On average it takes **three years** for those experiencing domestic abuse in England and Wales to access support from a service. In Scotland, this will be **four years**.

Nationally around **four out of ten** victims of domestic abuse report mental health issues and **one in ten** are misusing substances.

In England and Wales, **two in five children** in families where domestic abuse is present have been living with that abuse since they were born.

Victims of ‘honour’ based violence and abuse (HBV) will experience abuse for **two years** longer than those not defined as at risk of HBV (**5 years vs 3 years**).

They are also seven times more likely to experience abuse from multiple perpetrators (**54% vs 7%**).

Victims over **60** will typically experience abuse for 6.5 years before accessing help - this is **two and a half times longer** than the average length of abuse.

Victims still living with the perpetrator will experience abuse for **six years** on average before accessing support.

Only **2.5%** of victims referred to DA services identify as LGBT and they experienced abuse for **2.3 years** before accessing support.

Victims experience abuse for **significantly shorter periods** if they were referred to a DA service by the police or health services, than if they had referred themselves (**2.1 years vs 4.9 years**).
SafeLives Insights
National Briefing

Length of abuse and access to services

The speed at which we identify and respond to domestic abuse is critical to limiting the harm caused to victims and their children. Too many people are being left to face abuse alone, for too long.

SafeLives Insights datasets reveal that on average, it takes three years for those experiencing domestic abuse in England and Wales to access support from a service. In Scotland, victims will experience abuse for a year longer before they can get help (on average 4 years), with 10% experiencing abuse for more than 18 years. Who you are, and where you are, has a significant impact on how fast you can expect to get the help you need.

The impact of domestic abuse on victims and their families is severe and long lasting. Nationally, around four out of ten (39% England and Wales, 42% Scotland) victims of domestic abuse report mental health issues and one in ten (10% England and Wales, 9% Scotland) are misusing substances. We judge that both of these figures are likely to be a significant under-representation of these issues.

Domestic abuse also has a devastating impact on children. Our research has shown that in England and Wales, two in five children (41%) in families where there is domestic abuse have been living with that abuse since they were born. Half of these children will experience difficulty sleeping, and a third believe that the abuse was their fault. All have an increased likelihood of engaging in risk-taking behaviours themselves. Reaching families earlier is crucial to stopping this prolonged exposure to abuse for victims and their children.

1 Whole Lives Improving the Response to Domestic Abuse in Scotland (2016)
2 Insights Idva National Datasets (2017)
3 Cry for Health (2016, p.14). Our report Cry for Health found higher levels of disclosure about multiple needs from survivors when the domestic abuse caseworker was based in a health setting. This was linked to the healthcare setting, which was seen to be confidential and focussed on wellbeing rather than criminal justice focussed.
Our analysis of Insights data from England and Wales\textsuperscript{4} shows a wide variation in the length of an abusive relationship, highlighting that some victims are less likely to receive early help. The most significant factor is age, where the youngest victims are able to receive help four times faster than those aged over 60 (abuse length 1.5 years for those aged 16 to 17 vs 6.5 years for those aged 61+)\textsuperscript{5}. Victims who are at risk of so-called ‘honour’ based violence or who are living with the perpetrator of abuse are also significantly more likely to experience abuse for extended periods of time. These often overlapping and intersecting issues are creating additional barriers to accessing support at the earliest point.

**Of the older people experiencing domestic abuse who are visible to services, a quarter have lived with abuse for over twenty years.**

Victims over sixty will typically experience domestic abuse for 6.5 years before accessing help, two and a half times longer than the average length of abuse. As our Spotlight on older people and domestic abuse highlights, older people are statistically more likely to suffer health problems, reduced mobility or other disabilities which can increase their vulnerability to harm. Another key barrier for older people is the issue of dependency, as often the perpetrator of abuse can also be the victim’s main carer. Research suggests that the potential for violence within a carer’s relationship increases when the carer is an intimate partner or family member. Victims over sixty are significantly more likely to experience abuse from an intimate partner (40% vs 28% under sixty) or an adult family member (44% vs 6% under sixty).\textsuperscript{6} Collectively, these issues mean that older people are less visible to services and are experiencing abuse for extended periods of time.

