



SafeLives’ response to the Violence Against Women and Girls Strategy call for evidence 2021

1. Executive Summary

At SafeLives, we believe the below framework sets out the comprehensive and enduring, whole-picture approach which needs to be in place in order to end domestic abuse for good. It is a model which ensures the response to domestic abuse, and to other forms of violence against women and girls (VAWG), stretches across society, communities, and the entire family to, ultimately, see and appropriately respond to the whole person.

In this response, we have looked at a range of groups with certain protected characteristics, and the particular needs of some victims and survivors, and perpetrators. We have done so to recognise the variety of barriers which might stand in the way of somebody disclosing their experience of or use of abusive behaviours and their ability to seek and access support. However, as we have made clear below, no one is just one element of their identity at any one time, and individuals may be a member of several different groups and communities based on their background, experiences, or identity. This is why we must see the whole person, and provide joined-up, multi-agency responses, instead of addressing an individual as a series of disparate issues.

Throughout this response, our answers have centred on the experiences and voices of those who have experienced or used domestic abuse, and the practitioners and agencies who respond to their needs. Domestic abuse is a point on the VAWG continuum and does not occur within a vacuum: perpetrators of domestic abuse are likely to use other harmful behaviours which disproportionately impact women and girls. Similarly, many survivors of domestic abuse have also experienced other forms of VAWG and will experience VAWG through the lens of their experiences of domestic abuse.

We strongly believe there is no ‘them and us’ with regards to VAWG and to domestic abuse. It effects our whole society and every community, and it is crucial that the response responds to it in such a way.

	Whole Person Seeing and responding to the whole person, not addressing a series of issues	Whole Family Adult victims, survivors, those who harm, individuals connected to the victim/perpetrator including extended family	Whole Community All communities of geography, identity and online spaces	Whole Society The general public and those who influence them: the media, politicians, employers, key opinion formers and commentators
1. Act before someone harms or is harmed	People are treated as just that – people, and not issues. The complexity of domestic abuse and links to other adverse experiences are understood. ¹	Protective factors are put in place for those at risk of abusing or being abused – people and services sufficiently understand domestic abuse and what makes it more or less likely to happen.	Communities of geography, identity and online spaces are equipped to identify and act on early risk factors and warning signs of abusive situations. ²	Gender stereotypes are challenged and deconstructed – particularly those of masculinity – supporting boys and men to break these norms. Societal shifts see a reduction in the motivation and opportunity for different

¹ Such as child abuse, child sexual abuse, child sexual exploitation, sexual violence, trauma, mental ill health, substance use, or economic disadvantage

² Individuals might form an identifiable community; we work on the basis that within that community will also be a range of views, backgrounds and experiences.

			types of power to be abused.
2. Identify and stop harmful behaviours	Harmful behaviour is addressed by proactively identifying <i>all</i> motivating factors and consequences, such as other violence, abuse and criminality	Individuals who abuse any family member are appropriately assessed for the risk they pose to <i>all</i> family members – and themselves.	Community members know they are more than passive bystanders – there is low tolerance and high urgency about identifying and holding to account those who abuse.
3. Increase safety for those at risk	The protection offered to people means proactively checking that all risks posed have been addressed, not just the initial presenting issue	The safety and wellbeing of all non-abusive family members – physical, mental and emotional – is defended from those who pose a risk to them.	Communities of geography, identity, online spaces and employers/ businesses understand the risks posed by those who abuse and their role in protecting the safety and wellbeing of those at risk.
4. Support people to live the lives they want after harm occurs	People are responded to as people, not an issue or series of issues. Both crisis and longer-term responses to people who have experienced abuse are sensitive to their possible vulnerability to future adverse experiences	When an immediate experience of abuse is over, all family members' safety and wellbeing – physical, mental and emotional – are (re)built. People are supported to live the lives they want, drawing strength from each other.	People who speak about their experience of abuse are believed. Communities and society validate their experience and support their process of creating safety, wellbeing and resilience so they can live the lives they want. The voices, strengths and needs of survivors are paramount, and survivors draw further strength from one another.

2. Introduction

2.1 Who we are

We are SafeLives, 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.

Last year alone, nearly 11,000 professionals working on the frontline received our training. Over 70,000 adults at risk of serious harm or murder and more than 85,000 children received support through dedicated multi-agency support designed by us and delivered with partners. In the last five years, 2,000 perpetrators have been challenged and supported to change by interventions we created with partners, and that's just the start.

We believe that domestic abuse can be stopped. Stopped before it starts. Stopped before it ruins lives. Every year, over two million adults in the UK experience domestic abuse, and many more children. Not one of them should have to wait until they're in crisis before they receive attention and support.

In the last 15 years, we have worked with thousands of frontline services, partners and survivors who are relentless in their efforts to tackle domestic abuse. Survivors tell us that we need to stop abuse happening in the first place, that children remain hidden from support, that services do not feel inclusive and that perpetrators remain invisible from the solution, despite being the cause of the problem. We also know that family and friends remain the trusted network for most people, and yet people do not know what to do or say when they are worried about a loved one, neighbour, employee, or colleague.

2.2 Domestic abuse as the focus of our response to the consultation

We welcome the chance to respond to questions surrounding the themes as set out below. Given our expertise, our answers centre on domestic abuse, incorporating the views and experiences of our Pioneers (survivors of domestic abuse who work closely with us), and of our staff who responded to an internal survey on violence against women and girls (VAWG). We consulted with them because we strongly believe there is no 'them and us'; dividing the population into survivors on one hand and everyone else on the other underrepresents the scale of VAWG.

Domestic abuse is a point on the continuum of VAWG, and does not occur within a vacuum. Perpetrators of domestic abuse are also likely to be perpetrators of other forms of violence against

women. Survivors of domestic abuse are likely to have experienced other forms of VAWG - and will often experience other forms of VAWG through the lens of their experiences of domestic abuse.

We want to see the Violence Against Woman and Girls (VAWG) Strategy 2021-24 and the Domestic Abuse Strategy not only make more people safe but also reduce the number of people who experience abuse in the first place – putting prevention and early intervention at their heart. The Strategies must look at the crucial role that we all have to play in understanding and tackling VAWG, bringing together leaders in the state, employers, our media and civic society to be standard bearers for a shift in culture and attitudes.

As a reflection of the need for cross-societal approaches to VAWG, it is important for the Government to ensure the VAWG Strategy is truly cross-departmental and clearly linked to other Government strategies, within and beyond the Home Office. In particular the Serious Violence Strategy and plans for a new duty on multi-agency bodies, The Tackling Child Sexual Abuse Strategy, the Victims' Funding Strategy and planned Victim's Bill, the new Shared Outcomes Funds, Troubled Families, the NHS' Five Year Forward View, the Online Harms Bill and new Sentencing Bill, as well as many others, all have roles to play in ending VAWG.

2.3 Understanding risk, in order to tailor responses

The origins of our organisation fifteen years ago were centred on increasing safety for the primary adult victim, initially provided via an Independent domestic violence advisor (Idva) and the Multi-agency Risk Assessment Conference (Marac) for victims at the highest risk of serious harm or murder.

Our whole family picture below represents this with Lexi, Jessica, Emma and Paige. Each of these four real women (names changed) was at high risk of serious harm or murder, from Oliver and Charlie.³ Each woman accessed support from an Idva – a highly skilled professional – who walked alongside her to understand her specific situation and acted as a determined advocate on her behalf.

