



SafeLives briefing on health-based Idvas Health and Care Bill: October 2021

Recommendation

SafeLives recommends the Health and Care Bill enshrines in law the NHS England 2019 Commitment to make health-based Idvas (Independent domestic violence advisors) integral to every NHS Trust Domestic Violence and Abuse Action Plan.

In the Draft Domestic Abuse Bill (July 2019), Paragraph 167 noted that *“From April 2020, NHS England are planning for Independent Domestic Violence Advisors (IDVAs) to be integral to every NHS Trust Domestic Violence and Abuse Action Plan, as part of the NHS Standard Contract.”*

That commitment has yet to be achieved, and the wording was later removed from the Domestic Abuse Act.

We strongly recommend that the commitment to health Idvas be reaffirmed and included in the Health and Care Bill to ensure that more victims of domestic abuse can access support earlier, vital opportunities to identify risk and intervene aren't missed, and NHS staff feel supported to enquire about domestic abuse and refer patients on to the specialist support they need. We know health settings are one of the first places people are likely to disclose domestic abuse, and there is a strong evidence base showing Idvas have a cost-effective positive impact on victims and survivors.

Our research has found that health-based Idvas:

- Support vulnerable victims including those who have mental health needs, or are pregnant;
- Support victims who face barriers in getting help, such as older or LGBT+ victims of domestic abuse;
- Have access to victims during a key 'window of opportunity';
- Can help health services to meet their domestic abuse obligations;
- Can help to reduce future health costs;
- Can provide support to NHS staff experiencing abuse.

About SafeLives

SafeLives is the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

We work with organisations across the UK to transform the response to domestic abuse. We want what you would want for your best friend. We listen to survivors, putting their voices at the heart of our thinking. We look at the whole picture for each individual and family to get the right help at the right time to make families everywhere safe and well. And we challenge perpetrators to change, asking 'why doesn't he stop?' rather than 'why doesn't she leave?' This applies whatever the gender of the victim or perpetrator and whatever the nature of their relationship.

Together we can end domestic abuse. Forever. For everyone.

Background and Evidence

According to the Crime Survey for England and Wales year ending March 2020, an estimated 2.3 million adults aged 16 to 74 experienced domestic abuse in the last year.¹

We know **only one in five victims of domestic abuse calls the police**, but the Office for National Statistics estimates **33.1% per cent of those who experience partner abuse went on to receive medical attention following the abuse.**^{2,3}

¹ ONS (2020), *Domestic abuse prevalence and trends, England and Wales: year ending March 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2020>

That is why it is vitally important to ensure there are multiple access points outside of criminal justice settings for victims to disclose their abuse and get the support they need. We also know that **health settings encourage higher rates of disclosure including from groups who face additional barriers** to getting support, such as people from Black, Asian and racially minoritised groups, disabled people, older people or LGBT+ people.

Domestic abuse has a devastating effect on the health and wellbeing of victims and families, and costs society £66 billion per year – of which **more than £2 billion is borne by health services**.⁴ According to Home Office estimates, domestic abuse costs health services on average £1,200 per victim.

A ‘whole-health approach’ is one where professionals in all health settings recognise domestic violence and abuse as a public health issue which is part of their core business and they all share a responsibility to provide an appropriate and effective response to domestic violence and abuse.

Independent domestic violence advisors (Idvas) are specialist professionals who work with victims of domestic abuse to develop a trusting relationship, helping them with everything they need to become safe and rebuild their life.

The role of the health-based Idva is to:

- To provide immediate support and advice to victims of domestic abuse within health settings;
- To link adult victims and their families to longer-term community-based support;
- To provide healthcare professionals with expert training so that they have the confidence to ask about domestic abuse and can refer patients who disclose domestic abuse to specialist support.

In the Draft Domestic Abuse Bill (July 2019), Paragraph 167 noted that “From April 2020, NHS England are planning for Independent Domestic Violence Advisors (IDVAs) to be integral to every NHS Trust Domestic Violence and Abuse Action Plan, as part of the NHS Standard Contract.”

This commitment has yet to be achieved and must be included in the Health and Care Bill to ensure that victims of domestic abuse have access to the support they need.

According to our research report, *Cry for Health*, which provides evidence from more than 4,000 victims of domestic abuse supported in hospital and community settings, we are missing crucial opportunities to identify and support victims of domestic abuse. Co-locating Idvas health settings can address this and ensure that we identify risk and intervene earlier in victims’ experiences of domestic abuse.