**Victims at risk of so-called ‘honour’ based abuse will typically experience abuse for five years before they’re provided with effective help, often living with multiple perpetrators of abuse before accessing help.**

Before accessing support, victims at risk of ‘honour’ based violence and abuse (HBV) will experience domestic abuse for two years longer than those not identified as at risk of HBV (five years vs three years). As our Spotlight on HBV and domestic abuse highlights, victims at risk of HBV are seven times more likely to experience domestic abuse from multiple perpetrators (54% vs 7% not at risk of HBV). More often than not these perpetrators are partners or family members living in the home. Other circumstances commonly found in cases of HBV, such as being dependent on the perpetrator for an immigration visa, financial support and language barriers, can lead to additional risks and diminished opportunities to access help. SafeLives Insights dataset finds that a quarter (23%) of HBV victims had no recourse to public funds and a quarter (26%) required an interpreter.\textsuperscript{7}

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\textsuperscript{4} Currently there is limited data available about the experiences of victim/survivors living in Scotland, our own Scottish dataset is too small to determine significant differences in access to services for hidden victims. In time we expect this to change. As highlighted by our report Whole Lives, work is needed by commissioners in Scotland to design agreements around measurable outcomes that can be shared across agencies and collected by a standardised tool such as Insights, to build both a local and national picture of domestic abuse in Scotland.

\textsuperscript{5} These figures were published as part of our Spotlights on young people and older people

\textsuperscript{6} SafeLives Safe Later Lives: Older people and domestic abuse (2017)

\textsuperscript{7} SafeLives Your Choice: ‘Honour’-based violence, forced marriage and domestic abuse (2017)
Victims living with the perpetrator of abuse will experience abuse for twice as long as those living apart before accessing support.

Too often we ask, “why doesn’t she just leave?” But the reality of domestic abuse is much more complicated than this and there are many reasons why someone may remain in an abusive relationship. SafeLives Insights data reveals that 30% of victims are in an intimate relationship with the perpetrator of abuse at the point of accessing a service, and a further 8% of perpetrators are family members (rather than intimate partners). One in four victims will be living with the perpetrator of abuse. These factors should not be barriers to accessing help, but currently they are. Victims still living with the perpetrator of abuse will experience abuse for six years before getting help. Despite being more likely to experience physical abuse (68% vs 55%) and jealous and controlling behaviour (86% vs 78%), victims cohabiting with the perpetrator of abuse are significantly less likely to report abuse to the police (59% vs 79%). This means that perpetrators in this category are even less visible to the police, criminal justice system or any kind of specialist perpetrator service that would challenge them to change.

“I was looking for ways to help him, not get rid of him”
“He’s part of this but nobody ever talks to him”

Domestic abuse survivor

Less than 1% of perpetrators of abuse currently receive any form of intervention addressing their abusive behaviour. We know that risk increases when an abusive relationship ends, meaning that working with victims of abuse and children before they leave, and holding perpetrators to account while offering opportunities to change, is vital to safety and wellbeing. There are many reasons why a victim of domestic abuse may be living with the perpetrator of abuse. Our analysis shows that this is more likely to be the case for older people, people with a disability, those struggling financially and those at risk of so-called ‘honour’ based violence.

Gaps in our understanding remain. LGBT+ victims of domestic abuse are all but invisible to services.

Some groups of victims remain so hidden to services, that it’s hard to determine a clear view of how long they’re living with abuse before they’re able to access help. This is especially true for those who identify as LGBT (lesbian, gay, bisexual, transgender)+. There is a need for a widely accepted national figure for the size of the LGBT+ population in the UK which would allow for a robust estimate of those experiencing domestic abuse to be determined.

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8 Unpublished survivor consultation, SafeLives 2017 (Beacon workshops)
10 This data is currently unavailable. Research from Public Health England suggests the best estimate is 2.5% - 5.8% with 2.5% being an underestimate and 5.8% being an overestimate. (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf)
Research by Stonewall\textsuperscript{11} suggests that one in four lesbian and bisexual women have experienced domestic abuse in a relationship. Two thirds say the perpetrator was a woman. Almost half of all gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of sixteen.