Each woman's situation was then addressed by a Marac, where her Idva worked with other agencies to create a safety plan to meet the needs of her and her children. All four women were supported to become safe.

In 2019/2020, these two vital processes, the Idva (in Scotland an Idaa – Independent Domestic Abuse Advocate) and the Marac, led to coordinated safety planning for over 70,000 adult victims of abuse and more than 85,000 children. 94.7 per cent of the adult victims supported were women.⁴ There are now nearly 300 Maracs operating across the UK, hearing nearly 110,000 cases each year which have seen a 26 per cent increase in the cases per 10,000 adult female population in 2020 compared to 2016.⁵

Every single adult and child at risk from abuse needs an effective, empathetic response that is tailored to their particular circumstances. The response must help them become safe and well in the long-term, and must operate in a way that is right for them.

This means ensuring the effective assessment of risk (by trained professionals) for each individual, in each individual circumstance, and tailoring safe responses to meet their needs in line with that risk. It means that someone can talk about their own specific circumstances and receive an individually tailored response.

2.4 The Whole Picture

³ Names have been changed to protect the identities of the victims, perpetrators and their families and associates.

⁴ SafeLives (2020), *Marac National Dataset 2019/20*. Available at: <https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

⁵ SafeLives (2020), *Marac cases – Five year trend*. Available at: <https://safelives.org.uk/sites/default/files/resources/Marac%20cases%20%E2%80%93%20Five%20year%20trend%20Analysis%20to%20September%202020.pdf>

experiences people have had and are having, inside and outside the home. This might include a range of adverse experiences: from a history of parental control or violence, to mental health concerns, disability or deafness, racism, homophobia, poverty, and/or violence witnessed or experienced in the streets. Unless we treat a person as whole, addressing together their experiences and characteristics, we fail to provide resolutions which will help them be sustainably safe and well.

Individuals do not exist in a vacuum. In Figure 1 above, the inseparability of different family members' experiences is very clear. What happens to a mother, happens to her children. What happens to children is linked to the lives of their grandparents, aunts, and uncles, as well as their parents and the peers they may share it with.

We would like to see the Home Office put forward VAWG and Domestic Abuse Strategies which fully recognise the integrated nature of families' lives, and responses which fully address the needs of all family members in order for all members to be safe and well.

We also believe there is a role for communities of both geography and identity, from the contextual safeguarding approach of Carlene Firmin, to the powerful networks which exist between people who share one or more aspects of identity, particularly when that identity has historically been discriminated against.

Finally, we hope to see VAWG and Domestic Abuse Strategies which develop the role of all of us as friends, family members, citizens, neighbours, colleagues, employers, and volunteers. The strategies must recognise that, in order to end domestic abuse and VAWG, we need everyone to play their part and be equipped to respond as well as they possibly can.

2.5 The foundations of the strategic response

In focus groups for this submission, survivors repeatedly raised the wish that they could turn the concept of "violence against women and girls" on its head, to instead focus on the perpetrators of the violence. Several stated that the focus on the women and girls felt like a tacit acceptance that the violence will occur and thus need to be responded to, rather than an addressing of the harmful and violent attitudes and behaviours of, usually, men and boys.

As one of our Pioneers told us: *"the VAWG that is visible and identified as such (including DA and [sexual assault]) is like the harvest of plants - we have to look at the soil that grew them, and the seeds that are planted, and change these if we want the flowers and fruit to be less toxic. We cannot just talk about what to do with the end result."*

Furthermore, when we asked men and boys about their expectations, attitudes and behaviours in relationships in our Men and Boys Voices project⁷, many said no one had ever asked them about these issues before.

Current approaches singularly fail to involve boys and men in an issue which largely emanates from them. We don't talk to them about it, we don't ask them about it, and we don't set ambitions about their role in ending domestic abuse and VAWG as a stain on our society. Almost a third of those who engaged with our Men and Boys Project said they had done something they regretted in a relationship. But almost none felt that there was any risk of sanction or even disapproval for this action.

As the Home Office writes its call for evidence, there is a crucial opportunity to change this: to address head on why some boys and men use control, violence and abuse as coping strategies and/or expressions of thwarted masculinity, against girls and women, and against one other, both inside and outside the home. These further manifestations of violence – including crime which specifically affects young people - should be treated as intrinsically linked.

In line with the joint principles developed by a collection of organisations across the VAWG and domestic abuse sector, and published by EVAW, Imkaan and Women's Aid Federation of England, we also recommend that the new VAWG and Domestic Abuse Strategies:

1. Uphold the established international and human rights-based definitions of VAWG, and delivers a comprehensive and integrated approach to tackling all forms of VAWG – including domestic abuse;

⁷ SafeLives. <https://safelives.org.uk/voices-men-and-boys> [Accessed 19/02/2021]

2. Deliver the ratification of the Istanbul Convention, and ensures this gold standard framework for addressing violence against women underpins both Strategies in their entirety;
3. Embed the specialist 'by-and-for' sector's understanding of intersectionality to meet the needs of all women and girls, and the intersecting forms of oppression which they face;
4. Ensure the collection of comprehensive, comparable and disaggregated data on VAWG across government – at a minimum data must always be collected on the protected characteristics and immigration status for both victim and perpetrator and their relationship.⁸

3. Scope, scale and prevalence

Domestic abuse is endemic in the UK. Each year, more than 2.3 million people aged 16-74 experience some form of domestic abuse in England and Wales. That is why we believe it should be seen as a public health emergency, approached with the same seriousness that is accorded to other public health harms.

It is also a gendered crime: in the last year, 1.6 million women aged 16-74 (7.3 per cent of the population) experienced domestic abuse, in comparison with 757,000 men in the same age bracket (3.6 per cent of the population). An estimated 5.9 million women or more than one in four (27.6 per cent) have experienced domestic abuse at some point since the age of 16.⁹

The majority of victims in domestic-abuse-related prosecutions are female. In the year ending March 2020, 82 per cent of victims were women compared with 18 per cent who were men (when the 7 per cent of prosecutions in which the sex of the victim was not recorded is excluded). In contrast, the majority of defendants in such prosecutions are men: last year, 91.8 per cent of defendants were men; women accounted for 8.1 per cent of defendants; and the victim's sex was unknown or missing in 0.1 per cent of cases.¹⁰

In addition, 94.7 per cent of cases discussed at Marac are female victims.¹¹ Furthermore, research shows that "coercive controlling abuse is highly gendered, with women overwhelmingly the victims."¹²

Women are also at an increased risk of domestic homicide. Two women a week are murdered by a partner or ex-partner in England and Wales. Between April 2016 and March 2019, 40.9 per cent of all murders of women aged 16 or over in England and Wales were committed by the victim's partner or ex-partner. In comparison, 2.9 per cent of men over the age of 16 who were murdered in that time frame were killed by a partner or ex-partner.¹³

Below we have considered a series of groups based on a range of protected characteristics. Being part of these groups can increase the barriers to disclosure and support faced by victims and survivors. However, it is important to recognise that one person can present as part of a number of these groups, and their experience of VAWG and of domestic abuse cannot be separated out on the basis of different elements of their identity. Ultimately, abuse is abuse, regardless of a person's age, race or ethnicity, religion, sexual orientation, gender identity or whether or not they are deaf or disabled.

