



SafeLives' Evidence to the Pre-Legislative Committee on the Draft Domestic Abuse Bill

April 2019

Introduction

SafeLives is a UK charity dedicated to ending domestic abuse, for everyone and for good. We combine insight from survivors, frontline services and data to support people to become safe, well and rebuild their lives. Since 2005, SafeLives has worked with organisations across the UK to transform the response to domestic abuse.

We hold the largest UK datasets exploring adult and child experiences of accessing frontline domestic abuse services and multi-agency support and are known for high quality innovations in practice. This data and expertise – and close work daily with experts and survivors - informs our response to the draft Domestic Abuse Bill and the proposals contained in the White Paper.

We recognise that the voices of survivors tell the most compelling story of domestic abuse. In preparing for our engagement with the Bill, we created Every Story Matters – an online opportunity for people to tell us in their own words what needs to change. Hundreds of people responded to that call, from those who lived with abuse as children, to those who have managed to leave it behind, to those still experiencing it. Our response to the Committee's call for evidence honours their views.

SafeLives' response to the proposed legislative measures in the draft Bill

- **The statutory definition of domestic abuse, including the proposed gender-neutral approach, and whether there should be any differentiation between different types of abuse;**

Domestic abuse can affect anybody. The evidence shows it is most often experienced by women and the perpetrators are most often men. Men can also be victims and women can also perpetrate domestic abuse. Guidance and commissioning should suitably reflect an independent, rigorous evidence base about the adults – and children - affected.

Many people face additional barriers to getting the support they need – our 'Spotlights' research series shines a light on 'hidden' victims¹. We know many feel unable to report abuse and many aspects of perpetration are poorly understood.

All this needs to change. **We want to end domestic abuse for everyone and for good, operating on the principle that no one is left behind.**

¹. "Free to be Safe" SafeLives 2018, <http://safelives.org.uk/sites/default/files/resources/Free%20to%20be%20safe%20web.pdf>

• The role and powers of the Domestic Abuse Commissioner;

We welcome the introduction of a new DA Commissioner, which we think is one of the most important measures in the Bill.

S/he will need to be well-resourced. Recent government-commissioned research shows that DA costs the exchequer £19bn in actual expenditure (for example on policing, justice and ambulance call outs) and lost income, quite apart from the huge physical and emotional costs which take the figures up to the well-publicised £66bn. Just these actual costs to the exchequer come to £365m a week. The budget proposed for the Commissioner's office is just £1.1m a year. We are concerned that this is insufficient to drive the step up in ambition that is required from all public actors.

We would like the appointment to be full-time and are concerned that the proposed part-time nature of the role is unlikely to be sufficient to deal with a crime that represents a third of all violent crime recorded by the police, affects two million adults a year, and is so clearly linked to other forms of exploitation, abuse, and crime. Almost a quarter of young people exposed to domestic violence are also demonstrating harmful behaviour themselves.²

We also believe the Commissioner will need to draw on an analytical function that is independent of Government, to conduct her work effectively based on sound data and evidence.

• The Domestic Abuse Protection Notice and Domestic Abuse Protection Order;

HMICFRS data shows that fewer than 6,000 DVPOs were granted in the year ending March 2018.³ When set against the two million adults who experience DA each year, it is clear that, of the small proportion of victims who turn to the criminal justice system for support, an even smaller number benefit from existing measures very similar to those being proposed.

Some of the immediate barriers to using the current DVPO include:

- the fee payable to the court by the relevant police force
- the time required of police officers to collect the evidence
- awareness of the availability of these orders amongst victims
- the lack of systemic multi agency work (for example with specialist services, housing and child safeguarding teams) which would allow such measures to be as effective as possible in disrupting perpetrator behaviour and ensuring safety for victim/survivors and children.

If DAPOs are to have more impact than DVPOs/DVPNs, they will need to be accompanied by resourcing and other measures to address these limitations.

We recommend that **lessons are learnt from areas where the use of civil powers is thought to be working better** – for example, parts of West Yorkshire, South Wales and Hampshire. In these locations, police officers attending a call-out are accompanied or very soon followed by an Independent Domestic Violence and Abuse Advisor (Idva) who can provide the best possible support to adult and child victim/survivors, whilst the police take action against the perpetrator.

Our extensive experience across the UK suggests that the **effective use and oversight of enforcement tools is increased by ensuring there is sufficient local perpetrator-focused multi-agency work to provide a coordinated response** which disrupts perpetrators' abuse before another high-risk incident can occur and to monitor their behaviour over time. This is best achieved through a coordinating forum.

