one incident of domestic abuse from a partner, a family member or someone close to them in their lifetimes. Trans individuals may be even at a higher risk; research suggests between 28% to 80% of trans people had at least one experience of domestic abuse from a partner or a family member.

Less than 2% of all domestic abuse survivors accessing Idva services in England and Wales, identify as LGB³⁵ and only 1.1% of cases discussed at Marac in 2017/18 were noted to involve LGBT+ victims/survivors³⁶. We are not certain on population numbers of LGBT people; estimates need to be treated with caution and more research is needed. Current estimates suggest that between 2.5% and 5.8% of the UK population identifies as LGB (not including T), although many think 2.5% is an underestimate. Therefore, both Maracs and specialist domestic abuse services should expect more than 2.5% of referrals to be for LGBT+ people.

Supporting female offenders section

Q13.How can we work better with female offenders and vulnerable women at risk of offending to identify their domestic abuse earlier?

- Criminal justice agencies to adopt appropriate enquiries into history of abuse at each stage of the criminal justice process.
- Dedicated support and/or Idvas in women's services.
- Improve availability of support for domestic abuse victims in prisons.

Ministry of Justice data identifies that of the 7623 women sentenced to custody in 2016, over 60% of them had experienced domestic abuse. 60% of prisoners have Traumatic Brain Injury (TBI) and early, unpublished, feedback from a pilot project at Drake Hall prison identifies that women who have experienced TBI are most likely have done so as a result of domestic abuse. 53% of women prisoners report experience of abuse during childhood, and 67% of these women also report suffering sexual abuse. Not all victims disclose abuse.

This is important; women's offending is commonly linked to underlying mental health needs, drug and alcohol problems, coercive relationships, financial difficulties and debt. Women often breach community penalties, related to their lack of safety in the community. Many women in

³⁵ SafeLives (2015) Insights Idva national dataset 2013–14: Adult independent domestic violence advisor (Idva) services

³⁶ SafeLives (2017) Guidance for multi-agency forums: LGBT+ people. Accessible at: <http://safelives.org.uk/sites/default/files/resources/LGBT%2B%20NSP%20Report.pdf>

prison have dependent children.

There is a clear need for women in prison to be able to access specialist sexual violence and/or domestic abuse support to address the severe psychological, emotional and physical impact of these offences, and address criminal justice issues where they wish to report the offence to the police.

“IDVA's should definitely be attached to prisons by completing regular drop in's. Prisoners should be identified at the earliest possible opportunity and good links with housing would be needed. Routine screening is essential and co-location with probation would of course be useful”³⁷

We propose that the support needs of victim/survivors could be well met by mainstream community based Independent Sexual Violence Advisor (Isva) and/or Independent Domestic Violence Advisor (Idva) services. Isva/Idvas are well placed to coordinate, advocate and work with women who present with these multiple and complex needs. Addressing these needs and proactively improving their safety in the community is key to breaking the cycle of victimisation and offending.

14.How can we make greater use of women-specific services to deliver interventions in safe, women-only environments?

- Delivery of health interventions such as mental health and substance misuse treatment at women-only services
- Idvas located or linked to women-only services
- Other (free text)

Research by AVA and Agenda has highlighted that agencies within the field of multiple or complex needs often deliver services that are mixed gender, which women have fed back can feel unsafe, and may result in them not accessing services at all.

Women-only spaces, such as women's centres, were seen to be effective not just for safety, but because they address holistic needs which clients feedback was essential. But just having a single gender space was not always effective in itself; the main message from the research is that the way a service is delivered is as equally important as what is delivered.

³⁷ SafeLives (2018) Practitioner's response to DA Bill Consultation Survey

Supporting those with difficulties getting financial support

Q15. In addition to reviewing who may be eligible for the Destitute Domestic Violence Concession, what other considerations could the government make in respect of protecting domestic abuse victims with no recourse to public funds?

While DDVC and HBV situations don't comprehensively overlap, there are significant links. This questions' response should be read in conjunction with submissions from colleagues at Imkaan and other specialist BME organisations.

Perpetrators of so-called 'honour'-based violence (HBV) often extend beyond the circle of partners and family members who would be considered perpetrators of domestic abuse. SafeLives' Insights data finds that over half (54%) of domestic abuse victims at risk of HBV were abused by multiple people, compared to only 7% of those not identified as at risk of HBV. However, this wider network of abusers is often centred around partners or family members, and as such most victims of HBV are also victims of domestic abuse.

Victims of HBV accessing support from domestic abuse services experienced the full range of abuse seen by other domestic abuse victims, and were on average considered to be at higher risk of serious harm or murder compared to those not identified as at risk of HBV.

There are also common difficulties relating to housing and finance. In some instances of HBV, the victim and perpetrator(s) may have jointly owned a home for a long time. This can be challenging, making it harder for the victim to move away, especially if she/he has long term support networks nearby. Financial issues can exacerbate this situation, with the victim never having been financially independent, or the perpetrator(s) controlling finances as part of the abuse. Financial and benefit issues also relate to immigration status, which in some cases will be unresolved or dependent on the perpetrator(s). Some victims/survivors will be living in larger households, sharing living space with other families. This may contravene tenancy regulations, exacerbating the problem of a victim being able to seek help from people considered to be acting in an official capacity.

“There are two refuges in the country that will take clients with NRPF into their refuge without guarantee of payments. This could be eased by creating more refuges who will accept clients with NRPF”³⁸

The role of the community in perpetrating or condoning abuse can mean that survivors of HBV are unable to return to their communities even after the immediate risk has been removed. For survivors of HBV the impact on wellbeing, sense of belonging and day to day life can be severe and long lasting.

³⁸ SafeLives (2018) Practitioner's response to DA Bill Consultation Survey

- The Home Office (Border Force, UK Visas and Immigration Enforcement) should monitor abuse of the immigration system by those perpetrating HBV, for instance through transnational marriage abandonment, and ensure sanctions are targeted at those perpetrating abuse rather than those caught in abusive situations.
- The Government should fund specialist translators for the purpose of advocacy, for instance to be used by domestic abuse services.
- Border Force should develop guidance for its staff on cases of transnational marriage abandonment.
- The Government should allow victims of transnational marriage abandonment to be issued with temporary visas to allow them to access the Destitute Domestic Violence Concession (DDVC) and initiate or engage in criminal and family or civil court proceedings.
- Local Authorities, family law practitioners and the judiciary should ensure social workers and family courts receive training on common features of HBV cases which are relevant to child contact arrangements. This includes use of child manipulation by perpetrators and the impact this has on the victim's ability to parent, and the prevalence of extensive perpetrator networks within the family.
- The Government should consider ways to make funding available for refuge spaces for victims of domestic abuse who do not have recourse to public funds or are in the process of applying for the DDVC.
- The Government should consider how to increase awareness of UK laws regarding the perpetration of abuse, and support for protection from abuse, for migrants arriving in the country.
- The Government should fund a DA Matters style culture and behaviour change programme for children's and adult social workers, as well as accelerating the current programme for the police.

2C: Keeping victims safe – creating a new domestic abuse protection order

Q16. Do you agree that the proposed Domestic Abuse Protection Notice issued by the police should operate in broadly the same way as the existing notice (except that it would also be able to be issued in cases of abuse which do not involve violence or the threat of violence)?

Yes

Reason:

The police currently have a range of existing statutory levers available to disrupt abuse, such as Domestic Violence Protection Orders (DVPOs), Domestic Violence Protection Notices (DVPNs) and the Domestic Violence Disclosure Scheme (also known as Clare's Law).

We believe that these tools provide valuable opportunities to disrupt and reduce the scope for perpetrators to abuse victims. We therefore welcome the proposed legislative introduction of a Domestic Abuse Prevention Order, and extending its application to cases involving abuse other than violence or the threat of violence. However, we would also like to recommend a number of important changes to ensure that is effective in practice:

Facilitating improvements in the use of domestic abuse orders:

In relation to the existing levers available to disrupt abuse, the Drive programme has found that there is considerable scope for greater and more consistent use.

Drive pilot sites have found that, where used consistently with breaches followed up, these levers can have a powerful impact in disrupting abuse.

Case Example:

Drive worked with a perpetrator exhibiting high levels of coercive and controlling behaviour who was assigned a DVPO prohibiting him from spending time at the victim's address for 28 days. Due to the DVPO, Drive knew that it would be safe to contact the perpetrator as they should not be at the victim's address. During this period, Drive worked with the perpetrator to help him accept that the relationship was over and prevent his return to the victim once the DVPO expired.

However, we also know that police forces currently do not currently use these powers consistently.

- The prevalence of the use of these powers used varies greatly across areas. The number of DVPOs granted by the courts in the 12 months to June 2017 ranged from 11 in Gwent to 477 in Merseyside. 5 forces alone were responsible for almost 40% of all the DVPOs granted in the previous year.
- The use of these powers in relation to the number of recorded domestic abuse offences varies greatly. In one force, the number of DVPOs granted in 2017 represented approximately 4% of all cases of recorded domestic abuse offences. Another force, with a very similar number of recorded domestic abuse offences, granted only 17 DVPOs, equating to 0.1% of all DA offences. Suffolk made 291 Right to Know disclosures during the year, compared to 1 in Bedfordshire: despite both forces having very similar numbers of domestic abuse related offences recorded during the year.
- There is inconsistency in the number of DVPOs and DVPOs recorded as being breached, with 39 DVPOs in North Wales breached compared to 88 granted (44%), but only 7 breaches compared to 68 DVPOs granted in Hertfordshire (10%).
- Finally, there is also a lack of consistency in the proportion of Right to Ask applications that are approved between forces, which ranges from 76% to 7%: with one area making 140 disclosures, compared to 2 in another force.

This picture is reflected in Drive areas, where there is inconsistency over 1) how often and in what circumstances orders are issued and 2) whether action is taken to follow up on breaches with a failure to follow up limiting effectiveness.

Case Example:

Drive was assigned a case where the perpetrator, who was on bail for serious violence against the victim, had both a DVPN and DVPO in place to protect the victim. Drive was aware that the perpetrator was not staying at his bail address and was visiting the victim's address – both actions were in breach of his bail conditions. Drive notified the police; who attended the victim's address and found the perpetrator hiding there. However, no follow up actions were taken by the police, despite this being a breach of bail, enabling the perpetrator to continue to abuse the victim.

The effective use of these tools depends on the strength of the multi-agency working and systems surrounding disruption within the area and resources/capacity within the local force to systematically respond, rather than relying on the interest and commitment of individual officers. The Northumbria OPCC has noted that the use of such levers was historically low in the Northumbria area, but increased significantly with the introduction of the MATAC domestic abuse perpetrator panel model which increased the awareness and use of these statutory levers. Findings from Drive suggest that greater training and consistency across forces is required to maximise the potential of the above statutory levers to disrupt abuse, which can be highly effective when implemented with necessary resources. Importantly, this training and consistency needs to be backed up by effective systemic processes and sufficient resources to enable forces to act on breaches and enforce orders. This is about improving the quality of implementation of powers that are available, it might not mean that there is a systematic risk in the number of times orders are issued. The criteria for success is effective and sustainable impact on victim safety, not volume.

We therefore welcome the creation of the proposed Domestic Abuse Protection Order (DAPO), and extending its application to cases involving abuse other than violence or the threat of violence. However as outlined above, there needs to be force-wide training in the purpose and use of this lever, with sufficient resources dedicated to following up on any breaches of the order, in order to maximise its potential.

Our experience suggests that the effective use and oversight of these tools is increased by establishing local perpetrator-focused multi-agency forums to work alongside the Marac providing a system and processes through which to coordinate a multi-agency response to disrupt perpetrators' abuse before another high-risk incident can occur and monitor their behaviour over time.

There is also a role for HMICFRS to scrutinise the response to perpetrators. This should not be limited to arrest and prosecution rates, but also involve inspecting police and probation involvement in multi-agency disruption work, and the outcomes being achieved by this in terms

of victim and child safety.

All of the work outlined above requires police capacity and resources to be delivered effectively. Given the high proportion of violent crime currently due to domestic abuse, and the high levels or repeat cases, we believe that by investing in preventing and proactively responding to domestic abuse perpetrators, police time and resources can be used more efficiently.

Q17. Which of the following individuals/organisations should be able to apply for a Domestic Abuse Protection Order?