Similarly, people within each group can be responsible for abusive behaviours, and elements of their identity may affect how effective a range of responses are. Elements of the perpetrator's identity can, at times, present a further barrier to victims coming forward: for example, not wanting to damage the

⁸ EVAW et al. (2021), *Joint Principles for the VAWG Strategy 2021-2024*. Available at:

<https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Joint-Principles-for-the-VAWG-Strategy-2021-2024-1.pdf>

⁹ Office for National Statistics (2020), *Domestic abuse in England and Wales overview: November 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020>

¹⁰ Office for National Statistics (2020), *Domestic abuse in England and Wales overview: November 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020>

¹¹ SafeLives (2020), Marac National Dataset 2019/20. Available at: <https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

¹² Myhill, A (2015), *Measuring Coercive Control: What Can We Learn From National Population Surveys?* Available at: https://journals.sagepub.com/doi/10.1177/1077801214568032?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed

¹³ Office for National Statistics (2020), *Domestic abuse in England and Wales overview: November 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020>

reputation of a certain community, or fearing the perpetrator will be treated unfairly in certain systems due to their belonging to that community.

3.1 Children and Young People

Young people are disproportionately affected by domestic abuse, both through being directly subject to abuse in their intimate relationships, and through experiencing abuse in their household. According to the Crime Survey for England and Wales, 14 per cent of women aged 16 to 19 reported experiencing some form of domestic abuse in the last year, as did 5.3 per cent of men in the same age group. For women, this is 40 per cent higher than the next age group (20-24).¹⁴

Between October 2017 and September 2018, 1.5 per cent of cases discussed at a Marac involved a victim aged 16-17. This is low compared to the population of 16- to 17-year-olds, despite young people aged 16-24 experiencing abuse at the highest rates, suggesting that young people are a 'hidden' group of victims when it comes to accessing services and support. The data currently captured is also obscuring the experiences of teenagers below the age of 16. Many 13- to 15-year-olds will be in intense intimate relationships, but these are currently treated as out of scope for domestic abuse responses and are, instead, treated as a safeguarding concern which can lead to inappropriate and unsuitable responses - if any are offered at all.

Moreover, the Children's Commissioner 'Childhood vulnerability in England 2019' report estimates that some 831,000 children in England are living in households that report domestic abuse.¹⁵ As many as one in five children and young people are exposed to domestic abuse during their childhood.¹⁶ Quarterly data from Maracs across the UK shows a consistent rate of 13 children for every ten cases discussed; between October 2018 and September 2019, we estimate that more than 85,000 individual children were associated with Marac cases.¹⁷

Young people are experiencing high rates of sexual violence too - our Insights dataset on sexual violence services shows that 21 per cent of service users were under the age of 18, representing the second most popular age group.¹⁸ 18- to 20-year-olds represented 13 per cent of clients, meaning those aged 20 or under made up one third of services users (34 per cent).¹⁹

Regarding children and young people's experiences of abuse in their own intimate relationships, we know from our recent research that children and young people don't identify with the term 'domestic abuse' in relation to their own intimate relationships, do not always know what is and isn't acceptable in those relationships, and do want help but do not always feel that services are designed with their needs in mind.²⁰ This is explored further below, in the section titled 'Activity to Aid Prevention.'

3.1.1 SafeLives' Insights data on children and young people

Our Insights dataset on children and young people shows that 47 per cent of the those supported by domestic abuse services in 2019/20 were girls, and 52 per cent were boys.¹⁸ 43 per cent were supported for current abuse, while 57 per cent were supported for non-recent abuse. 33 per cent of the children and young people supported were referred to the service by Children's Social Care (CSC), while 60 per cent were 'known to' CSC.

Despite this high rate of CSC contact amongst children *directly* worked with in specialist services, overall, the children of adult victims living with domestic abuse – including high-risk abuse – continue to

¹⁴ Office for National Statistics (2020), Domestic abuse in England and Wales overview: November 2020. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020>

¹⁵ Office of the Children's Commissioner for England (2019), *Childhood vulnerability in numbers*. Available at: <https://www.childrenscommissioner.gov.uk/publication/childhood-vulnerability-in-england-2019/>

¹⁶ Radford, L. et al (2011), *Child abuse and neglect in the UK today*. Available at: <https://learning.nspcc.org.uk/media/1042/child-abuse-neglect-uk-today-research-report.pdf>

¹⁷ SafeLives (2020), *Q3 2019 Marac data: Focus on children in the household*. Available at: <https://safelives.org.uk/sites/default/files/resources/Q3%202019%20Focus%20On%20Children%20in%20the%20Household.pdf>

¹⁸ The most popular age group was 21-30, representing 29 per cent of service users.

¹⁹ SafeLives (2021), *Insights SV dataset 2019-20: sexual violence (SV) services*. Available at: <https://safelives.org.uk/sites/default/files/resources/SV%20Insights%20Dataset%20201920.pdf>

²⁰ SafeLives (2020), *My Story Matters: #TalkAboutToxic, Survey results*. Available at: <https://safelives.org.uk/sites/default/files/resources/Talk%20about%20toxic%20survey%20results%20Report.pdf>

be under-identified by CSC. While many adult victims don't want to have CSC involvement, which they can experience as coercive and threatening, there is clearly a gap in the knowledge CSC often have of children living in a household where there is a high risk of serious harm or homicide. Where they are aware, the signs of abuse also are often mischaracterised as 'neglect', which drives CSC down a specific route for intervention that may be ineffective in addressing abuse. Such an intervention can even make it worse, as it could trigger disguised compliance on the part of both parents, both the abused parent and the non-abusive parent.

For 72 per cent of the children and young people, the perpetrator of abuse was their father. 14 per cent experienced abuse from multiple perpetrators, while 44 per cent still had contact with the perpetrator, and 19 per cent still lived with them. 4 per cent had themselves been abused by an intimate partner, 7 per cent were displaying harmful behaviours towards their mother, and 6 per cent were displaying harmful behaviours towards a sibling.

The average age of children who accessed domestic abuse services was nine years old. On average, children were exposed to domestic abuse for six years and two months. This represents an increase of nearly a quarter on the figure for 2018/19 (up 23.3 per cent from five years).

Moreover, 44 per cent of children were directly abused, with the average duration of direct abuse being four years and ten months. One in five children (19 per cent) had experienced four or more Adverse Childhood Experiences (ACEs).

We are deeply concerned that all of these data will be showing a negative trajectory over time, especially during the period of the Coronavirus pandemic. Even children known to CSC, CAMHS and/or specialist domestic abuse services prior to the pandemic have disappeared from view for the last 12 months. In some parts of the country, CAMHS have simply closed their doors, and other services have struggled to make or sustain contact. As Ofsted's Chief Inspector said in her launch of their 2020 Annual Report: "Teachers are often the eyes that spot signs of abuse and the ears that hear stories of neglect. Closing schools didn't just leave the children who – unbeknown to others – suffer at home without respite: it also took them out of sight of those who could help."²¹ The clear impact on children can be seen in data from the NSPCC which has seen calls regarding children living in abusive households rise by 50 per cent during the pandemic.²²

The VAWG and Domestic Abuse Strategies being written by the Home Office should be explicit in recognising that children and young people are likely to have had a greater severity of experience in the last 12 months than previously. In a child's life, this year could be critical in negatively influencing their future wellbeing, if left unaddressed.