Nine out of ten victims of domestic abuse reported improvements in their safety following an intervention by a hospital Idva.⁵

Our data shows that in the year before they got effective help, **nearly a quarter of victims at the highest risk of serious harm or murder (23%) and one in ten victims assessed at medium-risk of harm went to an accident and emergency department because of their injuries**. In the most extreme case, one victim reported that they attended A&E 15 times during that one year, each attendance representing a missed opportunity to help them get safe and rebuild their life.⁶

Supporting vulnerable victims

- Compared with local domestic abuse services, **hospital-based Idvas were more likely to engage victims who disclosed high levels of complex or multiple needs related to mental health** (57% hospital clients vs 35% community clients), **drugs** (11% vs. 5%) and **alcohol** (18% vs 8%).

² ONS (2018), *Domestic abuse in England and Wales: year ending March 2018: Domestic Abuse Recorded by the Police*. Available at:

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

³ ONS (2019), *Partner abuse in detail – Appendix tables*. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/partnerabuseindetailappendixtables>

⁴ Home Office (2017), *The economic and social costs of domestic abuse*. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918897/horr107.pdf

⁵ SafeLives (2016), *A Cry for Health: Why we must invest in domestic abuse services in hospitals*. Available at:

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

⁶ SafeLives (2015), *Getting it right first time*. Available at:

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

- As might be expected because of their location, hospital Idvas were **more likely to engage victims who were pregnant**.
- Hospital clients were also **more likely to have been suicidal or to have self-harmed**, and many were referred to the Idva after taking an overdose linked to the abuse they were facing.

Supporting victims who face barriers in getting help

- Hospital-based Idvas were **more likely to support older victims of domestic abuse** (those aged 55+) compared with community based Idvas (10% vs 7%), victims from higher incomes £36,400+ (9% vs 5%), and victims who were still in a relationship with the perpetrator (53% vs 31%).
- Victims of domestic abuse engaging with hospital-based Idvas seemed to be accessing effective support at an earlier point – **hospital Idva clients had experienced abuse for an average of 6 months less** than victims engaged with a local service.

There is a golden window of opportunity to help victims

There are a number of reasons why hospital Idvas may be reporting earlier engagement with a different profile of victim compared with local services:

- The ‘crisis’ element of the victims’ situation may make the root cause harder to hide, and the drive to change stronger.
- The disclosure of complex needs, vulnerabilities and unrecognised abuse in the hospital victim population may be higher than the victim population accessing local services because victims are attending hospital primarily for urgent health issues which may or may not be related to the domestic abuse experienced.
- Victims may be more likely to disclose domestic abuse because of the setting: it is considered to be a **more benign, confidential, and caring environment**, free of the potential onward implications of involvement with criminal justice or other statutory services, particularly in relation to children.

Hospital- based Idvas can help health services to meet their domestic abuse obligations

- Health professionals told us that being able to refer patients to the hospital Idva made it **more likely that they would ask patients about domestic abuse in line with NICE recommendations**.
- They also had greater confidence that identification would result in a meaningful outcome for the victim.

Hospital-based Idvas could help to reduce future health costs

- Our Cry for Health analysis identified that there could be a **net positive impact on health services’ budgets** once victims have accessed the hospital Idva service.
- Before accessing the Idva service, hospital victims cost on average £4,500 each year in their use of hospital, community and mental health services, whereas community Idva victims cost £1,066 per year for the same services.
- The net positive impact of Idva services was, on average, £2,050 per victim, per annum.

Health-based Idvas can provide support to NHS staff experiencing abuse

- Idvas in hospitals will often help with staff disclosures of domestic abuse, and staff are often an Idva’s first referrals when a new service is established.
- Based on prevalence data from the Crime Survey for England and Wales, we estimate **approximately 76,000 women and 11,000 men working for the NHS experienced domestic abuse in the past year alone**.⁷

For more information, please contact:

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⁷ In June 2021, there were approximately 1,350,000 people working for the NHS in England.⁷ The gender split of the NHS workforce is 77% women and 23% men, resulting in approximately 1,039,500 female employees and 310,500 male employees. CSEW data found 7.3% of women and 3.6% of men experienced domestic abuse in the past year.

- ONS (2020), *Domestic abuse prevalence and victim characteristics – Appendix tables*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>
- NHS Digital (2021), *NHS Workforce Statistics – June 2021*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/june-2021>
- NHS Digital (2019), *NHS Hospital and Community Health Services (HCHS) staff by nationality group, gender and staff group, in NHS Trusts and CCGs in England, as at 30 September each year, 2013 to 2018, headcount*. Available at: <https://digital.nhs.uk/data-and-information/find-data-and-publications/supplementary-information/2019-supplementary-information-files/international-womens-day---women-in-the-nhs-workforce>