Select all of the following:

- The victim
- Certain persons associated with the victim (for example certain family members) on behalf of the victim
- The police (following the issue of a Domestic Abuse Protection Notice or at any other time) Relevant third parties, who would be specified by regulations, on behalf of victims (see Question 18 for further details)
- With permission of the court, any other person or organisation

Q18. Which persons or bodies should be specified by regulations as 'relevant third parties' who can apply for a Domestic Abuse Protection Order on a victim's behalf?

- Local authority safeguarding or social care professionals
- Providers of probation services

Reason: We recognise that the inclusion of Idvas as applicants for DAPO's contains the potential to increase scope for victim and Idva action against the perpetrator. However, on balance, we believe that this potential is outweighed by the risks that this places undue expectation and responsibility on Idvas to act and take responsibility for perpetrator behavior in a way that removes responsibility from police. We believe that enforcement lead activity rightly rests with the police. In turn this risks contributing to the perpetuation of a low and inconsistent use of these powers with a lack of commitment to applying police resources to follow up and take action on breaches. We therefore recommend that Idvas are not included as eligible applicants for the issuing of DAPOs.

Q19. We propose that there should be multiple routes via which an application for a Domestic Abuse Protection Order can be made, including:

- **at a magistrates' court by the police following the issue of a Domestic Abuse Protection Notice or at any other time**

- as a standalone application by, for example, the victim or a person or organisation on the victim's behalf to a family court
- by a party during the course of any family, civil or criminal proceedings

Do you agree.

Yes - only one in five victims contacts the Police so the option of applying for a DAPO should be made available in multiple criminal justice settings.

Q20. Do you agree that family, civil, and criminal courts should be able to make a Domestic Abuse Protection Order of their own volition during the course of any proceedings?

Yes

Q21. Do you agree that courts should be able to impose positive requirements as well as prohibitions as part of the [conditions](#) attached to the proposed order?

Yes

Q22. Do you agree that courts should be able to require individuals subject to a Domestic Abuse Protection Order to notify personal details to the police?

Yes

Q23. If so, what personal details should the courts be able to require individuals to provide to the police?

Yes - tick all boxes

Yes we would support more specific requirements for those subject to a DAPO. This would enable police and other multi-agency partners to assess current risk to others and agree risk management plan to protect identified victims and children alongside offering the offender opportunity for support to change their behaviour.

Q24. Do you agree that breach of the proposed order should be a criminal offence?

Yes however note current challenges (see below)

Reason:

SafeLives Insights data reveals that out of 2,246 cases involving a report to the police in 2016/17, a Domestic Violence Protection Notice was issued in only 99 (4%) of cases. Seventy two (3% of all cases) resulted in a Domestic Violence Protection Order being applied for and granted. In seven cases (<1%), a DVPO was applied for but not granted. In the vast majority of cases in which a report to the police was made (2,012 cases; 89%) a DVPO was not applied for.

'I had a case where the DVPO was breached 3 times and the Magistrate sanctioned a £5 fine. There isn't consistency across the Courts on this and we can never ever predict what sort of sanction will be issued. Very occasionally a Perpetrator has been remanded in custody for a breach by the Court. There isn't a joined up approach with the Police and Magistrates on this and is frustrating and upsetting for the victim when the order appears not to be working.' -

Domestic Abuse Practitioner

Interviews with DVA Risk Assessors and Custody Officers, in interviews with SafeLives, highlighted that the language of the DVPOs, e.g. the term 'molestation', has proven problematic to prosecute on breach due to the definition of this term within the legal system. It was suggested that this should be reviewed to allow a breadth of interpretation and consequently implementation of sanctions when breached.

Q25.If you do agree that breach of the proposed order should be a criminal offence, should it be possible for breach to alternatively be punished as a contempt of court?

Yes

Yes we would support, as breaching the offence is serious and the more options available to the court will improve protection for the victim/children and challenge the perpetrators that re-offend. However we would recommend that at every opportunity the court requests a victim impact statement so that the punishment of the crime does protect the victim/s and their children.

Q26.Do you agree that courts should be given an express power to impose electronic monitoring as a condition of a Domestic Abuse Protection Order?

Yes.

56% of respondents (189) to Every Story Matters, supported the introduction of electronic tagging³⁹

However, we believe that electronic monitoring of domestic abuse perpetrators should be trialled first in a pilot programme. Crucially, the right resources need to be allocated to the monitoring of breaches which should be overseen by specially trained workers in domestic abuse. We think that the scheme administered by Attenti in Spain looks interesting in terms of its support from victims

³⁹ Every Story Matters, April-May 2018

and survivors - any roll-out of electronic monitoring must only take place after full consultation with victims, survivors and, sensitively, perpetrators.

*'Greater opportunity for information sharing across boroughs. Information to be held on database which is cleared after 7 years if no further offences committed. Previous history of abuse to be taken into consideration when sentencing at the moment some perpetrators do not take restraining orders etc seriously.'*⁴⁰

Q27. Which particular statutory safeguards relating to the use of electronic monitoring with Domestic Abuse Protection Orders should be put in place?

We agree that there should be statutory safeguards in place to ensure electronic monitoring is used in a proportionate way including a threshold linked to professional determination of risk. We also agree with the requirement to pilot the approach prior to introduction to learn how it might work in practice in the UK.

Anonymous Registration

Q28. How much easier do you think it will be for domestic abuse victims to register to vote anonymously, once the changes summarised above happen?

Easier

Q29. What further support could survivors receive to prove their safety would be at risk if their name and address appeared on the electoral register? Please put forward one suggestion.

Ensure that Idvas are listed as an authorised party to formally certify that an applicant's safety is at risk. Idvas are very well placed to make judgements about risk to the survivor and any children.

Q30. Do you have any further comments or suggestions on how to make it easier for domestic abuse survivors to anonymously register to vote?

We agree with EAW's response to this question:

Wider types of documentary evidence should be introduced to enable more women to demonstrate their safety is at risk. For example, evidence should also extend beyond criminal court orders to prove that someone has been granted legal aid in private family proceedings on domestic violence grounds. And, evidence that someone has been granted indefinite leave to remain in the UK as a victim of domestic violence should also be permissible. This measure is

⁴⁰ SafeLives (2018) Practitioner's response to DA Bill Consultation Survey

important for women who could be qualified to vote, for whom it is often more difficult to obtain relevant supporting documentary evidence. The University of Bristol's research project, Justice, Inequality and Gender-Based Violence suggests police, in relation to this cohort of women, are less likely to pursue investigations into reports of abuse and it is less likely that those investigations will proceed to criminal charge. These women are also less likely to access civil protection orders (16% compared with 25% for UK/EU nationals). The government should show it has taken reasonable steps to ensure women with different characteristics can access this scheme.

Q31. Aside from anonymous registration, how else can we keep victims' addresses safe?

Ensure that information sharing protocols are understood, reviewed and that near misses are scrutinised.

We also agree with EVAW's submission for this question:

The government should remove the 12 month time limit for anonymous voter registration allowing it to stay in place indefinitely. This is because domestic violence can have lifelong impacts on victims and their children, with many fleeing abuse for the rest of their life; criminal / civil court proceedings in such cases often exceed periods of 12-24 months; women are at the greatest risk of domestic violence homicides after they have left the perpetrator of abuse; domestic and sexual violence are inextricably linked, with victims of a sexual offence afforded anonymity for life under the Sexual Offences Act 2003.

The Domestic Violence Disclosure Scheme

Q32. Before reading this consultation, were you aware of the Domestic Violence Disclosure Scheme (Clare's Law)?

Yes

Q33. Do you agree the guidance underpinning the DVDS should be placed on a statutory footing?

Strongly Agree

We also recommend that all Marac cases should be eligible automatically for Clare's Law.

They should be proactive in doing this and not solely rely on the request of the victim of DA. Consider the context of the abuse being experienced i.e. if its shared at Marac that the victim of DA is being coerced and controlled and cannot see the abuse as such, how could we support that individual by alerting them to the perpetrator's past abusive behavior that could help them to look at the current behavior from a different perspective?

Despite the existence of Clare's Law (the Domestic Violence Disclosure Scheme), Case Managers interviewed by the University of Bristol noted that services users who changed areas were a challenge because they disappeared from services. Our recommendation to establish a national network of multi-agency perpetrator panels has the potential to provide the infrastructure to further develop much needed cross-board information sharing processes and protocols.

The proposed Domestic Abuse Protection Order could also help to avoid this in some cases where perpetrators are required to inform the police of a change of address, a new partner, or where/if electronic tagging is introduced. Even with this scheme, however, there needs to be a greater focus on information sharing about high-risk domestic abuse perpetrators who move from one area to another.

Other potential options which could be considered include 1) introducing an automatic right to apply Clare's law to high risk high harm domestic abuse perpetrators through Risk to Know rather than Right to Ask, which puts the onus on individuals rather than agencies or 2) automatic right to request previous domestic abuse related histories on all perpetrators who are identified to the Police whatever the risk level 3) a register of perpetrators (for information sharing purposes within the Police National Database) rather than as proposed to be part of VISOR (Paladin's proposals). We favour improved use of existing systems, especially PNC. Improvement will require i) leadership ii) training iii) appropriate feedback loops on gains made from better use of the system iv) better multi-agency focus on perpetrators, leading to better information and data sharing

Q34. How do you think we can best promote awareness of the Domestic Violence Disclosure scheme amongst the public?

Select the following:

- Marking materials (for example posters, leaflets)
- TV & Radio
- Media (for example newspapers, magazines)
- Social Media (for example Facebook, YouTube, WhatsApp, Twitter, Instagram)

Reason:

As suggested in our answer to question 9 we think that a sustained public health campaign funded by the Government is needed to increase awareness of domestic abuse, and it would be a good vehicle for promoting awareness of the DVDS.

We also think that Women's Aid Ask Me Ambassadors⁴¹ would be ideal conduits for promoting awareness of the DVD Scheme.

Some suggestions from frontline practitioners include:

⁴¹ Women's Aid Ask Me: Communities against Domestic Abuse. Accessible at: <https://www.womensaid.org.uk/our-approach-change-that-lasts/askme/>

'Awareness campaigns and training through LSCB'

'Children and Adult Social care should be informing public, more widespread information throughout universal services such as doctors, dentists etc'

'Bring it out into the public forum, sadly when there is a DHR it's often too late. Promote it well like Sarah's Law - almost everyone knows about this'

'Provide more information about it. Leaflets at all hospitals, GP surgeries, schools, colleges, universities etc'⁴²

2D:Economic Abuse

Q35.What practical barriers do domestic abuse victims face in escaping or recovering from economic abuse *and* how could these be overcome?

We defer to the submission by Surviving Economic Abuse which describes in detail the practical barriers to domestic abuse victims escaping and recovering from economic abuse.

In particular we think there needs to be greater awareness raising among banks, building societies and financial advisers about economic abuse and how victims may present to their services.

Survivors in Every Story Matters told us:

'My husband did not allow me to have money of my own, and I had to account for every penny even if it wasn't me that had spent it. He would accuse me of hiding money or wasting money. He also made me fill out forms for him to claim benefits he wasn't entitled to.'⁴³

'Isolated me from my family and friends. Gave all my belongings to others including my car.'⁴⁴

'Prevented me from going to work on several occasions as I wasn't allowed to leave the house. Tried to force me to get a loan as their credit rating was poor.'⁴⁵

97% of respondents (323) to Every Story Matters said that the Government should include economic abuse when we talk about domestic abuse.⁴⁶

⁴² SafeLives (2018) Practitioner's response to DA Bill Consultation Survey

⁴³ Respondent to Every Story Matters, SafeLives' Survivors' survey, April-May 2018

⁴⁴ *ibid.*

⁴⁵ *ibid.*

Online threats and the role of technology in domestic abuse

Q36. What more can we do to tackle domestic abuse which is perpetrated online, or through control of technology?

- Selected all options and other

Tech vs Abuse⁴⁷ is a collaborative research project undertaken by SafeLives, Snook and Chayn, commissioned by Comic Relief in January 2017. This research was carried out over six months and set out to explore the potential opportunities, gaps and risks presented by technology in the context of domestic violence and abuse. It achieved this by gathering insights from over 200 survivors of domestic abuse (over 18 years old) and 350 practitioners who support them.