We note that the economic impact assessment that accompanies the draft legislation assumes the

² <http://safelives.org.uk/knowledge-hub/spotlights/spotlight-3-young-people-and-domestic-abuse>

³ Office of National Statistics, Domestic Abuse in England and Wales year ending March 2018; Appendix Tables – Table 25. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018>

measures will have certain costs for the prison and courts services. However, **there has been no estimate of the costs to the police in enforcement, training on the new measures and application. We recommend that these costs are also considered, and the police supported with them.**

We support the criminalisation of a breach of a DAPO.

- **The introduction of special measures in cases involving domestic abuse**

We support the consistent use of these measures. The legislation creates an assumption of their use in criminal courts. Some courts will require additional funding to enable them to offer these measures, though many are already compliant. Whilst some of the special measures require infrastructure (screens, different entrances) other measures – such as ensuring that the victim and the defendant leave at different times – do not.

We would like to see special measures available in the family courts too. Where there are little or no resourcing implications, this should happen immediately, and funding provided as soon as possible thereafter for those measures which require additional cost.

- **The measures to prohibit cross-examination in person of alleged victims or perpetrators in the family court;**

These measures are very important – survivors told us this through our Every Story Matters engagement – and we recommend they are improved.

“The perpetrator can tell so many lies but he just has to look at the victim and PTSD will set in and then [your] nervous go and [you] can’t remember everything.” Survivor, Every Story Matters

We would like to see the legislation amended so that the prohibition is linked to the allegations being heard, rather than linked to a prior police/criminal justice record.

The current draft legislation requires there to have been a prior conviction, caution or charge. We know it is common for domestic abuse allegations to come up in the justice system for the first time in the family courts, in which case the test for eligibility for protection from perpetrator cross examination will not have been met.

England and Wales police crime data shows that only 15% of abuse-related offences recorded in the year ending March 2018 England and Wales were heard in court, and only three percent of crimes flagged as domestic abuse had a caution.

Therefore, in the vast majority of cases, this legislation, as currently drafted, will not help. We believe the legislation must be amended to resolve this. It is one of the key concerns of survivors who are involved in court cases.

- **Enabling the National Probation Service to pilot polygraph testing with high risk domestic abuse perpetrators to monitor licence conditions in the community**

We are sceptical that polygraph testing will be a useful tool, though we are open to exploring all measures that put the onus on the perpetrator to change their behaviour and state agencies to monitor that process, rather than on the victim to keep themselves safe. We have long campaigned to change the conversation from ‘why doesn’t she leave?’, to ‘why doesn’t he stop?’.

We seek assurance that any piloting of new measures is under the strictest conditions where these measures are in addition to, rather than instead of, any other security measures required and that they do not give judges, probation services or victims at risk any false sense of security.

- **Whether the measures in the Bill ensure that the UK is compliant with the Istanbul Convention**

There is a significant body of evidence showing that some victims/survivors of domestic abuse face additional barriers to getting the support they need.

Submissions to the Bill consultation by organisations like Imkaan are relevant in identifying these barriers, also the SafeLives' 'SpotLight' series on victims over 60, teens, LGBT+ victim/survivors, disabled victim/survivors, those with insecure housing status, those experiencing 'honour' based abuse and those with mental health concerns.⁴

We support proposals that would ensure that all victims, including women with insecure immigration status, are equally eligible to the protections that this law offers.

- **How the Domestic Violence Disclosure Scheme (Clare's Law) should operate in practice and what statutory changes and alterations in current practice are needed to effect this.**

We support the proposals to enable the Secretary of State to issue guidance to police about the use of Clare's Law. Many police forces are not aware of Clare's Law and how it works. Its use varies significantly from force to force – which may reflect the efforts that some forces have made to promote it.

"Clare's Law/right to ask needs to be out there for people to know about. I never found out [the history of abuse] until after I left." Survivor, SafeLives' Every Story Matters

Pro-active disclosure of information by the police to people at risk through the 'right to know' mechanism involves particular sensitivity. HMICFRS statistics show that almost half of police applications to disclose information do not result in the information being shared.⁵

In some cases, this may be because victims do not wish to hear the information at the particular place and time it is offered. How and where the offer of information is made is crucial to its success; understanding that it will always be more suitable for the state to disclose knowledge to people at risk so they can make safe choices, rather than members of the public having to hunt out that information from one or more agencies proactively.

Given that only 20% of victims report to the police, the police need to be clear that when they have no information on someone, it does not mean that that person does not have a history of abuse.

We recommend that all police forces are trained in Clare's Law, along with any other measures proposed in this legislation.

SafeLives has been delivering the College of Policing's culture change programme, Domestic Abuse Matters, since 2015. To date we have trained one third of all English and Welsh forces and we are currently training a critical mass of officers and staff – 14,000 - for Police Scotland. This programme, commended by HMICFRS, addresses the tools and powers available to the police to tackle domestic abuse, along with a full immersive programme of wider learning and support. It is regularly updated to reflect changes in policy and legislation. **We believe strongly that all forces should adopt this training.**

⁴ <http://safelives.org.uk/knowledge-hub/spotlights>

⁵ Office of National Statistics, Domestic Abuse in England and Wales year ending March 2018; Appendix Tables – Table 25.cc. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018>

SafeLives' response to the non-legislative measures

Introduction to our response

SafeLives' view is that the vast majority of the changes needed to improve responses to domestic abuse and to prevent it do not require legislation.