3.1.2 Violence-affected young people

There is a lack of holistic and long-term research that looks at domestic abuse and young people affected by violence and crime together. This is true of those perpetrating abuse and those who are victims/survivors. However, what has been published finds evidence for clear links between the experience of abuse and violence in familial settings and on street or public violence. For example, the Local Government Association found emerging evidence for a link between youth offending and specific sub-types of family violence, such as physical abuse and sibling violence.²³

Analysis undertaken by Waltham Forest Council, which studied 992 young people who went through the youth offending service between 2015 and early 2019, found that the most common feature across both victims and perpetrators was DA in the family home.²⁴ Additionally, a report from the Children's Commissioner focused on children involved in gang violence and criminal exploitation.²⁵ Their analysis showed that children in gangs that were in the criminal justice system were 37 per cent more likely to

²¹ Spielman, A. (2020), *Amanda Spielman launches Ofsted's Annual Report 2019/20*. Available at: <https://www.gov.uk/government/speeches/amanda-spielman-launches-ofsted-annual-report-201920>

²² <https://www.nspcc.org.uk/about-us/news-opinion/2021/calls-to-nspcc-about-children-living-in-violent-homes-rise-by-over-50-as-we-urge-government-to-support-all-children/>

²³ Local Government Association (2018), *The relationship between family violence and youth offending*. Available at: https://www.local.gov.uk/sites/default/files/documents/15%2034%20-%20The%20relationship%20between%20family%20violence%20and%20youth%20offending-V4_1.pdf

²⁴ Waltham Forest (2019), *Triggers to violence*. Available at: <https://walthamforest.gov.uk/sites/default/files/%27Triggers%20to%20violence%27%20FINAL.docx>

²⁵ Children's Commissioner (2019), *Keeping kids safe: Improving safeguarding responses to gang violence and criminal exploitation*. Available at: <https://dera.ioe.ac.uk/32954/1/CCO-Gangs.pdf>

have witnessed domestic violence compared to other young offenders. The report concluded that family violence and abuse was a risk factor for gang and youth violence. Ebinehita Iyere's work with and for young people affected by violence includes commentary on the fact that many young men who carry a knife outside the home picked it up for the first time to protect someone *inside* the home, usually their mum.

SafeLives' Young People's Programme saw caseworkers supporting nearly 500 young people, a fifth (20 per cent) of whom were under 16, in 2014-15.²⁶ The vast majority (79 per cent) were referred due to their own intimate partner violence (IPV), and the abuse recorded was of a similar severity that seen in adult DA services. Other risks were identified, such as child sexual exploitation (CSE) (27 per cent) and gang violence (12 per cent). Almost half of the young people supported had been exposed to DA in their family home and 17 per cent were harming other people.

Of those that were identified as either at risk or experiencing CSE, the majority were referred primarily as a result of IPV.²⁷ The most frequently recorded perpetrator of CSE was an adult other than the young person's partner or family (29 per cent), followed by (ex)boyfriend (24 per cent) and (ex)boyfriend and other (23 per cent). Non-recent abuse was prevalent amongst those at risk of CSE, which included neglect during childhood (34 per cent), non-recent physical abuse (31 per cent), and sexual abuse as a child (24 per cent).

Girls as the victims of gang violence are routinely ignored by policy makers and commissioners. As Samantha Jury-Dada points out in her research: "Rarely a day goes by in the UK without the news cycle featuring at least one heart-breaking story of a young person suffering the consequence of gang violence in our major cities. Often, the victims are young boys and the weapon of choice is nearly always a knife. Lost in the debate is the fact that most the strategies put forward are gendered and targeted at young males. The consideration of young women and girls associated with these men is often secondary for decision makers. By ignoring them, they remain invisible to authorities and in turn services are not being commissioned to support them. This makes it easier for those who are exploiting them."²⁸

Our recommendations for children and young people

- The Government should work with partners in health, psychology and academia to research how the early experiences of children and young people influence whether they go on to use abuse in their relationships, looking at both the concept of the 'first 1,000 days' and also the success of interventions which build up protective factors in children and young people
- The Government should fund research to understand the prevalence of adolescent-to-parent violence and abuse (APVA), in particular across genders, the occurrence of sexual violence in these situations, different cohorts of adolescents involved in this behaviour and the different responses required, for example young people who have experienced previous abuse in the home, as (potentially) distinct from young people with neurodiversity or learning disabilities
- The Government should fund research to understand effective responses to young people who harm in intimate partner relationships.
- The Government should work with schools and youth organisations to hear the voices of thousands of boys and young men from different places and backgrounds, engaging with them about their experiences, attitudes and likely behaviours in relationships, and testing how these might link to gender stereotypes and/or perceptions of 'what makes a man'
- The Government should work with academics and charities to build the evidence base about how abuse can be prevented from becoming a pattern in a young person's life; including through hearing the voices of those who have used abuse, and those who have experienced one or more abusive relationships which date back to a young age

3.2 Older people

²⁶ SafeLives (2015), *Young people and interpersonal violence: final data report from the young people's programme*. Available at: <http://www.safelives.org.uk/sites/default/files/resources/Young%20people%20and%20interpersonal%20violence-%20final%20data%20report%20from%20the%20young%20people%27s%20programme.pdf>

²⁷ SafeLives (2015), *Young people at risk of child sexual exploitation: Research briefing for professionals working with young people*. Available at: <http://www.safelives.org.uk/sites/default/files/resources/SafeLives%20research%20briefing%20-%20young%20people%20at%20risk%20of%20CSE.pdf>

²⁸ Jury-Dada, S. (2019). *#GirlsAndGangs: Girls, gangs and their abusive relationships*. Available at: <https://www.wcmt.org.uk/sites/default/files/report-documents/Jury-Dada%20S%202018%20Final.pdf>

Research by Age UK has found that older people are similarly likely to be killed by a partner/spouse (46 per cent) as by their adult children or grandchildren (44 per cent).²⁹ SafeLives' Spotlights on older people found that on average, older victims experience abuse for twice as long before seeking help as those aged under 61, and nearly half (48 per cent) have a disability.³⁰ Yet older clients are hugely underrepresented among domestic abuse services. According to our Insights datasets, only four percent of clients accessing Idva services were aged 61 or above in 2019/20. One Idva told us, "when we look back over our records, we could see that once people hit fifty or sixty, there are hardly any Marac referrals."³¹

Many surveys and studies, such as the Crime Survey for England and Wales (CSEW), have historically excluded consideration for older victims, and awareness-raising campaigns have consistently focused on younger victims. We welcome the recent extension of the CSEW to include those over 75, but the widespread exclusion still found in other datasets simply serves to reinforce the false assumption that abuse ceases to exist beyond a certain age. The limited pool of research which does exist on domestic abuse and older people suggests that "older women's experiences of domestic abuse are markedly different from those in younger age groups and that these differences have not been adequately acknowledged or accounted for".³²

The response to domestic abuse and VAWG must also be closely connected with adult safeguarding, health and social care responses, alongside interventions for disability as people get older, given the prevalence of abuse of older people by adult children, as well as aging partners.