*'I think positive recovery stories should be better highlighted and online imagery should be less 'victim-like'. Early intervention is key so let's not wait until first fist is thrown- everyone should be able to spot early signs and hopefully things can be stopped as soon as possible. And more perpetrator shaming and less victim blaming is needed.'*⁴⁸

In response to this findings, SafeLives believes influencing technology and online communications at the *design phase* is crucial to tackling online and offline domestic abuse and would recommend the five design challenges outlined in the Tech vs. Abuse: Design Challenge⁴⁹ for Home Office, Ministry of Justice and (formerly) Business Innovation and Skills to work collaboratively on. The implementation of these are intended to inspire innovation design and delivery of services for people affected by domestic abuse both online and offline. There is a sound precedent for this in the work done a number of years ago with tech companies regarding images of child abuse online.

The Design Challenge: Summary

Fifteen minute window: Provide or curate key information online for anyone experiencing domestic abuse in a way which is easy to find, simple to navigate and quick to interact with. Effectively a single online 'front door'

⁴⁶ Every Story Matters, SafeLives' Survivors' survey, April-May 2018

⁴⁷ Snook, Chayn and SafeLives (2017) Tech vs Abuse: Research Findings. Accessible at: <http://www.safelives.org.uk/sites/default/files/resources/Tech%20vs%20abuse%20report.pdf>

⁴⁸ Every Story Matters, SafeLives' Survivors' survey, April-May 2018

⁴⁹ Snook, Chayn and SafeLives (2017) Tech vs Abuse: Design Challenges. Accessible at: <https://www.techvsabuse.info/design-challenges>

Effective real-time support services: Enable victims/survivors to find and access services for support (including referrals) when required, day or night, seamlessly and with minimal logistical and emotional burden.

Safer digital-footprint: Provide people affected by domestic abuse and frontline professionals the confidence and knowledge they need to use technology and stay online safely, with full control over their online data, privacy settings and social media accounts, including safe storage of evidence - what survivors referred to in consultation as their 'DV CV'.

Accessible legal and financial information: Create engaging, accessible and digestible information on the legal process or the financial situation women find themselves in, connecting to support and advice channels where relevant.

Realising it's abuse: Use the creative opportunities of the web to raise awareness of what an abusive relationship looks like, provoking women and girls experiencing abuse to recognise this and seek support.

Tech companies and digital providers

One of the issues that survivors and practitioners face is that technology changes so quickly that any knowledge they may gain is quickly erased. We think there needs to be a concordat formed between government and technology companies and digital providers so that there is one place where all information about privacy updates, disabling tracking technology and ways of accessing customer support is collated online. This would ensure survivors and practitioners did not have to go through multiple different systems to understand how to become safe or to report abusive behaviour.

There should also be a greater focus on ensuring that the police understand when abuse online or through the use of technology amounts to a criminal offence. We hear too often that breaches of orders, for example through communicating with victims online, are not effectively policed sometimes because the police do not understand that such actions can amount to a breach.

3A: Improving Police Response

Q37. How can we continue to encourage and support improvements in the policing response to domestic abuse across all forces *and* improve outcomes for victims?

*'My victim impact statement was never passed onto judge by police and restraining order not enforced.'*⁵⁰

⁵⁰ Respondent to Every Story Matters, April-May 2018

Police must work alongside multi-agency teams to protect victims of domestic abuse. We are encouraged to see that reporting rates continue to rise. We recognise the increased pressure this puts on the response, but victims of domestic abuse coming forward to get help must be welcomed. A transparent and urgent conversation is needed about how forces can respond to this increase and how to develop the culture and leadership needed to effect substantial change.

Ways to improve outcomes for victims:

- 1. We need national political support to prioritise the protection of victims, and management of perpetrators.**
- 2. We must find new ways of working, sharing information and utilising tech solutions; this must be done with input directly from victims and the specialist services that have the knowledge and expertise required to keep the victim of domestic abuse central to the response.**
- 3. The police will only ever be able to respond effectively to victims of domestic abuse with a radical change in attitudes, reinforced by brave leadership.**

There needs to be a change in culture that ensures officers look beyond what is being immediately presented to them. Our experience of delivering the Domestic Abuse Matters⁵¹ change programme to several forces underlines the difference that this can make. But the police response remains just part of the challenge. We know that 4 out of 5 victims never call the police. Without more engagement from the health service in particular, the harm caused by domestic abuse will continue to rise.

4. Identifying victims of domestic abuse in other statutory services.

*'Make domestic abuse training a requirement within hospitals to all staff.'*⁵²

The findings of SafeLives *A Cry for Health*⁵³ research, which provides evidence from over 4,000 victims supported in hospital and community settings, show that we are missing opportunities to identify victims of domestic abuse – particularly the most vulnerable – and that locating a team of Independent Domestic Violence Advisors (Idvas) within a hospital is a key way to address this.

⁵¹ SafeLives (2017) Domestic Abuse Matters Police Training Programme
<http://www.safelives.org.uk/training/police>

⁵² Respondent to Every Story Matters, SafeLives' Survivors' survey, April-May 2018

⁵³ SafeLives (2016) *A Cry for Health: Why we must invest in Domestic Abuse services in hospitals.*

Accessible at:

http://www.safelives.org.uk/sites/default/files/resources/SAFJ4993_Themis_report_WEBcorrect.pdf

In order to help reach the 4 out of 5 victims who never contact the police and provide an opportunity to save money through earlier identification, SafeLives recommends:

- National policy-makers need to prioritise domestic abuse as a health issue, incentivising hospitals with a seven-day a week Idva service, alongside increased support for children of victims, and to ensure NICE guidelines – that every person presenting with indicators of abuse must be asked – are followed consistently.
- Commissioners should have a strategy to address domestic abuse in a range of health settings including hospitals, GP surgeries and mental health services. This needs to include Idva services in hospitals and beyond, they must ensure this provision is sustainable and effectively supported, and they must fund services in a way that provides victims with long-term support in and outside of hospital. Victims need ongoing support from other services once they have exited the Idva service.
- Hospital Idva services and hospitals should embed the Idva service within the hospital, ensuring that it is visible across departments and that there are clear referral pathways for staff. Ensure that NICE guidelines are being followed consistently, and involve the Idva in delivering domestic abuse training to all hospital staff.
- Non hospital-based Idva services should be able to apply for funding to extend their existing service into hospitals, and ensure that referral routes are established and known to health professionals across departments.

3B: Improving victims experience of the justice system

Q38. Do you think creating a legislative assumption that all domestic abuse victims are to be treated as eligible for assistance on the grounds of fear and distress (if the victim wants such assistance), will support more victims to give evidence?

Yes

Victims should be automatically considered as eligible for assistance to help them feel supported through the criminal justice process. However, this must be accompanied by specialist training for all criminal justice professionals, particularly the judiciary and legal advisors so that they understand the dynamics of domestic abuse.

Q39. Is there more this government could do to explain the range and remit of existing measures for victims to help support them in the criminal justice process?

Yes

All domestic abuse victims should have access to a Specialist Domestic Violence Court and trained domestic abuse advocates to support them through the process. All too often we hear that victims are unable to make use of special measures such as video-links because the capability does not exist locally. Where the capability does exist, it is often not safe to use being placed in buildings where the public have access and where victims could be intimidated.

Q40. Do you know of instances in criminal proceedings when an application to prevent cross-examination of a victim by an unrepresented defendant has been denied in a domestic abuse case? Where possible, please provide evidence or details of the experience to support your answer.

Don't know/no answer

Q41. Do you think extending the prohibition on cross-examination in criminal proceedings would support more domestic abuse victims to give evidence?

Yes

We agree with Women's Aid in response to this question:

"We [Women's Aid] are delighted that the Government is legislating to stop survivors of domestic abuse being cross-examined by their abusive ex-partner in the family courts. This was a key demand of the survivors who have spoken out for the Women's Aid Child First campaign⁵⁴. It is an enormous step forward. We especially welcome the fact that judges will appoint a legal aid lawyer to support survivors in the courtroom. This will make the family court process safer for survivors of domestic abuse, so they in turn can advocate effectively for their children's safety.

As with any new legislation, there will be challenges. Cuts to legal aid continue to leave survivors of domestic abuse unrepresented in court. There must be national oversight to ensure this new law is followed, and a yearly evaluation so that we can be confident that it is being used by judges. We also want to see it become an integral part of the revised version of Practice Direction 12 J, which governs child contact proceedings in domestic abuse cases, to provide a more secure guarantee that the safety of children is paramount at all times."

⁵⁴ Women's Aid ChildFirst Campaign. Accessible at: <https://www.womensaid.org.uk/childfirst/>

Prosecution without victim's evidence

Q42. Do you have suggestions for how we can better support prosecutions through to conclusion, including providing better support for witnesses who currently disengage from the process? Where possible, please provide evidence or details of the experience to support your answer

Right now, 100,000 people in England and Wales are at risk of being seriously harmed or murdered by their partner. And they're not the only ones at risk. At the time they start school, at least one child in every classroom will have lived with domestic abuse since they were born.

Our risk-led approach is founded on the belief that people at the greatest risk of death or serious harm as a result of domestic abuse, should get urgent help. This means every victim at high risk should have a dedicated domestic violence professional (an Idva) supporting them to become safe and well. And it means frontline services must work together to protect them and their family.

This approach works: over 60% of victims who get help from Idvas and Maracs tell us that the abuse stops. And that means it saves lives.

It is crucial there is continuity with one worker or minimum a coordinated service to support victims and witnesses through the whole justice process. We would propose a nationwide roll out of DA specialist advocates assigned to adults (and children) in criminal or magistrate cases. During court hearings, the advocate would serve many functions to both victim and court officials, such as:

1. Building strong and robust relationship with victim, families and witnesses. Encouraging engagement throughout the justice process

Often many victims are sceptical of the criminal justice system, and/or terrified of it, often having preconceived ideas or inaccurate information given to them (by the perpetrators or even often professionals who do not fully understand how it works). For many, it will take considerable time to break down those preconceptions, barriers and gain the trust of the victim, many of whom often do not want to engage with other domestic abuse support. The advocate is able to conduct pre-trial visits, in the case of the magistrate court sit with victims as they give evidence and access the court building with victims through alternative ways so they do not see the perpetrator. Although these roles are usually undertaken by the witness service, again having the one worker, in our view can further put the victim at ease knowing that you are supported the whole way through the process, by someone who understand the context and dynamics of domestic abuse.

2. Professionalism and understanding with court staff about victim and witness additional support needs during trial.

DA advocates building strong relations with the clerks, prosecutors/defence solicitors/ probation etc and magistrates within the court is key. It enables other professionals to understand their role, use them appropriately, and build up that respect and understanding of the professionalism and when called upon invited to give evidence to the prosecution.

'Victims must be given much more support. Support services need more funding so they can provide it. Changes must be made to bring more perpetrators to justice as currently they get away with their actions for far too long and this means no deterrent for future reoffending or to put off new offenders'⁵⁵

Standing Together Specialist Domestic Courts⁵⁶ model takes one worker approach during court hearings and has had positive feedback from criminal justice agencies about its effectiveness during domestic abuse court cases

Q43. What more can police, witness care units and the Crown Prosecution Service do to support victims through the justice process from the point of report onwards? Where possible, please provide evidence or details of the experience to support your answer

'Assaults taken seriously. Women and children believed by police and court professionals'

'Police need to stop falling for lies and manipulation of the perpetrator'⁵⁷

The feedback from victims is that the biggest difference is the attitude and understanding that criminal justice professionals display when working with them to support a prosecution. We particularly believe that there should be mandatory training in domestic abuse and coercive and controlling behaviour undertaken by all criminal justice professionals, updated where necessary in line with developments in frontline practice and new guidance from Government agencies and the specialist sector.

The perspective of the individual and family should be central to how the police, witness care units and crown prosecution service go about day to day work.

Collaborative working between Idva and criminal justice agencies keeps the victims well informed and more importantly enables joint assessment of risk at time of reporting and to manage ongoing risks to the victim (and children, where they exist) as cases moves through justice process. See response to question 42.

⁵⁵ Respondent to Every Story Matters, SafeLives' Survivors' survey, April-May 2018

⁵⁶ Standing Together Specialist Domestic Courts model, Accessible here:

<http://www.standingtogether.org.uk/local-partnership/specialist-domestic-abuse-courts>

⁵⁷ Respondent to Every Story Matters, April-May 2018

Victim Support in its recent report⁵⁸ made several recommendations worth noting

Removing barriers to accessing criminal justice

The CPS should work to improve communications and publicity around successful prosecutions of domestic abuse, including locally, to send a message that it is taken seriously.