We urge the Committee to challenge the government to do more on prevention. Policy makers need to stop asking 'why doesn't she leave?' and start asking 'why doesn't he stop?' and there is a clear need for investment in both primary and secondary prevention.

We believe primary prevention will mostly be achieved through social and attitudinal changes, by measures such as public campaigns, innovative use of technology and 'nudge' programmes aimed at those showing the earliest signs of abusive attitudes, along with high quality Relationships and Sex Education (RSE) in schools (a 'whole society' approach). RSE measures are discussed in the prevention section below.

We also believe a 'whole family' approach by local authorities and other agencies – as piloted in our One Front Door project (see the multi-agency section below) – enables those involved in safeguarding to spot risks to adults and children sooner, before harm happens, and take preventive measures, including making sure that abuse within a family doesn't become cyclical.

Secondary prevention requires the early identification of people at risk of causing harm and a coordinated response to perpetrators. We are disappointed not to see any intention to develop a comprehensive perpetrator strategy within the White Paper, nor any response to our call for a cross-Government strategy on boys and men at risk of harming themselves and others. We develop what this could look like in our response to the prevention question below and **we call for a holistic, cross-Government approach which can better recognise the links between perpetration of domestic abuse and other forms of offending behaviour and harm.**

- **What measures are required to ensure there is a sustainable, long-term and secure funding model for specialist domestic abuse services;**

Our research shows that almost all parts of the UK lack the required number of specialist domestic abuse professionals, including those who work with children, teenagers, and perpetrators.

Independent domestic violence advisers, Idvas, can safely work with a maximum of 100 cases a year. **The UK needs to fund an additional 300 Idvas just to support all victims at risk of serious harm or murder.**⁶ 300 additional Idvas would cost £15m (the amount of money the government currently receives annually in VAT from the purchase of sanitary towels and tampons).

Our data shows that the number of visible domestic abuse cases is increasing. At the same time, frontline services are telling us they are struggling to retain and train staff effectively due to the short term nature of funding. This is significantly affecting their ability to work effectively with other agencies and leading to waiting lists for services.⁷ And it weakens the impact of an intervention, reducing the opportunity to make someone sustainably safe and well. The lack of funding is short-sighted. It is costing lives, and costing money.

We will continue to advocate for the additional funding so urgently needed. Domestic abuse cost HMT £19bn in pursuable costs in 2016/7.⁸ An upfront spend of just 10% of this figure, £1.9bn, invested in a truly holistic domestic abuse strategy, to get victims and their families the support they need sooner, address perpetrators and win the culture change we need to end DA, could bring this overall spend down dramatically.

⁶ Based on the numbers of victims appearing at MARAC and numbers of Idvas identified in our practitioner surveys.

⁷ SafeLives (2017), 2017 survey of domestic abuse practitioners.

http://safelives.org.uk/sites/default/files/resources/SafeLives%202017%20survey%20of%20domestic%20abuse%20practitioners-web_0.pdf

⁸ The economic and social costs of Domestic Abuse', 2019, Home Office research report

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772180/horr107.pdf

To give examples, our modelling shows investments in hospital-based Idvas have the potential to save the NHS £16.4m a year⁹. Spending just 15% of the current annual cost of responding to the highest risk perpetrators of domestic abuse – a group we are addressing in partnership with Respect and Social Finance through the Drive programme - would provide a response which addresses their behaviour. Making even a proportional impact on the behaviour of perpetrators of abuse more generally represents a break-even case¹⁰. The ‘spend to save’ argument is clear.

We also believe that budget holders could do far more with the money they do have, for example pooling and coordinating budgets. New opportunities are emerging to coordinate budgets and achieve more through increased devolution to ‘metro mayors’ and other local and regional leads.

Lack of visibility and transparency can mean accountability is weak and opportunities to maximise the money are hard to grasp. Local decision making is welcome, but can also make it difficult to paint a national picture and can mean that there are multiple layers to hold to account.

We will work with any local or national budget holder who wants to better understand what they’re spending, and what impact that is having.

And we hope that the new **Domestic Abuse Commissioner will provide support by holding commissioners to nationally agreed standards and requiring regular reports from them.**

- **Whether the draft Bill offers adequate protection for children in families where there is domestic abuse;**

SafeLives’ 2017 research found that when children start school, on average at least one child in every classroom will have experienced domestic abuse since they were born.¹¹

Survivors told us about the impact of domestic abuse on their children in our Every Story Matters Survey:

‘My children have all been affected by the domestic abuse. Two of my children have had eating issues but not had any help with them. One child became very violent and mimicked the behaviour his dad showed towards me. They have all suffered with anxiety/panic attacks and one has threatened suicide.’