Men make up a larger proportion of older victims than they do in younger age groups. Our report on older victims, *Safe Later Lives*, highlighted that, for those aged 60 or under, men made up 4 per cent of clients at domestic abuse services. For those aged 61 and over, that figure rose to 21 per cent.³³ One of the reasons for this is the prevalence of perpetrators who are adult children of older abuse victims: for 41 per cent of older clients, the perpetrator was an adult family member, in comparison with 6 per cent for clients aged 60 and below.

Victims aged 61 and over are much more likely to experience abuse from a current intimate partner than those aged 60 and under (40 per cent compared with 28 per cent). They are less likely to attempt to leave their perpetrator in the year before accessing help (68 per cent compared with 27 per cent) and nearly four times more likely to be living with the perpetrator after getting support (32 per cent compared with nine percent).³⁴

In instances of abuse of older people, criminal justice responses may be of more limited value if a victim or survivor is unwilling to see a long-term partner or adult child prosecuted for their actions and believe this is their only option to stop the abuse. This requires a more considered approach on the part of agencies to reassure older people that there are options available which will still help them be safe, but not result in family rupture, increased isolation or financial hardship.

There is little direct research on older perpetrators of abuse, with regards to the profile of perpetrators or the specific behaviours they display. Perpetrators engaged with the Drive Project ranged in age from 17 to 81 years, though the mean average age was 32.³⁵ This knowledge gap hinders the ability of practitioners and agencies to recognise and respond to older perpetrators and must be addressed if we are to tackle VAWG across the board.

Our recommendations for older people

²⁹ Age UK (2020), *No Age Limit: the blind spot of older victims and survivors in the Domestic Abuse Bill*. Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/age_uk_no_age_limit_sept2020.pdf

³⁰ SafeLives (2016). *Safe Later Lives: Older people and domestic abuse*. Available at: <https://safelives.org.uk/spotlight-1-older-people-and-domestic-abuse>

³¹ SafeLives (2016), *Spotlight: Episode 2 Podcast transcript*. Available at: <http://www.safelives.org.uk/sites/default/files/resources/Spotlight%20podcast%20transcript.pdf>

³² McGarry, J. and Simpson, C. (2011), *Domestic abuse and older women: Exploring the opportunities for service development and care delivery*. Available at: https://www.researchgate.net/publication/241700006_Domestic_abuse_and_older_women_Exploring_the_opportunities_for_service_development_and_care_delivery

³³ SafeLives. <https://safelives.org.uk/spotlight-1-older-people-and-domestic-abuse> [Accessed 19/02/2021]

³⁴ SafeLives (2016). *Safe Later Lives: Older people and domestic abuse*. Available at: <https://safelives.org.uk/spotlight-1-older-people-and-domestic-abuse>

³⁵ Hester, M. (et al) (2019), *Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse*. Available at: http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf

- While the change to CSEW data collection on older victims is welcome, there is a gap in understanding of the data on older perpetrators of domestic abuse. We recommend that Government prioritises this as part of its increasing focus on perpetrators.
- In general, national and local commissioners are still failing to adequately focus on improving the response to older victims of domestic abuse. For example, the recent Ministry of Justice Funding for Domestic Abuse and Sexual Violence Support Services Police and Crime Commissioner Funding Allocation Guidance fails to acknowledge older victims as needing specific attention even though age is a protected characteristic.
- Multi-agency partnerships, including the new Domestic Abuse Partnership Boards convened as part of the DA Bill, should ensure they are monitoring referrals and service engagement of older people with domestic abuse services and action plan accordingly.
- Commit to transparency in Government datasets; where data is unreliable or hasn't been disaggregated on the basis of age, make this plain and explain how those issues will be addressed in future.

3.3 Black, Asian, and racially minoritised people

Whilst Black, Asian and racially minoritised women are disproportionately impacted by specific forms of VAWG – such as so-called “honour-based” abuse, discussed below – their experiences of violence are often intersecting and overlapping.

It is also clear that these victims and survivors are often poorly represented by official datasets. These datasets may not disaggregate accurately to highlight the specific experiences of women of different racial and ethnic identities, and may be collected through methods and in forums which aren't trusted or used by those women at the same rate as by white women.

According to a survey of Black, Asian and racially minoritised survivors, using specialist domestic abuse services, 96 percent reported experiencing psychological, emotional and verbal abuse. 72 per cent had experienced physical abuse, while 30 per cent had experienced attempted or threats of murder from the perpetrator. 18 per cent of respondents had been in a violent relationship for between five and ten years, and 26 per cent of respondents had been in a violent relationship for ten years or more.³⁶ This duration is significantly longer than the national average, suggesting that women in racially minoritised groups are finding it harder either to find support at all, or to find support which is suitable for their needs.

Despite being just as likely to experience abuse as any other ethnic group, research shows that the level of disclosure for these victims of domestic abuse is far lower than that of the general population.³⁷ From our Insights datasets, we know that victims from Black, Asian and racially minoritised communities typically suffer abuse for 1.5 times longer before getting help than those who identify as White, British or Irish.

The data from Maracs across England and Wales similarly highlight the decreased levels of disclosure. Between April 2018 and March 2019, 15.2 per cent of cases involved a victim from a racially minoritised group. This is lower than the rate of Black, Asian and racially minoritised people in the national population, which is 18.2 per cent for the combined areas covered by the Maracs in our analysis. During that timeframe, seven Maracs recorded *no* cases involving a Black, Asian and racially minoritised victim, while a further 34 Maracs (12 per cent of all Maracs) saw a rate of cases that was less than one third of the percentage of Black, Asian and racially minoritised people in the local population. Less than a third of Maracs (82) were seeing a rate of cases involving a Black, Asian and racially minoritised victim which was at least as high as the local population rate.

The rate of cases involving a victim identified as being from a Black, Asian and racially minoritised group reached a high point of 16.9 per cent in mid-2018 after some years of gradual increases. Since then, it has decreased again, and cases with Black, Asian and racially minoritised victims made up only 15.7 per cent of total cases in the 12 months ending March 2020.

Part of the problem with these datasets is that they have to be considered, to some extent, to be unreliable. Frontline agencies, including some domestic abuse services, are poor at asking about and

³⁶ Imkaan (2012), *Vital Statistics 2*. Available at: https://drive.google.com/file/d/0B_MKSoEcCvQwWHA0eG81cFZxc0U/view

³⁷ Walby, S. and Allen, J. (2004), *Domestic violence, sexual assault and stalking: findings from the British Crime Survey*. Available at: <http://openaccess.city.ac.uk/21697/>

recording the racial (and religious) identity of people with whom they come into contact. Not only does this make the dataset unsatisfactory, it inevitably means that this aspect of someone's identity is being either overlooked or inappropriately responded to by the practitioner with whom they are connected.

Similarly, there are no reliable data sources specifically around Black, Asian and other racially minoritised perpetrators. Recent work by Dr Olumide Adisa and Dr Katherine Allen is a rare example of research into this subject.³⁸ Again, this hinders efforts to improve services' and agencies' identification of and response to perpetrators.

If the abuser who poses a risk to one or more people is from a group that has historically been discriminated against (this may relate to minority status in terms of race, religion, sexuality, or disability, for example), this can act as a barrier to reporting that abuser to people in official positions. The victim or survivor may worry that the perpetrator of abuse will be treated disproportionately, subjected to discrimination, or even be exposed to physical violence or other adverse responses which a perpetrator from a majority group wouldn't be. Dr Adisa and Dr Allen found that even the word 'perpetrator' can be problematic, in this context. Victim/survivors may also worry that speaking out about their abuser will be disapproved of by other community members, who may feel it will increase levels of discrimination and reinforce negative stereotypes and perceptions.