Improving the police response

All frontline police officers should undertake training on domestic abuse delivered by specialists, such as Domestic Abuse Matters programme of culture change.

Idva services should, to a degree, co-locate with police services so that survivors get quicker access to support.

Survivors of domestic abuse should be offered the opportunity to deal with a police officer of the same gender.

Survivors should be updated regularly on any developments involving the perpetrator and on the progress of their case in a timely, comprehensive and accurate manner.

In order to deter perpetrators from breaching a DVPO and to provide survivors with better protection, breaching a DVPO should be made a criminal offence.

The police should monitor perpetrator compliance with DVPOs throughout the duration of the order.

Improving the court experience

All criminal courts in England and Wales should be equipped with separate entrances, facilities and waiting rooms to ensure that survivors do not have to have any unnecessary and unwanted contact at court.

The scope of those eligible for Special Measures should be increased from vulnerable and intimidated witnesses and specifically include victims of domestic abuse.

Specialist Domestic Violence Courts deliver a number of benefits to survivors of domestic abuse, particularly as a result of the automatic access to Idva support. We therefore support their use and believe they should be available to all domestic abuse survivors.

All judges and frontline professionals in domestic abuse cases should receive specialist training in domestic abuse.

⁵⁸ Victim Support (2017) Survivor's Justice. How victims and survivors of domestic abuse experience the criminal justice system.

Ensuring fair access to redress

Court ordered compensation should not result in an ongoing relationship between survivors and perpetrators for the purpose of receiving compensation. The Government should pay all compensation owed to survivors of domestic abuse up front in a single payment and then recover the funds from the offender.

The Criminal Injuries Compensation Scheme is not fit for purpose and is in urgent need of clarification and change. The 'October 1979' rule must be abolished and the 'unspent convictions' rule must be made more proportionate to ensure that survivors of domestic abuse get access to the redress that they deserve.

The two year time limit of applications as well as the length of time taken to process criminal injuries compensation claims must be re-examined.

Q44. Are there other aspects of the criminal court treatment of vulnerable people which the family court could learn from?

*'There are repeated occasions I wish I had put up with the abuse to save my child from the traumatic family court processes which have devastated our lives...My child is doing fairly well because I've made ongoing sacrifices to accommodate the perpetrator as the system demands of us. He suffers when there, all the things I escaped at the hands of the perpetrator. Violence, psychological abuse and social isolation/confusion plus neglect.'*⁵⁹

Yes.

The family courts system, as well as criminal and civil courts, need to develop their understanding of domestic abuse and its dynamics, and change their ways of working accordingly. This would lead to a greater focus on the voice of the child in hearings, special measures as standard, specialist advocates allowed in the courtroom as standard, and accepting/applying the recommendations of the Joint Targeted Area Inspections in 2017⁶⁰ concerning where responsibility in parenting should lie, with regards to an abusive situation. We are also fully supportive of the work done over the last two years by Women's Aid on reform on the family courts process, which like them, we consider to be urgent.

A SafeLives briefing on domestic abuse for victims in family court⁶¹ revealed children in the UK live in households with high-risk domestic abuse; that is, where there is a significant risk of harm or death. 6% of all children are estimated to be exposed to severe domestic abuse between

⁵⁹ Respondent to Every Story Matters, SafeLives' Survivors' survey, April-May 2018

⁶⁰ JTAI (2017) The multi-agency response to children living with domestic abuse Accessible at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/68067/1/JTAI_domestic_abuse_18_Sept_2017.pdf

⁶¹ SafeLives briefing on domestic abuse for victims in family court. Available upon request, contact info@safelives.org.uk

adults in their homes at some point in childhood. Thousands more live with other levels of domestic abuse every single day.

Research studies show a link between domestic abuse and child maltreatment and domestic abuse has been shown to be a factor in the family background in two thirds of Serious Case Reviews. CAFCASS reports that domestic abuse was present in 60% of cases which led to care applications in a 2011 sample. SafeLives' dataset on children living with domestic abuse shows:

- Almost two-thirds (62%) of the children exposed to domestic abuse were also being directly harmed (physically, emotionally or neglected) as well as witnessing the abuse of a parent.
- In almost all (91%) of our cases the direct harm was perpetrated by the same person as the domestic abuse: principally their father or mother's male partner.
- Children are suffering multiple physical and mental health consequences as a result of exposure to domestic abuse. Amongst other impacts, over half (52%) had behavioural problems, over a third (39%) had difficulties adjusting at school, and nearly two thirds (60%) felt responsible for negative events.

*'I think that the family courts are a long way behind the criminal courts in terms of safety for victims, it is often very difficult to convince the courts or judges that a victim is at risk. The level of training for court staff in family courts regarding domestic abuse is very limited.'*⁶²

Survivors stated that they felt the courts did not look positively upon involvement of specialist services or other services that know about the violence and abuse. In some regions, survivors spoke of CAFCASS preventing support workers from domestic abuse services from attending appointments with women. Many survivors stated that the abusive parent's rights to see his/her children seemed to override the safety and well-being of their children, during family court proceedings, despite the intent of the law to put the child's safety, wishes and feelings first.

Survivors in many instances spoke of family justice system services prolonging and reinforcing the abuse they had experienced by perpetrators. Survivors felt they and their children were not heard or understood in cases of child contact and family proceedings. Many survivors believed that perpetrators were using child contact as a mechanism of ongoing control and that this was either not understood or ignored by the court and related agencies. The costs of childcare for court attendance was an issue of concern for some survivors. Survivors also spoke of problems with not being able to access legal aid, and the additional trauma this had caused them.

'When you finally have the confidence to leave, there are so many problems with the courts and solicitors, we have no access to legal aid and the men, they have your money and they can get legal help so they keep their power; even if you have a good job and earn money, it doesn't mean it's yours to use to protect yourself' (Survivor, FG1)

⁶² Domestic abuse practitioner responding to SafeLives' family court briefing

The legal system and family courts was found to be a major barrier to recovery in the SafeLives Step Down and Recovery survey (2017). The support most wanted by survivors was support with legal issues/accessing legal aid. Secondly, support was wanted with ongoing abuse/harassment/contact from the perpetrator. Qualitative responses indicated there may be a link in the need for support with these issues. Survivors talked about the lack of professional understanding in the court system (particularly family court) and how they feel they experience ongoing abuse from the system. Some noted the essential support they received from a DA specialist whilst going through the process.

Many wanted to highlight the lack of understanding from certain services and professionals they had to deal with. This was stressed when dealing with the legal and court system, social workers, housing officers, DWP staff and CSA/child maintenance workers.

3C: Coercive or controlling behaviour offence

Q45. Do you think there is further action the government could take to strengthen the effectiveness of the controlling or coercive behaviour offence? Please select one

Yes. We recommend that Domestic Abuse Matters is rolled out to all police forces to ensure that first responders are equipped to understand coercive and controlling behaviour. To date only ten forces have been trained.

Our evaluation⁶³ of four police forces who completed the training in 2017 found that participants reported increases in understanding the stages of coercive control and abuse (78%), the tactics perpetrators of domestic abuse demonstrate when they are coercively controlling victims (73%) and knowledge around perpetrator tactics for keeping victims in relationships (68%). Participants also reported increases in knowledge around victim questioning (78%), recording of information (45%), evidence gathering (44%), and the tactics perpetrators use to manipulate police officers (45%).

A national cultural change programme for skilling up other frontline professionals would also help to increase effective practice. Similar, but tailored DA Matters programmes for other frontline public sector professionals including in children's and adult social care, housing teams, CRCs, probation, the judiciary and prosecutors, and for health professionals, could help to transform a new generation of frontline practitioners.

⁶³ SafeLives (2017) Domestic Abuse Matters: Police responders and Champions training. Accessible at: <http://www.safelives.org.uk/sites/default/files/resources/DA%20Matters%20-%204%20Force%20evaluation.pdf>

Aggravating factors in sentencing

Q46. Do you think the current approach of using sentencing guidelines, as per guidelines issued in February 2018 is effective in ensuring sentences imposed reflect the seriousness of domestic abuse when it involves children? Please select one.

Yes, but we don't yet have the evidence to prove this in practice. See answer to question 47.

*'It is not only witnessing physical abuse that impacts on children. Perpetrators of domestic abuse continue to emotionally abuse children at contact visits. More should be done legally to combat this.'*⁶⁴

Responses to our Every Story Matters survey convey the huge impact domestic abuse has on children:

*'They are terrified of their father as they have frequently been on the receiving end of his temper. No one is helping them to get free.'*⁶⁵

'My son became abusive towards me ... this was the hardest part of abuse.'

'One has PTSD and the other two are quite anxious, the middle one believes her father will kill me because he told her he would'

'Daughter assaulted and I was pregnant with child at time of severe abuse'

'My daughter went completely off the rails, attempted suicide and became violent and aggressive towards me eventually. She now resides with her father and he uses her to carry out further violence resulting in her being charged.'

'My teenage son now tells me that he used to believe that I would be killed and grew up tormented by that fear which made him reluctant to attend school because he was afraid to leave me. Now as he grows older he exhibits signs of an abusive nature which I have to challenge often and my concern is for him now with mental health depression and for any future intimate relationships'

*'My son is deaf due to being physically assaulted by his father during weekend contact'
'My eldest daughter stammers (she's now 26). We cannot talk about it without crying'*

'There are repeated occasions I wish I had put up with the abuse to save my child from the traumatic family court processes which have devastated our lives...My child is doing fairly well'

⁶⁴ SafeLives (2018) Practitioner's response to DA Bill Consultation Survey

⁶⁵ Respondent to Every Story Matters, SafeLives' Survivors' survey, April-May 2018

because I've made ongoing sacrifices to accommodate the perpetrator as the system demands of us. He suffers when there, all the things I escaped at the hands of the perpetrator. Violence, psychological abuse and social isolation/confusion plus neglect'

'My daughter is sectioned under section 3 of mental health act and has ptsd because of the harm my husband caused.'

We know that at least one in five children have been exposed to domestic abuse and live in households where they are at high risk of serious harm or murder as a result of domestic abuse.

SafeLives' latest Children's Insights dataset has found that at the time they start school, at least one child in every class will have been living with domestic abuse since they were born. For some children, this exposure to abuse does not only start early, but persists into later childhood. Of all the children in the Insights dataset who had been living with abuse for their whole lives, over a third (37%) were more than five years old.

We are missing opportunities to provide advice, support, information and safety planning. We are failing some of the most vulnerable people and families. We want support for all members of the family, whoever they are, wherever they are, and whatever their circumstances. We know that risk increases when an abusive relationship ends, meaning that working with victims of abuse and their children before they leave, and holding perpetrators to account while offering opportunities to change, is vital to their safety and wellbeing.

As part of the SafeLives' Beacon approach, including earlier and easier access to support via One Front Door, and the Drive pilot for high risk perpetrators, the intervention they have developed will provide a response to meet the needs of people who currently plan to remain in their relationship. A critical element of this response is a multi-agency approach that requires a shift in systems and culture by all agencies involved in offering support and keeping adults and children safe.

SafeLives (2017) found over three-quarters of practitioners said it was 'very common' or 'common' for victims and perpetrators they are working with to state they want to stay in the relationship. Many practitioners believe by working with couples or families who wish to stay together you can bring about positive change by moving the clients through the 'stages of change' enabling informed choices while keeping an 'eye on the family' and the client safe as well as addressing the perpetrators behaviour.

SafeLives Insights dataset shows that clients who were still living together have a different profile than those who were no longer in the relationship. In particular they were more likely to be older, more likely to have a disability and be struggling to pay for essentials. Additionally clients were twice as likely to be from a black and minority ethnic (B&ME) background.

Drive's experience of working intensively to address a complex range of risk and need in relation to the perpetrator only serves to accentuate what we already know about the pressing

need to also address the complex range of need that victims and children experience beyond immediate safety planning. The pressing need for ongoing therapeutic interventions for children experiencing domestic abuse is particularly stark.

Q47. Is a statutory aggravating factor needed in order for the court to reflect the seriousness of offences involving domestic abuse and children in sentencing? Please select one.