Our Insights dataset highlights that only 2.5% of victims referred to domestic abuse services identify as LGBT, and they experienced abuse for 2.3 years before accessing support. What we do know about the small group of LGBT victims visible to domestic abuse services, is that they report significantly higher mental health issues (51% vs 38%) and are twice as likely to have planned or attempted suicide (28% vs 15%). LGBT victims of abuse are also significantly more likely to disclose substance misuse issues with both alcohol (17% vs 9%) and drugs (12% vs 6%).

There is very limited research on how many transgender people experience domestic abuse in the UK, and the best studies have small group samples. A report by the Scottish Transgender Alliance\textsuperscript{12} indicates that 80% of transgender people had experienced emotional, sexual, or physical abuse from a partner or ex-partner. Recent research\textsuperscript{13} from Stonewall found that 28% of trans people in a relationship in the last year had experienced domestic abuse from a partner.

The problem of national data about LGBT+ victims of domestic abuse represents a serious gap in research and subsequently provision. If we won’t know who LGBT+ survivors are or what their experiences are, we can’t improve the help they receive.

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 duration of abuse for victims also varies according to how they are referred into 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).](chart.png)

\textsuperscript{11} https://www.stonewall.org.uk/help-advice/criminal-law/domestic-violence
\textsuperscript{12} https://www.scottishtrans.org/
\textsuperscript{13} Stonewall ‘LGBT in Britain – Trans Report’ 2018 https://www.stonewall.org.uk/lgbt-britain-trans-report
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.

We need support for all members of the family, whoever they are, wherever they are and whatever their circumstances.

“We would prefer to be involved in different ways, we are not all the same” 14

Domestic abuse survivor

Domestic abuse is complex, each experience is different from any other and there are many factors that contribute to the length of time victims suffer abuse before they are visible to services. Three to four years is too long to wait, and work is needed to overcome the barriers to accessing services and intervene sooner. This is especially the case for older people, those at risk of ‘honour’ based violence and those who live with the perpetrator of abuse. We don’t know what the situation is for LGBT+ victims and that isn’t good enough either. Support for individuals and families experiencing domestic abuse should be early, consistent and tailored. We must ensure people are safe and that their other needs can be addressed, and we must hold the perpetrator(s) to account.

14 Unpublished survivor survey, SafeLives 2017 (Beacon survivor survey)
Recommendations

• Agencies should work together within local areas to build an integrated referral route and joined up support plan for each family, recognising that a ‘family’ can take many forms, and ensuring intervention at the earliest point and for each family member. The One Front Door Project\textsuperscript{15} being piloted in England and Wales provides a possible model for this.

• Police and Crime Commissioners should fund support services informed by and available to victims’ children and those perpetrating abuse, that meet the risk to/from and needs of each family member, with organisations being enabled to develop tailored and holistic forms of assessment and intervention.

• Domestic abuse agencies should develop and test interventions which focus on the perpetrator of abusive behaviour, including those who remain in their relationship. Drive\textsuperscript{16}, being piloted in England and Wales, and the Engage\textsuperscript{17} programme in Cheshire provide possible models for this, alongside traditional group programmes.

• Police and Crime Commissioners, local safeguarding and adult safeguarding boards should support campaigns to raise awareness and facilitate specialist training to practitioners in a variety of settings (e.g. police, specialist health services, adult social care, community care providers) to ensure earlier identification and effective response.

• Specialist training should be widely and affordably available for practitioners working with clients from ‘hidden’ groups (e.g., older clients, those at risk of HBV, those living with the perpetrator of abuse, those who are LGBT+). Further resources and recommendations for working with these groups can be found here within our Spotlights series.

\textsuperscript{15} http://www.safelives.org.uk/one-front-door
\textsuperscript{16} www.driveproject.org.uk
\textsuperscript{17} www.cheshirewithoutabuse.org.uk/engage