Research also points to the long-term consequences of living with abuse. Adverse childhood experiences (ACEs), such as being exposed to domestic abuse or substance misuse in the home, have been found to have potentially serious consequences for long term health and behavioural outcomes, and a combination of ACEs can increase this risk even further. In a study by Public Health Wales, adults who had experienced four or more ACEs were 14 times more likely to have been a victim of violence over the last 12 months, compared to those who had had none of these experiences.¹²

Apart from requiring the Commissioner to consider children affected by domestic abuse, the Bill could do a lot more for children. **We support the suggestion that the minimum age at which someone could be deemed a victim or perpetrator of domestic abuse could be lowered below 16, with appropriate safeguards to ensure this does not detract from child safeguarding, unduly criminalise children or inadvertently criminalise parents who are also victims.**

We recommend that the Cabinet Office is asked to conduct a review of how this draft legislation links to (and strengthens) existing provisions for the whole family, as provided for in the Children’s Act, Children and Social Work Act, Care Act and Serious Crime Act. All should be scrutinised to check they are congruent and able to reinforce each other’s intentions.

⁹ SafeLives (2016), A Cry for Health,

<http://safelives.org.uk/sites/default/files/resources/Cry%20for%20Health%20full%20report.pdf>

¹⁰ Drive Partnership evidence to Home Office: A fundamental systems change in response to perpetrators of domestic abuse, November 2018, unpublished.

¹¹ SafeLives (2017), Insights national briefing on children living with domestic abuse, p.1.

<http://safelives.org.uk/sites/default/files/resources/Insights%20National%20Dataset%20Briefing%202017%20-%20children.pdf>

¹² Public Health Wales, Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population, p.5.

[http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)

We do not currently support the suggestion of an aggravating offence specific to children, because of the risk that a non-abusive parent could inadvertently be criminalised, but hope that recent updates to sentencing guidelines will achieve the intention of this suggestion.

We recognise that legislation alone will never offer adequate protection for the huge number of children living with domestic abuse at home. SafeLives' view is that fundamental system changes and investments are urgently required at local and national level to ensure children are supported earlier. Too often, children's social care and adult services operate in silos, meaning that serious risks are not spotted and children do not get help soon enough.

Our Insights dataset details victims and survivors who engage with services. The data shows that in a quarter of the cases with children involved that were heard at Marac (Multi Agency Risk Assessment Conferences for victims at high risk of serious harm or murder), the family was new to children's services. In these cases, abuse had been occurring for an average of three years prior to engagement with a service, meaning these children had been living in dangerous, unsettled situations for a prolonged period.¹³

SafeLives has been delivering a 'whole family' approach to abuse - through our One Front Door pilot - in multiple sites across England. This is further explored in the multi-agency working section of this document. The aim has been to support local teams to work in a coordinated way to break down silos and achieve more sustainable outcomes for all family members at risk. This work is based on the principle that all responses should move at the pace of the family member at highest risk – obviating a common situation where an adult is at high risk but their children, with whom their lives are intimately connected, are treated as if the risk to them was low, or vice versa.

We want to end the situation where the adult victim (usually the mother) is treated as though she is responsible for the risk posed by the perpetrator and receives a response centred on changing her behaviour rather than his. Such wrong-footed thinking can erect serious barriers to engagement. **We believe our 'whole family' approach combined with effective training for social workers can provide a much more effective and rounded response by looking at the whole picture.** The need for this training is further described in the response to the training question below.

- **Support for victims of domestic abuse with uncertain immigration status which means they have no recourse to public funds;**

SafeLives 'Spotlights' report on victims of 'honour'-based violence shows that insecure immigration status can leave victims more vulnerable to domestic abuse and less able to seek or find effective help, and these themes recurred in our SpotLights on insecure housing and LGBT+ experiences.¹⁴

SafeLives' National Scrutiny Panel on Domestic Homicide cases involving victims who were BAME found that 'factors such as a lack of knowledge of available services, reluctance to engage with services for cultural reasons or because of lack of trust, language barriers and insecure immigration status.' isolated victims from sources of support.¹⁵

We support the Latin American Women Rights Service's proposals to improve victims' confidence in reporting domestic abuse without fear of immigration related consequences. Immigration enforcement must be kept completely separate from the response to support domestic abuse victim/survivors and their children.