No

We are concerned that the result of introducing a statutory aggravating factor may result in an increase in guilty pleas from perpetrators because it would need to be proved beyond reasonable doubt. Very few victims stay the course with domestic abuse prosecutions as it is and we worry that changing the law in this way, while well intentioned, may lead to a downward trend of cases successfully being prosecuted. We also hold concerns about the pressure this may place on parents who don't wish to see their children give evidence against the perpetrator to withdraw allegations in order to protect their children from the added trauma of going through a criminal justice process.

We would like to see what the impact is of the new sentencing guidelines before a statutory aggravating factor is considered and suggest the Ministry of Justice commission a review one year after the introduction of the guidelines to measure their success.

Q48. Please share any other views on how to ensure domestic abuse *and* its impact on children are taken into account in sentencing?

Our Insights dataset⁶⁶ shows that families known to children's services were more likely to have children under the age of 5 years old compared to those not known to services (65% vs 55%). National data on the ages of children who are referred to children's services is not available, but the ages of children who are subject to a child protection plan indicates that younger children are more likely to receive this safeguarding intervention. Fifty children out of every 10,000 aged 1-4 were subject to a plan, compared with 44 of those aged 5-9 and 38 of those aged 10-15.

While older children may be at less physical risk, exposure to abuse has an effect on children of all ages, unrelated to their ability to keep themselves safe. For instance, children over ten were much more likely to try to intervene to stop physical abuse (27% of children over ten, compared to 15% of those under ten). Additionally, Children's Insights data reveals that over half (52%) of children exposed to abuse said they found it difficult to sleep, and almost a third (30%) felt like the abuse was their fault. The same children exhibit higher rates of behavioural problems than their peers, and engage in more risk-taking behaviour, making them vulnerable to other forms of abuse, exploitation and harm.

⁶⁶ SafeLives (2017), Insights National Briefing, accessible at: <http://safelives.org.uk/sites/default/files/resources/Insights%20National%20Dataset%20Briefing%202017%20-%20children.pdf>

'I wasn't offered any help at the time but I've had nightmares about what I saw and heard. I think because mum and dad weren't together anymore and mum was getting help they thought I didn't need any.' - Adam,15

Families known to children's services are also significantly more likely to have disclosed complex needs, including drug misuse (6% vs 2%), alcohol misuse (8% vs 3%) and/or mental health issues (36% vs 26%), compared to families with children who are not known to children's services. However many victims do not disclose these needs, as identified by SafeLives' report Cry for Health. Where there are children in the family, this can be an added barrier to disclosing both domestic abuse and other needs.

'Fear of social services was the main single source of stress and at times in many ways the institutions that were supposed to help me were the most dangerous since they had more power to take my daughter away from me than my abusive husband.' - Domestic Abuse Survivor

The courts should recognise whether a child(ren) is direct witnesses or not to abuse in the home it has a negative impact on their emotional wellbeing and social development. And therefore domestic abuse training for all court staffs, prosecutors, judiciary is essential and crucial to sentencing. Safety of the child(ren) is taken into account during sentence. A domestic abuse specialist who has worked with family view can form part of the evidence to the court.

The Istanbul Convention

Q49. Do you agree that taking extraterritorial jurisdiction over these offences is sufficient to satisfy the requirements of the Convention?

No

Q50. If not, what additional offences do you think we should take extraterritorial jurisdiction over and why?

We are supportive of the move to ensure the UK is both a signatory to the Istanbul Convention and seeks to ensure its provisions are reflected in practice. We think that there are potential gaps in provision in the UK compared to what the Convention expects and would urge the Government to make their research on how the UK will meet its Convention obligations available for scrutiny.

Q51. Do you agree that relying on the civil law remedy in the Protection from Harassment Act 1997 is sufficient to satisfy the sexual harassment requirements of the Convention?

No

Q52. If not, what do you think is necessary to satisfy those requirements?

We support EVAW's statement in relation to this question:

The Protection from Harassment Act 1997 is inadequate here as it enshrines in law the principle that there must be a course of conduct perpetrated against one victim by one offender. This denies the reality of sexual harassment which for many women is experienced as 'street harassment' i.e. multiple incidents each perpetrated by a different offender e.g. cat-calling. This can be summarised as one 'victim' - multiple offenders, one offender - multiple 'victims'. The impact on the victim is no less than if these multiple incidents were being perpetrated by a single offender but there is currently no redress. As this behaviour is so widespread and every day we do not think that criminalising it would necessarily be the most effective approach. To satisfy the convention, this behaviour needs to be addressed either through legislation or other societal approaches/ interventions for example education and culture change programmes. In examples of harassment that do meet the legislative framework, women may struggle to access the civil remedy. Costs and limited access to legal aid may be prohibitive in terms of securing legal representation and the civil court system is hard to navigate as a litigant in person.

3D: Preventing reoffending

Q53. Do you agree we should explore (with the Crown Prosecution Service) further controlled and monitored use of conditional cautions with rehabilitation programmes than is currently permitted for lower-level, normally first time domestic abuse incidents?

• If yes, please explain your answer, suggesting what procedures should be in place to ensure a conditional caution would only be given in appropriate cases with appropriate conditions attached

• If no, please explain your answer

Yes, Project CARA in Hampshire was designed to test the hypothesis that DA offenders subject to diversionary workshops are less likely to commit further DA offences than those who do not receive this intervention.

We would agree with extension of conditional cautioning, but only ensuring the following elements taken from Project CARA are replicated:

- Males
- No previous convictions or cautions for domestic violence or abuse in the previous two years
- Relationship between parties: Present or past intimate partners only
- Eligible Offences: minor assaults categorised by law as common assault and battery, criminal damage, harassment, threatening behaviour, misuse of telecommunications, domestic theft related offences

- Admission and/or CPS agree overwhelming evidence is present:
- Past minor convictions permitted unless offender is currently serving a community based sentence or order
- DASH risk assessment assesses risk to victim as standard or medium
- Victim contacted and identifies no specific risk for the conditional caution to be issued
- Support for related victims available during the conditional caution period to ensure breaches or escalation is reported

We would be very cautious about extending conditional cautioning to female offenders - the evidence to date suggests that many women identified are 'violent resisters' wrongly identified as offenders. The programme is also not geared towards the needs of women at the moment, so we would want to be assured that the material in the workshops were tailored to the issues of situational couple violence.

We would be supportive of conditional cautioning for the 16-18 age range with the above elements providing the content was revised to be age related.

Q54. Do you have any additional evidence on current conditional caution practice which we should consider in relation to this issue?

No

Managing serial and repeat offenders

Q55. What changes to current policies or procedures would help police and other agencies to better manage serial and repeat abusers, in particular those who are not subject to a sentence of the court. This can include how best to:

- **risk assess an abuser and plan for risk reduction**
- **engage an abuser in order to encourage compliance with control measures**

*'Despite what I've been through, I don't wish harm. For them to get help and for something to be put in place to protect other women. For all I know, somebody else is being dragged to hell by the same person in the same way I was.'*⁶⁷

Each year more than 100,000⁶⁸ people in the UK are at high and imminent risk of being murdered or seriously harmed as a result of domestic abuse. Services rightly focus on meeting the needs of victims, but too often perpetrators are not held to account, and their abusive behaviour continues.

⁶⁷ Respondent to Every Story Matters, SafeLives' Survivors' survey, April-May 2018

⁶⁸ SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives.

Less than 1% of perpetrators get a specialist intervention that might prevent future abusive behaviour⁶⁹ and as a result there is a high level of repeat victimisation⁷⁰ We want long-term solutions to tackle domestic abuse: to reduce the number of victims – we must challenge perpetrators to stop.

Drive is a new approach that is designed to test, develop and evaluate a model to tackle and change the behaviour of high harm perpetrators of domestic abuse. It implements a whole-system approach using an intensive case management approach alongside a coordinated multi-agency response. It works closely with the police, probation, victim services, children social services, housing, substance misuse and mental health teams. It focuses on increasing victim safety by combining disruption and behaviour change interventions alongside the crucial protective work of victims' services.

The Drive Project is a partnership between Respect, SafeLives and Social Finance. The pilot projects started in Essex, South Wales and West Sussex in 2016, funded by Police and Crime Commissioners, Local Authorities, the Police Transformation Fund, Lloyds Bank Foundation for England and Wales, Tudor Trust and Comic Relief. In 2018, funded by the Police Transformation Fund, the Drive intervention is to be replicated in the following areas: Croydon in London, West Midlands, West Mercia and South Wales.

To reduce the number of domestic abuse victims, we must reduce the number of perpetrators. We aim to change the public narrative from 'why doesn't she leave' to 'why doesn't he stop?'

Need for every police force area to establish a forum to coordinate a multi-agency response to high-risk perpetrators, adhering to nationally agreed and consistent standards

Domestic abuse accounts for 10% of all recorded crime and over 30% of all crime that involves assault with injury. There are around 89,000 referrals annually to Multi-Agency Risk Assessment Conferences (Maracs) that support victims at the highest risk of serious harm or murder across England and Wales. These cases referred to Marac cost the police almost £600m each year . We estimate that for each case heard at Marac, there are over 3 police incidents per year, including 0.8 serious violent incidents on average per case .

A significant proportion of police time is taken in investigating these incidents. Yet, there is a limited coordinated effort to intervene with these perpetrators to prevent future abusive behaviour. As a result there is a high level of repeat victimisation. In line with the Policing Vision

⁶⁹ Please see Respect DVPP Commissioning Guidance for Police and Crime Commissioners 2013. There are around 3,500 spaces on Perpetrator Programmes, compared to an estimated 400,000 potential perpetrators of chronic partner abuse (<1%). Accessible at: <http://www.senedd.assembly.wales/documents/s30732/GBV%2090b%20-%20Respect.pdf>

⁷⁰ 27% of cases heard at Marac are repeat. SafeLives Marac data (12 months 01/10/16 to 30/09/17). Accessible at: <http://www.safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

2025, there should be a shift to a more preventative model in tackling domestic abuse, realigning existing resources to deliver greater efficiency.

Based on Drive's experience, we believe that a more efficient and effective response can be achieved via the establishment of a forum, in each police force area, to coordinate a multi-agency response to high-risk, high-harm perpetrators. The precise form this forum takes should be decided at the local level, what matters is that it fulfils the following functions:

- Enables police identification of priority perpetrators using a referral criteria (such as the Recency, Frequency, Gravity assessment (RFG) or the Priority Perpetrator Identification Tool (PPIT)) and onwards referral to a multi-agency forum coordinating the response to these perpetrators.
- Is not restricted to only hearing cases identified by the police and criminal justice system, but includes cases that may be deemed to be high-risk by safeguarding agencies and processes such as Marac or MASH.
- Works in close coordination with Marac and local specialist victim services, so judgements about risk and response are informed by the safety of the victim and any other relevant family members.
- Provides a systematic method for multi-agency sharing of known information about high-risk high-harm perpetrators with information flowing both from and to the police. The Drive experience is that Drive intelligence gathered through a one-to-one intensive case management process adds to information held by police building a fuller picture, increasing awareness of offending profiles and often increasing risk priority and space for action from a police perspective.
- Capacity and priority placed on "disruption" work, which is work designed to prevent future abuse. For example, this could be the arrest or recall of a perpetrator for breach of restraining order or bail conditions, completing a house call and welfare checks, or placing flags on the perpetrator's vehicle. In order to disrupt perpetration of abuse, the knowledge of the perpetrator's whereabouts, activity and risk factors are absolutely crucial and the information that can be shared by the police with other agencies is key to facilitating this activity.
- Has access to, and provides a referral pathway into, the provision of intensive 1-2-1 case management which targets the most complex and hard to engage serial and repeat cases that require additional time, focus and persistence to achieve change through coordinated disruption and/or motivational and behaviour change interventions.

Perpetrator Panel Learnings from Drive

When Drive was established, no such forum for sharing information or coordinating action around the perpetrator existed in the local pilot sites. It was challenging to align the police and other agencies' responses, and a lot of Drive time and resources were spent coordinating this activity with individual organisations on a case by case basis. The first year feasibility study of the Drive Project by Bristol University recognised this and concluded that there was a need for a

systematic multi-agency method for identifying, monitoring and sharing information about known high-risk perpetrators in a local area, before another high-risk incident occurs.

In each Drive area, work has now been undertaken to establish a process for sharing information and coordinating this multi-agency response to perpetrators. Without national or senior level statutory leadership this process has not been easy and the pace of change has been slow, however, it is now well underway. Our findings show that it is not important whether the systematic multi-agency information sharing on perpetrators happens through a separate perpetrator-focused forum, or whether this function is fulfilled by some other existing multi-agency meeting or arrangement. However, it is important that the forum hears and responds to cases identified both by the criminal justice system, and by safeguarding routes such as the Marac and MASH, and that it works in close coordination with these forums so that the focus on victim safety (not just potential for enforcement action) is maintained.