This is acting as a barrier to support for victims who need it, and may allow perpetrators of abuse to escape sanction for longer - possibly forever. Victim and survivors will need to see societal change, and reduced discrimination against minority groups, to feel more confident that official channels or disclosure more generally is something they can safely pursue.

Our recommendations for Black, Asian and racially minoritised people

- Official datasets must be disaggregated, for example in local Joint Strategic Needs Assessments or Equality Impact Assessments, in order to highlight the different situations and needs of specific groups;
- Work with statutory and voluntary sector agencies collecting data to improve their rate of properly recording race and religion;
- Ensure the terms 'BAME' or 'BME' are not being used to mask the individual and different identities of Black, Asian and racially minoritised people;
- Undertake specific work, with specialist organisations, to address the institutional barriers preventing people who are Black, Asian or from other racially minoritised groups from trusting and using statutory agencies who can and should help them get safe from domestic abuse. Link this work to cross-Government commitments on equity, equality, diversity and inclusion relevant to all major Government agencies, policies and programmes;
- Commit to transparency in Government datasets; where data is unreliable or hasn't been disaggregated, make this plain and explain how those issues will be addressed in future;
- Take an equity-based and reparative approach to future policy making and funding, redressing the historic under-representation of and support for Black, Asian and racially minoritised girls and women;
- Support the main Government frontline agencies to increase their levels of representation and also cultural competence, ensuring staff within the workforce feel confident they have the information and capabilities required to work with and support all members of UK society, and appropriate accountability mechanisms where this falls short.

3.4 'Honour'-based abuse

Women are particularly at risk of so-called 'honour'-based abuse (HBA), and as such it is important to recognise this form of abuse within the wider context of violence perpetrated against women and girls, resulting from an underlying denial of their human rights. Data from the Crown Prosecution Service in 2016 on cases flagged as 'honour'-based violence reveals that (where gender was recorded) 76 per cent of victims were female.³⁹

³⁸ Adisa, O. and Allen, K. (2020), *Increasing safety for those experiencing family and intimate relationship harm within black and minority ethnic communities by responding to those who harm*. Available at: <https://www.uos.ac.uk/sites/www.uos.ac.uk/files/Family%20and%20intimate%20relationship%20harm%20within%20black%20and%20minority%20ethnic%20communitiesFINAL%20%281%29.pdf>

³⁹ Crown Prosecution Service (2016), *Violence Against Women and Girls Crime Report 2015-16*. Available at: http://www.cps.gov.uk/publications/docs/cps_vawg_report_2016.pdf

Many contributors to our Spotlight report on so-called ‘honour’-based abuse highlighted the links between HBA and patriarchy, with women being tasked with carrying the ‘honour’ of their fathers, their husbands, their brothers, uncles and their sons.⁴⁰ Despite the strong evidence of disproportionate effect on women and girls, ‘honour’-based violence is experienced by both men and women, with factors such as sexuality and disability putting some men at particular risk.

Over half of victims at risk of HBA had visited their GP in the past 12 months (57 per cent), and one in five (19 per cent) had attended A&E as a direct result of the abuse. Despite this, only 6 per cent of people were referred to the domestic abuse services from health professionals, suggesting there is a lack of understanding and recognition of HBA in frontline services.

Those at risk of HBA are more likely to experience high-harm abuse, for longer, from multiple perpetrators. Before accessing support, victims at risk of HBA experienced abuse for two years longer than those not identified as at risk of HBA (five years in comparison with three). 68 per cent of victims at risk of HBA were at high risk of serious harm or homicide, compared to 55 per cent of those not identified as at risk, and more than seven times more likely to be experiencing abuse from multiple perpetrators (54 per cent compared with 7 per cent).⁴¹

HBA is frequently conflated with specific forms of abuse, including forced marriage and female genital mutilation (FGM). As stated by Lis Bates in *Honor-Based Abuse in England and Wales: Who Does What to Whom?*: while high-profile cases of so-called “honour killings” have raised some awareness of HBA, they have also “‘exoticized’ it as something ‘other,’ polarizing it from the mainstream forms of domestic and intimate partner abuse. The rest of the spectrum of HBA (anything short of an ‘honor killing’) has been overshadowed.”⁴² The result is a lack of understanding around HBA, and a difficulty in accessing interventions and services where there hasn’t already been a case of forced marriage or FGM, or there isn’t a high-risk of either. Moreover, forced marriage and FGM have become the more frequent foci of research, policy, and legislation, which exacerbates the dearth of understanding of the nature of other forms of HBA, of who perpetrates HBA, and how to respond to them.

HBA should be understood and treated as a form of domestic abuse. By treating HBA as primarily a ‘cultural’ issue associated with specific communities, we ‘otherise’ and scapegoat the predominantly Black, Asian and minoritised communities in which it is more prevalent.

Several studies have shown certain features of HBA which make it distinctive under the umbrella of domestic abuse, including the increased likelihood of multiple perpetrators, the evidence of premeditation or conspiracy, and the complicity of other women, family, and community – in particular, the role of women in policing other women’s behaviour and carrying out punishments.

The majority of cases analysed by Bates (71 per cent) involved a current or ex-intimate partner perpetrator. Where an intimate partner was not involved, the perpetrators were the victim’s birth family, or (less commonly) their in-laws. Moreover, four in ten victims (40 per cent) were abused only by an intimate partner, while almost a third (29 per cent) were abused by one or more family members, and almost a third (31 per cent) were abused by both.⁴³ According to Bates: “While much attention has been focused on the existence of multiple perpetrators and the extended family involvement—features of difference from domestic abuse, less light has been shone on the involvement of intimate partners—features of similarity.”⁴⁴

This lack of understanding, alongside the high likelihood of multiple perpetrators, and the barrier that family and community complicity can be in victims’ help-seeking, hinder the ability of the CJS and other agencies to gain insight on what is happening inside a family.

⁴⁰ SafeLives (2017), *Your choice: ‘honour’-based violence, forced marriage and domestic abuse*. Available at: <https://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf>

⁴¹ SafeLives (2017), *Your choice: ‘honour’-based violence, forced marriage and domestic abuse*. Available at: <https://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf>

⁴² Bates, L. (2020), *Honor-based Abuse in England and Wales: Who Does What to Whom?* Available at: <https://doi.org/10.1177%2F1077801220952168>

⁴³ Bates, L. (2020), *Honor-based Abuse in England and Wales: Who Does What to Whom?* Available at: <https://doi.org/10.1177%2F1077801220952168>

⁴⁴ Bates, L. (2020), *Honor-based Abuse in England and Wales: Who Does What to Whom?* Available at: <https://doi.org/10.1177%2F1077801220952168>

Moreover, there may be an international element to the perpetration of domestic abuse in an HBA context, which can pose challenges to responding to this particular cohort of perpetrators.