The SafeLives' Insights dataset finds that a quarter (23%) of so-called 'Honour'-Based Violence (HBV) victims accessing frontline services had no recourse to public funds and a fifth (20%) needed to apply for Indefinite Leave to Remain.¹⁶

Women who come to the UK on a spousal or partner visa have leave to enter or remain in the UK for between 24 and 30 months, on what is termed their probationary period, and they must have a sponsor

¹³ SafeLives Insights portal data, Sep 17-Mar 19, unpublished

¹⁴ "Your Choice: 'honour'-based violence, forced marriage and domestic abuse"

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

¹⁵ SafeLives (2017) Guidance for Maracs: Cases involving victims who are black or minority ethnic at Marac [online] Available at: <http://www.safelives.org.uk/sites/default/files/resources/National%20Scrutiny%20Panel%20Guidance%20BME%202017.pdf>

¹⁶ "Your Choice: 'honour'-based violence, forced marriage and domestic abuse" p41-42

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

who is a British Citizen or permanent resident. Immigrants on spousal visas are prevented from claiming most benefits, tax credits or housing assistance within the probationary period set from the point they arrive in the UK. For survivors on a spousal visa, this may mean that their immigration status is tied to their abusive partner or family. Without recourse to public funds, these survivors are unable to access most emergency accommodation (including refuge in most cases), apply for housing benefit or income support, making leaving the abuser even more complicated.

The Destitute Domestic Violence Concession (DDVC) allows women in this situation to apply for indefinite leave to remain, and access benefits while doing so. DDVC can only be accessed by those who have entered the country on a spousal visa, making it inaccessible to those on other forms of visa such as overseas domestic workers. **We support proposals to widen the scope of the DDVC.**

DDVC also only lasts for three months. This can be insufficient given the length of time it can take for new benefit applications to be processed and the time needed to secure legal advice and representation. **We support calls for the DDVC to be extended to six months.**

- **What measures are necessary to enable the prevention of domestic abuse, especially the role of healthcare services in early detection and intervention;**

A comprehensive perpetrator strategy

We would like to have seen the proposed legislative measures come forward as part of a more comprehensive non-legislative perpetrator strategy. **Prevention should be at the heart of the government's plans.** Policy makers need to stop thinking 'why doesn't she leave?' and start asking 'why doesn't he stop?'

Current provision for perpetrators is patchy and unregulated. Less than 1% receive a specialist intervention to change their behaviour¹⁷ and yet 80% of survivors wish their partner or ex-partner had been offered one.¹⁸

We recommend that a multi-agency forum suitable and equipped to coordinate action against perpetrators should be in place in every police force area. This should bring in the local authority, health, substance misuse, housing, probation and others to inform perpetrator responses. These forums should be able to draw on a range of tools to challenge and disrupt abusive behaviour, including the provision of high-quality perpetrator programmes accredited by Respect. We are a long way from this being delivered on a national scale, but with the right leadership and investment (investment that will ultimately save money), we call for this as a mid-term rather than a long-term prospect.

"[perpetrators should] attend a compulsory training programme to look at their behaviour and compare against a 'normal' behavioural response." Survivor, SafeLives' Every Story Matters

At present, anybody can set up a project with perpetrators, so we have no way to ensure practice is safe and effective.

We further recommend:

- **A well-evidenced, accredited national programme of perpetrator provision**, so that perpetrators are held accountable and efforts are made to change their behaviour to protect current and future victims. We propose the creation of a fund to stimulate the commissioning of high-quality services based on a national blueprint of what good perpetrator provision look like. This would help address the key challenges we see to this transformation: a lack of local funding for perpetrator provision, unsafe practice, a lack of breadth of perpetrator provision, and systemic gaps.
- **The national roll-out of Drive – our programme for high-risk perpetrators¹⁹ in partnership with Respect and Social Finance.** University of Bristol findings from two years of delivery are

¹⁷ Respect (2013), Domestic Violence perpetrator interventions Commissioning guidance summary for local commissioners. <http://www.senedd.assembly.wales/documents/s30732/GBV%2090b%20-%20Respect.pdf>.

¹⁸ SafeLives data from Every Story Matters platform, May 2019, unpublished.

¹⁹ Delivered and managed jointly by SafeLives, Respect and Social Finance.

encouraging, indicating not only that Drive makes victims safer, but that the design enables more efficient and impactful multi-agency working.²⁰

- **Ensuring there is a coordinated multi-agency response in every police force area that brings together agencies such as probation, mental health, housing** and others to provide an urgent response to the most dangerous perpetrators. This will be most effectively achieved through a coordinating forum.
- **The development of the first national strategy on men and boys at risk of harming themselves and others**, examining the links between abuse and other experiences, behaviours and offending, such as youth and knife crime, mental health problems and drug-related violence. To truly change harmful behaviour affecting our society, we must look at the whole picture and act at a societal level.
- **A national perpetrator dataset, analysis of insights and best practice.**

Health

We have been surprised that the Department of Health and Social Care has not played a greater role in the preparation of and proposals within the Domestic Abuse White Paper, not least given the calculations that show that **the vast majority of the £66bn cost of DA in 2016/17 was borne in negative physical and mental health outcomes to the victim/survivor.**²¹ These costs are illustrated devastatingly in the responses to our Every Story Matters Survey and we call for much more active engagement by the DHSC:

"I'm still here...just. Last year I nearly took my own life because of the complex problems it has left me with." Survivor

"I no longer feel that I can be a fully functioning member of society... Meeting new people results in anxiety attacks. I have gained 6 stone in weight...and feel like I will never ever be the person that I used to be. I feel alone" Survivor

Of the £5bn direct costs to services, the NHS bears the largest proportion of these – at nearly 50%.²² These figures show that the NHS is spending nearly seven times what the criminal courts are spending on responding to domestic abuse, however its approach seems to be largely reactive.

It is also a consistent finding in Domestic Homicide Reviews that the victim/survivor and perpetrator were in touch with local health services in a way that could have led to a different outcome. A Standing Together Against Domestic Violence report in 2016 refers to a review of 13 Domestic Homicide cases in the West Midlands, where GPs were the only stakeholder group that both victims and perpetrators were 'consistently and actively engaged with'.²³

Despite this, the DHSC proposals account for *just five paragraphs within the 82 pages* of the White Paper (and no legislative proposals) and mostly describe ongoing work. Whilst the ongoing work is important – and we are glad to be involved with some of it - it is mostly in pilot form and we do not see the ambition that is necessary to tackle what is essentially a public health epidemic – in terms of prevalence and cost.

Nearly a quarter (23%) of victim/survivors at highest risk attended A&E multiple times as result of their injuries in the year before they got effective help. In the most extreme cases, victim/survivors reported that they attended A&E 15 times.²⁴

SafeLives has clear, costed proposals around the provision of specialist domestic abuse workers (Idvas) in hospitals to end the revolving door from A&E to abusive home.

²⁰ The University of Bristol - Year 2 Evaluation. Accessible at <http://driveproject.org.uk/year-2-evaluation>

²¹ 'The economic and social costs of Domestic Abuse', 2019, Home Office research report https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772180/horr107.pdf

²² *ibid*

²³ Liz Kelly and Nicola Sharp-Jeffs, DHR Case Analysis, 2016 http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf

²⁴ SafeLives (2015), Getting it Right First Time, p.17.

<http://www.safelives.org.uk/sites/default/files/resources/Getting%20it%20right%20first%20time%20-%20complete%20report.pdf>

“Hospital [Idva] has been helping me and referring me to places. Everything is getting sorted out. I have been waiting years to get help with my depression....” Survivor who was supported in hospital

We have done extensive research into the cost savings of Hospital Idva service provision and calculate that providing a hospital Idva service saves the NHS on average over £1,000 for every patient seen in reduced health service costs. Further detail is available on these calculations in our report, Cry for Health²⁵. SafeLives estimates there are currently only 50 Hospital based Idvas in England and Wales – 264 short of the minimum number needed.²⁶

We want to see a clear commitment from the DHSC to pull whatever commissioning levers are at its disposal to ensure that there are two hospital based Idvas in every hospital, as a significant step forward in saving lives and saving money.

Education

We warmly welcome the new requirement for schools to teach Relationships and Sex Education from September 2020. Survivors tell us that they felt children needed to understand what healthy relationships should look like, and this is a key plank of the proposed curriculum.

“Early education in schools about what healthy relationships look like and what to look out for in an unhealthy, abusive, controlling relationship.” Survivor

“I think it [healthy relationships] definitely needs to be taught in schools – it’s as important as sex education.” Survivor

The proposed curriculum rightly covers a wide range of topics from FGM to the nature of consent and understanding equalities. Delivered well, it could be transformational. Delivered badly, it could be damaging, not least to young people who are already living in abusive homes.

We are concerned that the proposed level of training for teachers to deliver the curriculum – revealed in the government’s economic impact assessment – is inadequate at 1.5 days for a single teacher from each key stage. A key stage could easily have 200 pupils, with each component year requiring a different set of age-appropriate lessons. Training must include how to deal with disclosures, as well as how to deliver the detailed lesson content. It may be that schools choose to bring in local experts to deliver some of the more difficult topics, but they will need the resources to do this. **We urge the government to invest the necessary resources to make a success of this historic opportunity.**

The Children and Social Work Act 2017 makes provision for parents to opt their children out of RSE. This has implications for the prevention of domestic abuse and other forms of VAWG. SafeLives along with many other organisations, is concerned that opt outs are likely to affect the children who are most vulnerable. Understanding how many pupils are opting out and some of their key characteristics (for example, sex, age, and SEN status) will be crucial for evaluating the effectiveness of the new policy.