We have clear examples that the panel function has improved information sharing and disruption of abuse.

Case Example:

Drive in Essex has established and coordinates a DAPMAP (Domestic Abuse Perpetrator Multi-Agency Panel), which in one quarter's monitoring period, heard 26 high-risk perpetrator cases. The information shared by all agencies at this meeting lead to reassessment by the police of risk in particular cases resulting in the police prioritising and making arrests on five additional cases. It also created additional routes for Drive to make initial safe contact with perpetrators - resulting in Drive case managers making contact with eight service users where contact had previously not been possible, thus enabling more intensive case work.

Perpetrator Panel Principles and Standards

Whilst the experience of Drive has shown that the exact format and structure of this multi-agency forum can and should adapt to the local context, we recognise that there is a need for nationally agreed principles and standards to guide this work, ensure quality and consistently measure impact.

National principles and standards should ensure that every area has a panel which:

- Coordinating methods to sustain change: multi agency oversight combining disruption, risk management and motivational strength-based interventions.
- Has an overarching aim to increase the safety of victims/survivors and children by reducing the perpetration of domestic abuse through disruption, risk management and/or behaviour change interventions targeting the perpetrator.
- Keeps the safeguarding of victims/survivors and children at the core of all activity, including victim support representation at the panel.

- Is not restricted to only hearing cases identified by the police and criminal justice system, but includes cases that may be deemed to be high-risk by safeguarding agencies and processes such as Marac or MASH
- Identifies and assesses high-risk and high-harm perpetrators who are referred to the panel from key agencies using recognised evaluated risk and/or harm assessment tools based on information shared by partner agencies.
- Develops a multi-agency action plan to disrupt abuse and allocates actions to participating agencies.
- Holds agencies to account for completing actions.
- Tracks outcomes and ensures an appropriate multi-agency response to ongoing changes in the risk/harm posed by the perpetrator by monitoring and re-hearing cases 'held' by the panel.
- Has a mechanism for referring cases to required additional and targeted intervention support, such as intensive 1-2-1 case-management for disruption or behaviour change provision.
- Develops a database data collection of high-risk high-harm perpetrators of domestic abuse to inform the local strategic response to domestic abuse.
- Enables cases to be closed by passing them to another local agency who can monitor the case and bring it back to the forum if circumstances change or require it.

Case Study: Impact of Perpetrator Panel on Increasing Victim Safety

Dan* was recently referred to Drive. He has spent over two decades abusing Kathryn. Despite Kathryn separating from Dan seven years ago, the abuse continued. Dan recently made threats to kill Kathryn, raped her, stole money from her and forced her to take drugs. As a result of the abuse Kathryn has been disfigured and can no longer work due to the stress. Dan colludes with one of their children in the abuse, claiming Kathryn is imagining what is happening. As a result, she hasn't felt able to support a Police prosecution.

Drive brought the case to the multi-agency perpetrator meeting to raise the concerns over Dan's threats to kill Kathryn. As a result of this meeting, the police are now aware of the risk and have put safeguards in place. Kathryn has been granted a non-molestation order that is aimed at preventing Dan from threatening violence or harassing her. She also has CCTV and a life-line alarm installed in her home, increasing her safety. The police also shared information on Dan's new partner at the multi-agency meeting and are now exploring opportunities to make a Domestic Violence Disclosure to her.

**all names changed to protect identities*

Need for quality assured structured group work programmes

With regards to interventions with other perpetrator cohorts, we would like to see a commitment to provide high-quality, Respect-accredited perpetrator programmes as part of a refreshed

National Statement of Expectations, and for the proposed DVA Commissioner to be given responsibilities for monitoring the performance of local authorities for meeting the National Statement of Expectations. Commissioners should have a responsibility for ensuring any perpetrator programmes they commission are safe, effective and do not inadvertently contribute to the harm already experienced by survivors and their children.

A good perpetrator response needs:

- To be linked to appropriate victim services.
- Flexibility in terms of time to meet the needs of the perpetrator.
- Multi-agency involvement in identifying risk, action planning, monitoring engagement and any behavioural change.
- To offer support and challenge as appropriate in groups and individually.

Within this framework we would like to see greater encouragement of provision for perpetrators so that there are far greater opportunities for perpetrators to receive interventions whether they self-refer to services, or are referred by statutory services or family and friends. At present fewer than 1% of perpetrators receive an intervention and there are huge gaps in perpetrator provision across the country. It is right that the consultation emphasises the need for early intervention and this must apply to perpetrators of abuse as much as victims of the abuse. At the moment most perpetrator support is only available after conviction for an offence – when crisis point has been reached. There must be more emphasis on ensuring perpetrators are offered an intervention before their behaviour has escalated.

The proposed Domestic Abuse Protection Orders which will include positive requirements to attend perpetrator programmes represent a significant step forward and could provide the impetus for greater provision of such programmes. We would caution, however, that such programmes meet the quality framework outlined above to ensure that the most effective interventions are available locally.

There is also a need to create a response that works for all domestic violence and abuse permutations, including for example LGBT+ relationships, those in honour based violence (HBV) and other situations in which there are multiple perpetrators, and situations in which the couple haven't separated. This response needs to recognise that within same sex relationships or when family members are colluding, patterns of power and control might present differently. SafeLives Spotlights are a good resource for considering these other dynamics. For example, we welcome the recognition that perpetrators with alcohol or drug misuse problems need interventions to address domestic abuse that also take account of substance misuse issues and interplay with patterns of abuse, while recognising that substance misuse is never the cause of or an excuse for domestic abuse.

Central Government investment and commitment investing in developing a national system of sustainable long-term commissioning/funding models

As noted above, we recognise that to successfully achieve the step change in the national

approach to targeting perpetrators of domestic abuse consideration must be given to the implications for resourcing. We would therefore welcome a review of commissioning models with a view to shifting from current commission models, which tend to be inconsistent and short term, towards more systematic longer term sustained approach underpinned by core statutory support. This could include:

- The establishment of a fixed term co-commissioning fund (responsibility shared with PCCs/LAs) to stimulate the establishment of locally rooted, high quality, multi-agency services. For example, PCCs / Las could provide for up to 40% of the cost of delivering these services to a HO fund.
- Endorsing and supporting a number of the further activities recommended below, in our response to question 59 and 60, such as data collection, quality assurance and high quality training

Working with perpetrators to change their behaviour

Q56. What more could be done to work with perpetrators in prisons, particularly offenders who receive a sentence of less than 12 months and do not have sufficient time to complete a domestic abuse programme in custody? We are interested to hear of particular examples of practice which have been successful.

*'That they would face some kind of consequences for what they have done. Victims live with the repercussions but perpetrators move on and do the same again as nothing stopped them.'*⁷¹

*'Dealt with appropriately by law, given sentences that deter them : behavioural change classes; tagged.'*⁷²

*'That the people causing harm were educated and supported. There is usually a reason why they act like they do. I think they should be made aware of how the victim is affected and the long term implications.'*⁷³

Nearly 50% of respondents to Every Story Matters said that there had been no response to the perpetrator of the harm against them, only 2% said that they had been put on a perpetrator programme and only 2% received mental health support.⁷⁴ 82% of respondents said that they supported the introduction of more perpetrator programmes, nearly 80% wanted tougher sentences, 74% wanted mental health support for perpetrators, and 73% wanted public awareness campaigns specifically targeted at perpetrators.

⁷¹ Respondent to Every Story Matters, SafeLives' Survivors' survey, April-May 2018

⁷² *ibid.*

⁷³ *ibid.*

⁷⁴ Every Story Matters, SafeLives' Survivors' survey, April-May 2018

Case Example:

Drive⁷⁵ was assigned a case where the perpetrator, who was on bail for serious violence against the victim, had both a DVPO and DVPN in place against the victim. Drive was aware that the perpetrator was not staying at his bail address and was visiting the victim's address – both in breach of his bail conditions. Drive notified the police; who attended the victim's address and found the perpetrator hiding. However no follow up actions were taken by the police, despite this being a breach of bail, enabling the perpetrator to continue to abuse the victim.

Findings from Drive suggest that greater training and consistency across forces is required to maximize the potential of the above statutory levers to disrupt abuse, which can be highly effective when implemented with necessary resources.

Importantly, this training and consistency needs to be backed up by sufficient resources to enable forces to act on breaches and enforce orders.

- We welcome the creation of the proposed Domestic Abuse Protection Order (DAPO), and extending its application to cases involving abuse other than violence or the threat of violence. However as outlined above, there needs to be force-wide training in the purpose and use of this lever, with sufficient resources dedicated to following up on any breaches of the order, in order to maximize its potential.
- For this reason, Drive also would express caution around directing additional resources towards acquiring new technology to monitor or tag perpetrators, which requires significant police resources in order to be implemented effectively. We would instead advocate for greater training and more effective use of existing powers (and the new DAPO).
- Establishing local perpetrator-focused multi-agency fora to work alongside the Marac process to coordinate a multi-agency response to disrupt perpetrators' abuse before another high-risk incident can occur and monitor their behaviour over time. Please see section III below for further information.

All of the work outlined above requires police capacity and resources to be delivered effectively. Given the high proportion of violent crime currently due to domestic abuse, and the high levels or repeat cases, we believe that by investing in preventing and proactively responding to domestic abuse perpetrators, police time and resources can be used more efficiently.

Q57. What more could be done to work with perpetrators in the community (convicted or non-convicted) to change their behaviour? We are interested to hear of particular examples of practice which have been successful.

There is a need for quality assured one-to-one interventions with high-harm complex needs perpetrators, whose complex needs and engagement profiles are different from those suitable

⁷⁵ Evaluation of the Drive Project Year One can be read <http://www.safelives.org.uk/node/1214>

for more long-established structured group work programmes.

Through the Drive Project we have gathered data enabling us to understand for the first time the complex needs and offending history of the high-harm perpetrators whose victim's cases are heard at Marac. Their high level of complex needs, previous offending history and resistance to engagement make this a distinct cohort from other perpetrator groups, for example, those who present at DVPPs. Through this work we are building a picture of different cohorts of perpetrators with different risk profiles, different levels of resistance to change, different levels of need, and different levels of harm being caused. Each of these cohorts requires specific and tailored interventions to effectively reduce the perpetration of abuse through disruption and/or behaviour change.

Case Study: Complex needs of high-risk perpetrators

Based on the current data available from Drive*, 60% of the perpetrators worked with have at least three complex needs, including 37% with a drug or alcohol addiction and 45% with a mental health need), and previous offending history (47% have previous arrests for Domestic Violence and more than half have previous criminal offences) and are often therefore difficult to engage. Their high level of complex needs, previous offending history and resistance to engagement make this a distinct cohort from other perpetrator groups, for example, those who present at DVPPs.

**This is internal Drive data, due to be analysed externally by the University of Bristol with findings available in September 2018.*

In relation to high-harm perpetrators, the experience of Drive identifies a need for one-to-one interventions delivered by highly skilled case managers who can balance challenging perpetrator behaviour with motivating engagement and behaviour change.