For example, transnational marriage abandonment is a form of domestic abuse in which British national, or British resident, perpetrators send or take victims (usually vulnerable, migrant women) abroad where they will leave them with no means of returning or accessing support. Some victims are separated from their children, while others are left with their children in situations of near-destitution, often facing the risk of violence, exploitation, poverty and social stigma. Currently, once stranded within another country, victims are denied the visa that would enable them to return to the UK to initiate court proceedings or access the destitution domestic violence concession (DDVC). This also limits the ability of agencies to identify and respond to perpetrators. There is a potential role for the UK Visas and Immigration office in removing this barrier. It will also be important to ensure there is awareness of such issues among border and immigration staff, who can play a role in recognising these circumstances or responding to those who seek help.

Our recommendations for HBA

- Home Office (in particular Border Force, UK Visas and Immigration Enforcement) should monitor abuse of the immigration system by those perpetrating HBA, for instance through transnational marriage abandonment, and ensure sanctions are targeted at those perpetrating abuse rather than those caught in abusive situations.
- All those supporting victims (including domestic abuse services, Maracs, Police, family courts and the Crown Prosecution Service) should collect and analyse data on the HBA cases they engage with, and use this analysis to identify potential gaps. For instance, where cases predominantly involve a current or ex-intimate partner, consider how to work with referring agencies to increase recognition of domestic abuse perpetrated by other family members.

3.5 LGBT+ people

While there are universal barriers to accessing specialist services, LGBT+ people can face additional challenges which are different to those experienced by others. Existing evidence, 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.⁴⁵ 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.

The most common portrayal of domestic abuse is that of a male perpetrator and female victim within a heterosexual relationship. The public narrative of domestic abuse therefore can exclude those whose experience of domestic abuse does not fit this representation. While domestic abuse is most often experienced by women and most often perpetrated by men, it can happen to anyone, and can be perpetrated by anyone. This includes people of all gender identities and sexual orientations, and in many types of relationship.

According to our [Spotlights Report on LGBT+ people](#), LGBT+ victims are more likely to be abused by multiple perpetrators (15 per cent compared with 9 per cent) than non-LGBT+ victims, and more than twice as likely to have experienced non-recent abuse by a family member (6 per cent compared with 3 per cent). They are almost twice as likely to have attempted suicide (28 per cent compared with 15 per cent) and more than twice as likely to have self-harmed (32 per cent compared with 14 per cent).

We know that those who identify as LGBT+ face additional barriers to accessing support that are unique to their sexual orientation and/or gender identity. Evidence suggests that LGBT+ victims and survivors are not accessing services at the same rate as others in the population.

There is variation in estimates about the size of LGB populations, and even less data on transgender populations, but Public Health England's (PHE) current estimate for the national LGB population is

⁴⁵ Harvey, S. et al. (2014), *Barriers Faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services*. Available at: <https://gov.wales/sites/default/files/statistics-and-research/2019-07/140604-barriers-faced-lgbt-accessing-domestic-abuse-services-en.pdf>

between 2.5 per cent and 5.8 per cent.⁴⁶ The results of research conducted in Scotland and Wales suggest that similar estimates could be made for these areas.^{47,48}

Rates of access to domestic abuse support fall at the lower end of this scale. In our Marac data, only 1.3 per cent of cases involved LGBT+ victims.⁴⁹ In our Insights data on Idva service users, that figure rises to 1.8 per cent, still well below the 2.5 – 5.8 per cent estimated by PHE.⁵⁰

Again, we see some level of unreliability in these datasets with regards to sexual orientation and gender identity. In general, frontline agencies, including some domestic abuse services, do not routinely ask about and record the sexuality or gender identity of a client. As seen with the data surrounding service use by Black and minoritised groups, this inevitably results in aspects of a client's identity and experience of abuse being either overlooked or responded to inappropriately by frontline practitioners.

Donovan and Hester's work (2014) found evidence of the impact of homo-, bi-, and transphobia on LGBT+ survivors' help-seeking.⁵¹ Alongside others, they "found that survivors rarely seek help from formal agencies such as the police or specialist domestic violence services because of their fears of not being believed, their experiences being minimised, or because they feared experiencing homo/bi/transphobia from professionals/practitioners."⁵²

Besides the work of a handful of academics (including Catherine Donovan, Rebecca Barnes, Janice Ristock, Catherine Nixon and Marianne Hester, among others), there has been limited research on the experiences of LGBT+ survivors. While some progress has been made through research on the experiences of this community as a whole (including through our [Spotlights series](#) and our [Free to Be Safe](#) report), it is important to understand that different parts of this community can experience abuse in different ways. What we do know is that LGBT+ victims experience types of abuse unique to their sexuality or gender identity, including but not limited to:

- Threat of disclosure of sexual orientation and/or gender identity to family, friends, or work colleagues;
- Threat of disclosure of HIV-positive status to family, friends, or work colleagues;
- Increased isolation because of factors like lack of family support or safety nets;
- Undermining of someone's sense of gender or sexual identity, particularly when one partner is transgender or non-binary;
- Limiting or controlling access to spaces and networks relevant to coming out and coming to terms with gender and sexual identity;
- Limiting or controlling access to medication or medical interventions, especially in the case of transgender or nonbinary victims and survivors, or those with HIV-positive status
- The victim or survivor may believe they 'deserve' the abuse because of internalised negative beliefs about themselves;
- The victim or survivor may believe that no help is available due to experienced or perceived homo-, bi-, or transphobia of support services and the criminal justice system.

Galop's report, *LGBT+ people's experiences of domestic abuse*, found that:

- LGBT+ victims and survivors share similar types of domestic abuse as their heterosexual or cisgender peers, but their experiences often differ because their sexuality and gender identity;
- LGBT+ victims and survivors disclosing domestic abuse often report multiple vulnerabilities as a result of their sexual orientation, gender identity, physical or mental ill-health or substance abuse;

⁴⁶ Public Health England (2017), *Producing modelled estimates of the size of the lesbian, gay and bisexual (LGB) population of England*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FIN_AL_DRAFT_14.12.2016NB230117v2.pdf

⁴⁷ Scottish Government (2016), *Summary: sexual orientation*. Available at:

<https://www.gov.scot/Topics/People/Equality/Equalities/DataGrid/SexualOrientation>

⁴⁸ Welsh Government (2018), *Sexual Orientation*. Available at: <https://gov.wales/statistics-and-research/sexual-orientation/>

⁴⁹ SafeLives (2020), *Marac National Dataset 2019/20*. Available at: <https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

⁵⁰ SafeLives (2021), *Insights IDVA dataset 2019-20: Adult Independent domestic violence advisor (Idva) services*. Available at: <https://safelives.org.uk/sites/default/files/resources/Idva%20Insights%20Dataset%20201920.pdf>

⁵¹ Donovan, C. and Hester, M. (2014), *Domestic Violence and Sexuality: What's Love Got to do with it?*

⁵² Donovan, C. and Barnes, R. (2017), *Domestic violence and abuse in lesbian, gay, bisexual and/or transgender (LGB and/or T) relationships*. Available at: https://sure.sunderland.ac.uk/id/eprint/8352/1/SEX681491_rev1.pdf

- The majority of LGBT+ victims and survivors disclosed domestic abuse from intimate ‘same-sex’ partners, though a significant proportion reported abuse from family members, particularly younger victims and survivors, those from Black and minoritised communities, and trans men;
- Nearly two-thirds of victims and survivors identified as a gay, bisexual and/or trans men, and the majority were abused by a male perpetrator;
- Over four-fifths of lesbian and gay women disclosed abuse from a female perpetrator.⁵³