We - along with other charities including Women’s Aid, Rights of Women and AVA - think the Bill provides a good opportunity to **amend the Children and Social Work Act 2017 to ensure that the Secretary of State for Education is required to publish anonymised annual data about the numbers and characteristics of those opting out of RSE.**

- **Issues raised in relation to the interface between reserved and devolved powers within the United Kingdom;**

We are concerned that victims of domestic abuse in Northern Ireland are being left behind whilst the Assembly does not sit. Scotland’s Domestic Abuse 2018 Act came into force this year and creates a new offence of coercive control – an offence that has applied in England and Wales since the Serious Crime Act 2015. Residents of Northern Ireland are already missing out on this measure. Given the measures contained in this new draft Bill will not apply in Northern Ireland, victims of domestic

²⁵ <http://safelives.org.uk/cry-for-health>

²⁶ SafeLives (2016), A Cry for Health, p.10.
<http://safelives.org.uk/sites/default/files/resources/Cry%20for%20Health%20full%20report.pdf>

abuse also look set to lose out on other important measures such as the prohibition of cross examination of victims by defendants in the family court.

There is data to suggest that women in Northern Ireland at risk of murder or serious harm are not being identified as effectively as they are in other parts of the UK. We hold Marac (Multi Agency Risk Conference) data on behalf of the Home Office. According to this data, we should expect to see 40 cases referred in to Marac per 10,000 adult women in the population. The average across England and Wales is currently 38. In Northern Ireland, the figure for 2018 is just 18 cases²⁷, which is worryingly low. It suggests that women at high risk of murder or serious physical harm are not being spotted and supported.

- **The need for non-legislative measures to support the proposed legislation, in particular, the provision of adequate training for all relevant agencies, and the capacity to ensure multi-agency and multi-departmental co-operation and co-ordination.**

Training

Domestic abuse becomes a criminal justice problem when we don't address it sooner. Only one in five people experiencing partner abuse ever calls the police, and then usually at a moment of crisis, but it impacts every hospital, GP surgery, workplace, school and street.²⁸

While police involvement is slowly rising as a proportion of all cases²⁹ and there remains a need for their training, we also call for further training and resourcing for other frontline services - both voluntary and statutory - on the basis that people must have help where and when they first need it, as well as when they are in crisis. This means coordinating available funding to maximise impact for whole families and communities, and society as a whole, and ensuring an effective distributed model in which every individual and organisation plays their part.

Training for police

Police recorded crime data 3% of all violent crimes.³⁰ Yet, HMICFRS reports show there is still much to do in supporting police to deliver a best practice response to this challenge, a response that can ultimately save lives.

"My police officer didn't just believe me, he understood me and what my ex-partner was doing to me. He made promises and kept them, he updated me without fail and I felt supported through every stage of the process." Survivor

SafeLives has been delivering Domestic Abuse Matters under license from the College of Policing since 2015, after one of our team (an ex police officer and also a survivor) was seconded to the College and wrote the programme. We have also made complementary improvements and additions to the programme as we have seen and acted on feedback.

To date we have delivered/are delivering the course to fourteen police forces in England and Wales and we are on track to deliver it to 14,000 officers and staff in Police Scotland, funded by the Scottish government. Evaluations have indicated an important positive impact. ³¹ An Inspector who completed the Surrey DA Matters programme told us:

²⁷ SafeLives Marac data, January to December 2018, unpublished.

²⁸ Office for National Statistics, Domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2018; appendix table 1.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusefindingsfromthecrimesurveyforenglandandwales/yearendingmarch2018>

²⁹

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018#domestic-abuse-recorded-by-the-police>

³⁰ The Office of National Statistics, The nature of violent Crime in England and Wales: year ending March 2018.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/thenatureofviolentcrimeinenglandandwales/yearendingmarch2018>

³¹ SafeLives (2018), Domestic Abuse Matters: Police responders and champions training six month follow up.

http://safelives.org.uk/sites/default/files/resources/DA_Matters_6_month_report.pdf

*"If we had had this training a few years earlier we undoubtedly would have saved lives and prevented DA homicides."*³²

The Domestic Abuse White Paper says that the government is working with the College of Policing and the National Police Lead to ensure that DA Matters or an equivalent is rolled out across all forces.³³ We welcome this aspiration but have not yet seen any funded plans for delivery on that scale.

The majority of forces we have worked with to date have sourced their own funds to deliver the training from police training budgets, PCC budgets and Community Safety budgets. However, for every force we have trained, another force has approached us for training but not felt able to go ahead, because of their lack of funds or concerns regarding extraction of the required officers/staff from the frontline.

Government support for forces who wish to invest in training is needed to ensure there is minimal postcode lottery for victims. Every victim/survivor should be able to expect that an officer or call handler responding to their call for help has a basic understanding of the dynamics of domestic abuse and the specialist tools at the disposal of the police and linked agencies – whether Clare's Law, or the new provisions in this Bill.