This one-to-one activity reaches perpetrators who otherwise receive no sustained oversight, intervention or challenge in relation to their domestic abuse behavior, even when they might be receiving intervention in relation to other issues such as substance misuse or non-DV related offending. Intensive one-to-one case management targets both cases requiring the intensive coordination of disrupt and risk management interventions as well as complex cases with the potential for engagement and behaviour change. It requires:

- The differentiation of perpetrator cohorts with a matching of interventions to individual needs in accordance with the risk and typology of abuse (an area that still lacks sufficient research).
- Coordinating multi-agency collaboration and intervention planning that reflects complex needs such as substance misuse, mental health, homelessness, non-DV offending and involves high levels of information sharing, particularly with the Idva and Marac

- Intervention plans which are matched to assessments of individual typology of abuse, need and risk and which draw from a range of disruption and behaviour change approaches appropriate for a complex needs cohort.
- Recognising when, and understanding how, to use a complex combination of supportive, disruptive and change interventions with the same individual within the same intervention plan.
- High quality clinical supervision and systematic quality assurance oversight of one-to-one case management and intervention practices taking places between a case manager and a complex need high-harm perpetrator to ensure effective minimisation of the risk of collusion and vicarious trauma

Engagement and behaviour change work requires:

- Focus on challenging and addressing denial and minimisation, which is matched to a range of suitable interventions to address these attitudes and behaviours
- Focus on building a relationship with and engagement from the perpetrator, which can often involve addressing immediate support needs (such as housing or employment) to remove barriers to behaviour change
- Building motivation for change through motivational interviewing techniques and can include exploring vulnerability and adverse childhood experiences to raise awareness of how that might contribute to current patterns of behavior and help build empathy for the impact of current behaviour on children
- Consideration of mental health needs/diagnosis and the impact of this on the efficacy of different interventions and approaches
- Consideration of medical issues particularly in relation to brain injury, learning disability or mental health medications
- Use of a range of behaviour change techniques tailored to the individual profile and stage of change drawing from a tool box that includes interventions relating to power and control, trauma informed, strength based, identity, impulse control and emotional regulation approaches.
- Coordinating methods to sustain change: multi-agency oversight combining disruption, risk management and motivational strength-based interventions.

Intensive disruption case management planning requires:

- A system wide approach to dealing with the highest-harm perpetrators which includes cross-agency workforce development to raise awareness of the issues and roles required from each agency in responding.
- Case manager/practitioner training and a skill set with strengths in intelligence gathering and multi-agency information sharing and collaboration
- Commitment to creative thinking and problem solving to find individual solutions and approaches to individual cases.
- Dedicated time to focus the spotlight on a specific case to enable intensive intelligence gathering and planning disruption intervention recommendations

The University of Bristol found that Drive one-to-one case workers are in a unique position to challenge the perpetrator and also encourage behaviour change through 1) high levels of information sharing, especially via the Idva and Marac, 2) persistence on the part of the case managers, combined with the length of the intervention. Their work requires nuance and skill to balance engaging service users with a desire for support, explore vulnerability and at the same time to challenge problematic attitudes and beliefs. Disruption, denial focused work, risk management, engagement and motivation interventions all work in combination to create moments and opportunities to create cognitive dissonance and opportunities for motivating behaviour change that looks different from a structured behaviour change intervention.

Work with this cohort who are resistant to change is new and innovative, and Drive case workers have been developing a suite of materials, drawing on Respect approved one-to-one behaviour change programmes. Drive is currently in the process of consolidating and refining this material into a manual that meets Respect standards and can be used as a best practice tool to deliver one-to-one behaviour change work with this cohort.

Drive's experience is that this work can be successfully carried out in prison with offenders in custody for less than 12 months. This might be to begin an intervention that can then continue outside the prison gates, but it also has the potential to effectively disrupt ongoing coercion and control being carried out whilst the perpetrator is remanded in custody.

Case Study: Intensive Case Management Increasing Opportunities for Disruption

Drive was assigned a violent and serial perpetrator with live restraining orders in place against three previous partners, including the victim whose case was heard at Marac. The perpetrator had already committed high levels of physical and emotional violence against the victim (who was pregnant), but was continuing to intimidate and abuse the victim while on remand in prison, threatening to throw acid at her and her family and burn her house down. As a result of the continuing threats, the victim alerted the Idva that she was terrified and continuing to be intimidated, even though the perpetrator was on remand.

The perpetrator profile included mental health issues, weapons and firearms offences and he had poor compliance with services. Drive determined that it would not be safe to make contact with the service user, or reveal any indications that information on the ongoing threats had been revealed by the victim. Therefore Drive undertook high level and intensive partnership working with the Offender Manager in prison and security team to alert them that the perpetrator had access to a mobile phone, and jointly agree an intervention. The Drive case manager expressed the need for "random" cell searches so that it would not seem to be information lead. As a result, the security team conducted cell searches in multiple cells in the area, including the cell of the perpetrator.

As a result of the intensive case work:

- The trial was halted in relation to the assault on victim due to the intimidation
- The perpetrator's cell was searched and three SIM cards and 'Spice' were found

- Additional charges were brought against perpetrator
- The perpetrator is now to stay in custody until 2020

Case Study: One-to-one behaviour change work (1)

Drive was assigned a perpetrator (John*) who had been in a relationship with the victim (his current partner) for 14 years. They had two children together, aged 7 and 12. The case was referred to Marac because the perpetrator had physically assaulted the victim by punching her in the face. John was also using significant emotional abuse and controlling behaviours, constantly checking up on the victim, questioning his children around their mother's activities and policing her activity on social media. He was very jealous and possessive and became physically abusive when other men liked her social media pages.

The Drive case manager was concerned that John may become physically abusive towards the victim after the first child protection conference. Therefore the Drive case manager arranged to meet John beforehand to introduce himself, explain what would happen, and set his expectations about how his actions would be discussed. Throughout the next few months, the case manager built John's trust and completed one-to-one behaviour change work with him, focusing on his minimisation of the abuse but also exploring his vulnerabilities.

Over time John revealed that he was terrified at the thought of another man taking his place within the family. He spoke initially about a very happy childhood, but then revealed that he still remembered an incident of his father physically assaulting his mother extremely clearly. The case manager drew on these experiences to explore cycles of abuse and ACEs with John, and explain how his behaviour could have a lasting impact on his children.

John was adamant that his children were not aware of any abuse, and so hearing from the case manager that his children were exhibiting symptoms of the abuse at school, falling asleep and being aggressive, had a profound impact. The case manager did work with John on his negative thought patterns and catastrophising, giving him coping strategies and anger management techniques, such as "feeding the good dog".

The case manager also worked behind the scenes with the Idva to ensure the victim's safety was prioritised. When the case manager found out that the couple were planning on going on holiday with friends, the CP plan was updated for the friends to hold emergency cash and the children's passports. The Drive case manager also referred the children into a therapeutic support group for children who have witnessed domestic abuse.

As a result of the one-to-one work delivered by Drive over a sustained period of time, there was a marked change in John's behaviour and outlook, and no further reported incidents. The children were removed from their child protection plan after 9 months of Drive involvement with Children's Services saying: *"I am of the view that [Drive]'s involvement has been pivotal in the positive changes made with the family"*.

**all names changed to protect identities*

4C:Improving performance using data

Q58. Please select which of the following you believe should be priorities for improving data collection. Please select top three

- Improving collection and reporting of data relating to gender and relationship of the perpetrator and victim.
- Improving data to enable better tracking of outcomes in domestic abuse cases/intervention.
- Link data to enable better understanding of the interactions / relationships and other types of abuse.
- Other (free text)

Data relating to gender and sexual orientation

We agree with Galop that relevant national data collection mechanisms (e.g. The Crime Survey for England and Wales) and the ONS Statistical bulletin on domestic abuse in England and Wales should disaggregate data by sexual orientation and gender identity to demonstrate generalisable data on LGBT+ experiences of crime and domestic abuse.

In a recent National Scrutiny Panel on LGBT+ victims, we noted through the case selection process that documentation relating to Marac may not offer a prompt to practitioners to clearly record a person's sexual orientation or gender identity as reported by the individual themselves. This may lead to assumptions being made and decreased visibility for some groups. We therefore recommend that all Maracs review their documentation and recording practices in order to help increase the information we hold about victims and perpetrators sexual orientation and gender identity.

Typologies and relationships

Routinely, both qualitative and quantitative data collection needs to be improved in relation to the typologies of violence being perpetrated and within what context and relationship dynamics. This improved insight and information would enable a better understanding of the risks, needs and responses required to develop, pilot and deliver effective interventions, alongside where public spend needs to be focussed in improve outcomes for whole families.

Frequency and escalation of incidents

It is essential that the frequency and escalation of incidents, with no upper limit on the number of incidents that can be recorded, is collected to ensure a real picture of the prevalence and harm caused by domestic abuse.

Children in the household

Information about children [living both within and outside of the home e.g. LAC] is fundamental in ensuring agencies, and the government more widely, takes a whole family, whole picture view of the impact of domestic abuse. A lens not only needs to be shone on children living within the family home, but residing elsewhere and associated with the family. Attention needs to be paid to the reach and radiating impact of DVA through broader data collection methods that can evidence the impact on primary, secondary and tertiary victims of domestic violence and abuse. Routine collections in relation to ACEs (Adverse Childhood Experiences) needs to be collected, and used to inform intervention development and delivery; with robust evaluations being commissioned to evidence improved outcomes for all accessing services.

Our Insights dataset shows that families known to children's services were more likely to have children under the age of 5 years old compared to those not known to services (65% vs 55%). National data on the ages of children who are referred to children's services is not available, but the ages of children who are subject to a child protection plan indicates that younger children are more likely to receive this safeguarding intervention. Fifty children out of every 10,000 aged 1-4 were subject to a plan, compared with 44 of those aged 5-9 and 38 of those aged 10-15.

While older children may be at less physical risk, exposure to abuse has an effect on children of all ages, unrelated to their ability to keep themselves safe. For instance, children over ten were much more likely to try to intervene to stop physical abuse (27% of children over ten, compared to 15% of those under ten). Additionally, Children's Insights data reveals that over half (52%) of children exposed to abuse said they found it difficult to sleep, and almost a third (30%) felt like the abuse was their fault. The same children exhibit higher rates of behavioural problems than their peers, and engage in more risk-taking behaviour, making them vulnerable to other forms of abuse, exploitation and harm. Two in five children living with abuse had not been referred to children's services before the family entered domestic abuse support. Many more who had been referred did not receive substantial help⁷⁶.

Consistent cross-sectorial indicators need to be developed and collected to capture how all agencies are identifying, responding, safeguarding and intervening with children and young people exposed to domestic abuse within their family home, or via an intimate partner relationships.

⁷⁶ SafeLives Insights National Briefing Children, young people, and the involvement of Children's Services. Accessible at: <http://safelives.org.uk/sites/default/files/resources/Insights%20National%20Dataset%20Briefing%202017%20-%20children.pdf>

Need for a robust national perpetrator dataset and independent analysis of that data on a regular basis

Our findings from the Drive Project, which are reinforced by the University of Bristol evaluation Drive: Year 1 Feasibility Study⁷⁷, are that there is a lack of information within the system on the perpetrator at the point of Marac. The work that was required to piece together information on these perpetrators was incredibly challenging and time consuming, and has highlighted a clear gap in the amount that is known about these perpetrators who are causing significant harm and risk. Through the work carried out on Drive, we have been able to build a core data set (including basic demographic information, such as age and gender) for around 1,500 perpetrators whose victims are referred to Marac. This in itself was challenging, and does not contain robust information on the needs of these perpetrators due to gaps in the data available. However, for the perpetrators assigned to the Drive intervention, case managers have been able to find additional information on the perpetrators' needs and offending profile: 59% have at least three complex needs, including 41% with a drug or alcohol addiction and 53% with a mental health need⁷⁸, and previous offending history (45% have previous arrests for Domestic Violence⁷⁹ and more than half have previous criminal offences⁸⁰).

This lack of research and data currently available on high-risk perpetrators (outside of interventions such as Drive) is a critical gap for the following reasons:

Individual intervention and safety planning:

- Understanding the needs of perpetrators and their offending behaviour (including instances of coercive and controlling behaviour, which is a significant predictor of serious harm or fatality) is crucial for effective intervention and safety planning in each individual case.
- At the same time, research has shown that motivation and engagement are significant factors in determining behaviour change. Drive has captured these indicators through its work with service users, however there is no data currently available for high-risk perpetrators who are not assigned to Drive. Through the Drive pilot we have tested and designed attitude assessments that can now be used nationally with a wider cohort to understand more fully across a broader range of risk levels the role that attitudes like cognitive distortion, responsibility, impact on other/s, gender views, have on recidivism.

⁷⁷ Evaluation of the Drive Project: Year 1 Feasibility Study (2018). Accessible at: <http://driveproject.org.uk/evaluation-of-the-drive-project-year-1-feasibility-study/>

⁷⁸ Drive Project Data, Service User Demographics, 21 months to end of Year 2 Quarter 3, closed cases where contact was made (based on 69 service user cases)

⁷⁹ Drive Project Data, Service User Demographics, 21 months to end of Year 2 Quarter 3 (based on 427 service user cases)

⁸⁰ University of Bristol Drive Project Year 1 Feasibility Study. Accessible at: <http://driveproject.org.uk/wp-content/uploads/2017/11/Evaluation-of-the-Drive-Project-Year-1-Feasibility-Study.pdf>

Need for routine outcomes measurement in domestic abuse provision

SafeLives' Insight service⁸¹ is a 'whole family' outcomes measurement programme specifically designed for specialist domestic abuse services supporting adults and children who have experienced or are experiencing domestic abuse. It has been designed to act as a standardised outcome measure that can be used across the country to address some of the points raised above. Through the review of the indicators we have integrated ACEs, multi-agency working and typologies into our standard insights measures for adult victims, children, those perpetrating abuse and victims of sexual violence. We aim to develop a common framework for data collection that enables a congruence and consistency in both definition and understanding of what makes a difference, to whom and why. Through analysis on both a local and national level we use this data to develop briefings on our findings that are used to identify gaps in practice, shine a light on hidden victim groups, influence policy and enriched practice delivery – these measures all in turn designed to enrich and improve the lives of real people experiencing domestic violence and abuse. This approach needs to be employed by all sectors working with those exposed to and experiencing the devastating impact of domestic violence and abuse.

Insights enables services to understand who is accessing their service and identify gaps, to tailor interventions and support to meet the needs of their clients and to evidence the impact of their work on improving safety and wellbeing. Frontline practitioners collect information about the people they support and submit it to SafeLives via an accessible and affordable online portal .

We recommend that commissioners fund services to ensure they are routinely collecting outcomes data [through a mixed methods approach] so that we can better understand the outcomes achieved and impact that services make to the lives of vulnerable people. The voices of those with lived experience needs to be at the centre of data collection if we hope to make a positive difference, changing the landscape of response to domestic violence and abuse across the country.

⁸¹ SafeLives Insights for Domestic Abuse. Accessible at: <http://www.safelives.org.uk/practice-support/resources-domestic-abuse-and-idva-service-managers/insights>

4B: Establishing a Domestic Abuse Commissioner in law

Q59. Do you agree with the proposed model for a Domestic Abuse Commissioner [outlined above?](#)

Agree

We support the appointment of a DA Commissioner as long as the role has the authority, independence and resources to hold statutory agencies, the Government and local commissioners and service providers to account.

- A remit that focuses on domestic abuse, but which recognises and responds to the strong intersections between DA and other areas of risk, both those considered under the term 'VAWG' and also other forms of risk and disadvantage, such as mental ill-health and exposure to other forms of criminality such as CSE, CSA and wider violence against women and girls. It is confusing that the Home Office acknowledges the indivisible ties between all forms of VAWG through its 2016 strategy, but that the Commissioner will only be able to focus on domestic abuse.
- We also think it is vital that onward links are acknowledged; the co-relationship between mental ill-health and domestic abuse is evident in all good quality studies of the issue. We support the push to ensure local authorities and commissioners jointly agree VAWG strategies for local areas, carrying out needs assessments across different forms of VAWG and other intersecting issues, rather than segmenting strategies, and if the DA Commissioner is to make a difference, it sends a backwards signal for them to focus too rigidly on domestic abuse on its own. We suggest that while the title of this role should remain 'DA Commissioner' to give sufficient focus, they are given responsibility for monitoring local Commissioners' performance against the refreshed VAWG strategy, as well as the National Statement of Expectations for the Home Office, and MHCLG's commissioner priorities for domestic abuse. We also feel the person holding this post should attend the cross-Whitehall Directors Group on prevention of social harms.
- Appointment of the Commissioner by Parliamentary Committee – perhaps a joint committee of Women and Equalities and Home Affairs if committee time allows? It is important that the Commissioner feels accountable to Parliament rather than to the Government so that they are independent and able to exercise their role without fear or favour. It will be important to understand why Kevin Hyland, held in high esteem, felt he couldn't continue in role as the Modern Slavery Commissioner, and to learn any lessons.

- The right resources and staff to fulfil the role. The numbers of domestic abuse victims sits just under 2 million a year which is significantly higher than the number of trafficking victims, and yet the budget proposed for the Commissioner role is not proportionate to that of the Modern Slavery Commissioner. We would suggest that the budget needs to be increased to reflect the prevalence of domestic abuse in society (let alone the prevalence of other forms of violence against women and girls such as sexual abuse which are closely linked).
- A remit which covers not just adult victims/survivors of domestic abuse, but also children experiencing domestic abuse as they grow up, and young people in abusive relationships. We also would like to see the Commissioner have oversight of all levels of perpetrator provision – both by statutory, voluntary and private sector providers, to ensure it meets national standards and that gaps in provision are identified.
- The authority to receive Joint Targeted Area Inspection reports and be tasked with ensuring findings are acted upon, starting with the recommendations made in the 2017 JTAI report⁸², working closely with the relevant inspectorates.
- As well as the need to work with Wales' National Advisors for Violence Against Women, we think it is important that the DA Commissioner also builds strong relationships with the Scottish Government given their new legislation on domestic abuse and with Northern Ireland officials working on VAWG issues.

Q60. Of the proposed powers and resources, which do you consider to be the most important for a Domestic Abuse Commissioner?

Select the following:

- Map and monitor provision of domestic abuse services against the National Statement of Expectations, and publish this information to showcase and share best practice, as well as to highlight where local provision falls short of what is expected.
- Oversee the DHR Quality Assurance process, including any potential changes implemented following this consultation, feeding lessons learned into their recommendations.
- Other (please state other functions the commissioner should fulfil)

In addition to our response outlined questions 59 and 60 we would also recommend the DA Commissioner responsibilities to include the following:

⁸² JTAI (2017) The multi-agency response to children living with domestic abuse Prevent, protect and repair
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/68067/1/JTAI_domestic_abuse_18_Sept_2017.pdf

Powers to hold enquiries into particular areas of concern, with the statutory right to hold local authorities, commissioners and providers of services to account.

A right to attend the Inter-Ministerial Group on Domestic Abuse and an expectation that the Commissioner will regularly meet with Ministers and senior civil servants in all relevant departments.

A right to scrutinise the International Development work the Government is undertaking in respect of VAWG policies.

Q61. Question for public bodies only: What would be the practical implications of complying with the proposed Domestic Abuse Commissioner's powers? N/A

4C: Learning from Domestic Homicide Reviews

Q62. One proposal is that the Domestic Abuse Commissioner could routinely collate, quality assure and share lessons learnt from DHRs. What more could be done to increase awareness of the learning from DHRs?

We agree with the proposal that the DA Commissioner needs a role in tracking local area progress on DHRs and provide a central bank of DHRs for research and dissemination purposes, ideally searchable online. This could be linked to local agency action plans so that families and friends, the Commissioner, specialist domestic abuse organisations, researchers and civil society more widely can track progress and ensure greater public accountability for action taken after DHRs have been completed.

We also recommend that the Commissioner publishes an annual review of progress against action plans, as well as thematic analyses picking up emerging themes and looking specifically at certain features of DHRs - for example the role of housing or employers.

*'A central point to view DHR's and SCR's would be useful and also to have Chairs from recognised specialist organisations e.g. Standing Together and SafeLives that have the knowledge and background.'*⁸³

Q63. How can areas best hold their own local agencies to account in terms of monitoring delivery against DHR action plans?

There needs to be a commitment to be held accountable for the monitoring of delivery against DHR action plans by the senior leadership including Directors of relevant statutory agencies and

⁸³ SafeLives (2018) Practitioner's response to DA Bill Consultation Survey

elected representatives (Council Leaders, Cabinet Members with responsibility and elected Mayors).

We support the following recommendations from AAFDA, directly quoted from their consultation submission:

-- Ensure families have access to specialist and expert advocacy as per paragraph 52 of the statutory guidance, for many reasons, including because a family which is integral to the review can help the local area to implement learning. Specialist and expert advocacy means the family is able to constructively contribute to the scope, content and impact of the review, enhancing it and enabling it to identify significant learning. Currently, the Quality Assurance Panel (AAFDA is a member and its CEO is a Home Office appointed Reader) regularly sees inferior reviews which lack information about the victim and his/her circumstances. In these cases, it is apparent that the family had no or little assistance during the review. It is the family, friends and community that allows reviewers to get as close to standing in the victim's shoes as possible and see the landscape from that perspective. Specialist and expert advocacy enables this to happen.

-- To help ensure focus on achieving progress and change for good, after the review, CSPs need to raise the status of families of DHR victims so that they are key stakeholders and integral to the review. Families need specialist and expert support to fully engage in DHRs which is why AAFDA is a critical resource which should be funded independently for the specialised work it does.

-- Establish strong strategic and operational structures for VAWG or DVA with an intrusive inspection regime to help raise the status of DHR action plans so that they are prominent, taken seriously and progressed

-- Local areas should set up DHR scrutiny panels which challenge individual agencies around completion of action plans.

-- The DA Commissioner should be expected to hold local areas to account for proof of implementation of recommendations and evidence of agency learning.

-- The DA Commissioner should produce national trends and recommendations and see that these are implemented.

-- All DHRs should be followed by learning events in the local area, run by the Chair of a DHR and accompanied by the family of the victim (if the family wishes). This provides impact and brings the lessons to life.

‘Lessons from DHRs and SCRs should regularly be reviewed by all agencies as part of LSCB and LSAB arrangements. They should be published centrally and indefinitely. Where lessons are not being learned by organisations they should be held to task.’⁸⁴

4D: Sharing best practice across government

Q64. How can the government better share and promote effective practice on domestic abuse across all public services both in regard to commissioning and delivery of services?

The proposed review of the national VAWG Strategy and National Statement of Expectations should have as its aim to better share and promote effective practice across all public services. We also agree that the What Works Centres can play a useful role in disseminating and monitoring new developments in the domestic abuse sector and SafeLives also hopes to continue to play a key role in supporting new models of interventions, producing guidance for multi-agency partners and issuing new research to help fill gaps in our knowledge about what works on the ground for survivors and their families.

In respect of Troubled Families, we remain concerned that team leaders and social workers in TF teams do not have dedicated guidance around domestic abuse, particularly in respect of referral pathways and that they haven’t been trained to understand coercive and controlling behaviour and how this may impact on children and adult victims of domestic abuse. We would recommend that the Government rolls out SafeLives’ Troubled Families guidance and ensure that all Local Authorities have trained TF staff in domestic abuse.

A national cultural change programme for skilling up frontline professionals as described earlier in this document would also help to increase effective practice. Our initial findings from the Domestic Abuse Matters evaluation show that where cultural change training has been introduced in police forces, 87% of first responders have reported improvements in how they work with victims of abuse, while three out of four first responders reported improvements in their evidence gathering. Similar, but tailored programmes for other frontline public sector professionals including in children’s and adult social care, housing teams, CRCs, probation, the judiciary and prosecutors, and for health professionals, could similarly help to transform a new generation of frontline practitioners.

Finally, we agree that Government can play a convening role in bringing together commissioners to understand the latest evidence, and particularly cost-benefit analysis, for domestic abuse interventions as it is trying to do with the Pathfinder project in health settings. In many areas interventions have been tested and evaluated but haven’t had sustainable funding committed by commissioners to roll-out once project funding has ceased. At a time when budgets have contracted, it has become much harder to make the case for new spending on non-statutory provision such as domestic abuse which makes it all the more important that

⁸⁴ SafeLives (2018) Practitioner’s response to DA Bill Consultation Survey

Government gives a clear signal to commissioners about areas of best practice where it thinks there is a case for investing new spend.

Q65. What role should local areas play in sharing good practice?

Local areas can play a significant role in sharing good practice. SafeLives has created the SafeLives Community⁸⁵ an online forum where individuals working in the domestic abuse sector (including frontline domestic abuse professionals, as well as multi-agency frontline workers such as police officers, social workers, safeguarding nurses etc.) can connect, chat, take part in discussions and access exclusive content with other professionals. The Community has grown to almost 1000 members over the last year and provides a space where members can support each other with queries around best practice, the latest guidance and professional development. We would like to see this rolled out to all local authority areas to ensure professionals feel they have access to the very information about domestic abuse and can learn peer-to-peer rather than simply relying on central guidance.

There are very few opportunities for local commissioners to share best practice and we would encourage the establishment of a national annual summit for local commissioners to showcase innovative practice and to hear from leaders in the field from different multi-agency backgrounds. There will of course also be a role for the DA Commissioner using their convening powers to commission reports, host events and use digital means to highlight the best emerging local practice.

⁸⁵ <https://community.safelives.org.uk/general/custom.asp?page=Registration>