Training for children's social care

Divisions between agencies at local level, and a lack of understanding about the dynamics of domestic abuse, are putting both adults and children at risk. Too often, adult victims tell us that they are being blamed for the risks posed by the perpetrators to their children. Perpetrators use the fear of children being taken into care to discourage victim/survivors from engaging with services. Our Every Story Matters engagement work shows that the fear of social services is very real for some people.

"I personally felt invaded and insulted by social services from the time they came on the scene, they proved no better than my ex-husband with their bullying behaviour and dictating, they were extremely invasive, I was already in a highly volatile situation, they had no understanding of the husband and his capabilities." Survivor, SafeLives Every Story Matters

"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, Every Story Matters

SafeLives is piloting training in West Sussex, Norfolk and Suffolk - funded by the Home Office - for children's social care providers, to help frontline workers better understand the dynamics of domestic abuse, strategies for keeping both abused parent and child safe, and ways to challenge those using abuse in the family home. The training also looks at simple changes in practice such as how criminal justice and family court outcomes might be improved through a more considered tone to record keeping.

Encouraging social workers to explore, however briefly, the barriers to engagement and to record for example that clients 'did not feel it was safe to engage' rather than that they 'refuse to engage' can make a vital difference to decisions later in the chain of events, whether internal in social services or in court.

We calculate that just £5m would allow for a critical mass of all frontline responders in children's social care in England and Wales to receive this programme. We expect that this training programme, alongside work to break down the siloed systems of children and adults services (as piloted in our One Front Door sites), and work to put a multi-agency focus on behaviour change of the perpetrator, will keep children safer and have long term cost benefits, as abusive homes are identified earlier and fewer children are taken into care.

³² <http://www.safelives.org.uk/training/police/feedback-and-testimonials>

³³ Page 50 of the White Paper.

Training for the family courts

Survivors tell us that the family court process is re-traumatising. Some of the measures proposed in the Bill will address this, but to truly transform this experience, we want to see those measures alongside effective training for court staff.

In the White Paper, the government recognises that “there is much more we can do to support victims through the criminal justice system process, and we want to improve the way we deliver our services to court users”.

We are glad to be talking to CAFCASS about how they can better support victims of domestic abuse and their children and **recommend OFSTED takes a keen interest in this area, agreeing benchmarks for improvements, as CAFCASS’s inspector.**

Multi-agency and multi-departmental cooperation

Siloed working at a Whitehall, devolved administration, regional and local level is costing money and lives. Costs are immediate and long lasting – from repeated police visits because of undetected domestic abuse through to poor educational outcomes for children who are affected by this and multiple linked issues.

Early intervention, driven by better understanding by agencies of the ‘whole picture’ in any given case, has upfront costs but will ultimately save money. A better collective awareness of the multiple needs of an individual person and how those interrelate with the needs of other family members will deliver greater benefits to that person, their family and to wider society.

The value of cross-sector working is well-known, yet culture and therefore practice is slow to change, with agencies still adhering too rigidly to individual thresholds, indicator sets and ‘usual’ pace of delivery.

SafeLives is coming to the end of our One Front Door pilot project to work with local authorities to break down siloed working and identify and respond to domestic abuse earlier. The results of the pilot point to:

1. **The need for guidance for local authorities and multi-agency partners.** Effective guidance would focus on the development and dissemination of best practice principles for working, with real world examples illustrating the benefits of change and risks of a siloed approach. It would be operational rather than strategic in nature and **might usefully be developed through the secondment of a voluntary sector specialist practitioner into Cabinet Office (recognising the significant need for cross-government coordination) for twelve months.** In due course, an accreditation process could also provide recognition and incentive for effective working.
2. **The need for investment in better data capture. We recommend the government supports the development of common data capture on a whole family, whole picture basis, in all parts of the UK or England and Wales, depending on dataset.** This would facilitate far more effective benchmarking and accountability mechanisms for family interventions, with a joint analytical capability connected to local and national interests. It would draw on available datasets at national level – such as the data sets featured in the Indices of Deprivation on crime, unemployment etc - as well as local area data, and would be hugely beneficial for those with a role in achieving accountability, for example the inspectorates and Victim’s, Children’s and DVA Commissioners.
3. **The principle that all responses *should move at the pace of the family member at highest risk* – obviating a common situation where an adult is at high risk but their children, with whom their lives are intimately connected, are treated as if the risk to them was low, or vice versa. We would like to explore whether **this principle could be incorporated in common form into the statutory duties, frameworks and guidance of relevant agencies, and what the implications of that might be on frontline practice.****

We also **strongly recommend that a programme of coordinated and standardised joint work be devised with the key inspectorates whose work covers issues of family concern - HMIP, HMICFRS, CQC, Ofsted.** This is vital in reducing hard boundaries between organisations. We note the success and impact of Joint Targeted Area Inspections and their encouragement of a whole family approach.

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