With regards to LGBT+ perpetrators, “it is increasingly obvious that there remains a gap in knowledge, policy and practice with respect to those who are abusive in LGB and/or T relationships.”⁵⁴ LGBT+ people using abuse appear only rarely in the criminal justice system, and there are few opportunities for them to engage with perpetrator interventions. As highlighted in the [2017 Year 1 Evaluation of the Drive Project](#), Marac recording of the sexual orientation of perpetrators is severely lacking, with the data missing in 89.5 per cent of cases in the dataset.⁵⁵ Donovan and Barnes describe a “lacuna in our understanding of why some LGB and/or T partners behave abusively towards their partners, while the majority do not.”⁵⁶

Information around perpetrator interventions for LGBT+ people using abuse is limited. Existing models, including Duluth and the Freedom Programme, work on a basis of heteronormativity, in which (cisgender and – implicitly – heterosexual) men perpetrate abuse against (cisgender and heterosexual) women. As stated in the ANROWS report, Developing LGBT+ programmes for perpetrators and victims/survivors of domestic and family violence, perpetrator programmes delivered primarily for cisgender and heterosexual men can result in the explicit and/or implicit exclusion of female LGBT+ clients, whether they are cisgender or transgender. It also potentially forces clients to make difficult decisions around ‘coming out’ and disclosing either their sexual orientation or their gender identity. “The extent to which this occurs, or whether [these programmes achieve] any positive outcomes for LGBTQ clients, is currently unknown.”⁵⁷

3.5.1 Bisexual people

Recent figures suggest that bisexual women experiences rates of domestic abuse almost three times as high as heterosexual women and 1.5 times as high as lesbian and gay women: 19.6 per cent of bisexual women have experienced some form of domestic abuse, in comparison with 6.9 per cent of heterosexual women and 12.2 percent of lesbian and gay women.⁵⁸

The bisexual women in our most recent Insights dataset were younger, on average, than the heterosexual women (16 per cent of bisexual victims/survivors were under 20 years old, compared with 7 per cent of heterosexual women).⁵⁹ Bisexual victims were also over twice as likely to have a disability than heterosexual victims (27 per cent compared with 13 per cent), with the most common forms of disability being: a mental health condition (48 per cent); a physical disability (29 per cent); and a learning difficulty (19 per cent).

Bisexual women were also more likely to be unemployed than heterosexual women, with 57 per cent of bisexual survivors being unemployed compared with 48 per cent of heterosexual survivors, though this may be partially due to the fact that bisexual survivors were more likely to both be younger and have a disability.

⁵³ Magić, J. and Kelley, P. (2018), *LGBT+ people’s experiences of domestic abuse: a report on Galop’s domestic abuse advocacy service*. Available at: http://www.galop.org.uk/wp-content/uploads/Galop_domestic-abuse-03a-low-res-1.pdf

⁵⁴ Donovan, C., Barnes, R., and Nixon, C. (2014), *The Coral Project: Exploring Abusive Behaviours in Lesbian, Gay, Bisexual and/or Transgender Relationships*. Available at: <https://www2.le.ac.uk/departments/criminology/documents/coral-project-interim-report>

⁵⁵ Hester, M. et al (2017), *Evaluation of the Drive Project – a pilot to address high-risk perpetrators of domestic abuse: Year 1 Feasibility Study*. Available at: <http://driveproject.org.uk/wp-content/uploads/2018/11/Evaluation-of-the-Drive-Project-Year-1-Feasibility-Study.pdf>

⁵⁶ Donovan, C. and Barnes, R. (2017), *Domestic violence and abuse in lesbian, gay, bisexual and/or transgender (LGB and/or T) relationships*. Available at: https://sure.sunderland.ac.uk/id/eprint/8352/1/SEX681491_rev1.pdf Donovan-Barnes (2017) https://sure.sunderland.ac.uk/id/eprint/8352/1/SEX681491_rev1.pdf

⁵⁷ ANROWS (2020), *Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence*. Available at: <https://d2rm9gno7zhxqg.cloudfront.net/wp-content/uploads/2020/05/11093225/PI.17.09-Bear-RR.pdf>

⁵⁸ Office for National Statistics (2020), *Domestic abuse prevalence and victim characteristics, year ending March 2020*.

Available at:

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

⁵⁹ Wherever statistics are given for both bisexual and heterosexual groups, the difference between the two groups is statistically significant at the p=0.05 level.

Furthermore, bisexual survivors were also six times more likely to have a female perpetrator (18 per cent of bisexual women compared with 3 per cent of heterosexual women). Domestic abuse is often portrayed as a man abusing a female partner, which means that women with non-male perpetrators may be less likely to identify what they are experiencing as abuse, and this can be a barrier to them seeking support.⁶⁰ In addition, there is a misconception among members of the public and also sometimes among professionals that female to female abuse is less dangerous, which ignores both the fact that individual female perpetrators can still be capable of very significant physical harm and that non-physical abuse can be at least as damaging to a victim.⁶¹ Given the high proportion of bisexual victims with female perpetrators, it is important that services promote the fact that they support victims of same-sex violence, as well as ensure that all staff are trained to understand the potential severity of woman-to-woman abuse.

Almost three times as many bisexual women had multiple perpetrators compared with heterosexual women (22 per cent and 8 per cent respectively), and bisexual survivors were much more likely to have previously experienced domestic abuse (65 per cent compared with 44 per cent). Of those who had been abused previously, bisexual women were more likely than heterosexual women to have experienced domestic abuse by a previous partner (35 per cent and 21 per cent respectively), abuse by a family member (9 per cent compared with 4 per cent), and over five times as likely to have experienced direct abuse as a child or young person (16 per cent compared with 3 per cent). They were also around five times as likely to be subject to forced marriage (3.7 per cent of bisexual women compared with 0.72 per cent of heterosexual women) and 'honour'-based violence (12 per cent compared with 2.3 per cent). All this suggests that bisexual women's sexuality not only increases their chances of experiencing particular abuses from partners, but also increases their risks of being abused by biphobic family members once their family learns of their sexuality, and it is therefore necessary for services to consider these risks when working with these victims.

Bisexual women were less likely to say that the police had made a difference to their safety and wellbeing (41 per cent compared with 58 per cent). Research by Stonewall shows that 81 per cent of lesbians and bisexual women who have experienced domestic abuse never reported it to the police and, of those who did, only 49 per cent were happy with how the police had responded to the situation.⁶² While there is growing awareness within police forces that it is important for them to improve their relationships with the LGBT+ community, this research suggests that there is still a good deal of work to be done to ensure that they are giving bisexual women who are victims of abuse the support that they need.

3.5.2 Transgender people

With regards to transgender victims, research has suggested that up to 80 per cent of transgender people have experienced emotionally, sexually or physically abusive behaviour from a partner or ex-partner.⁶³ It is therefore important to look at this group in greater depth to better understand the abuse they are experiencing so that policies and services are better equipped to support their needs.

What is clear is that transgender victims and survivors experience specific types of abuse, which can be linked to their transgender identities. A trans woman accessing a support from Independent Voices in Manchester spoke of her experience of coming out in the context of domestic abuse: "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."

Transgender survivors also experience large numbers of additional needs, particularly in relation to mental health: according to our Insights data, 56 per cent of transgender victims accessing domestic abuse services have mental health needs.

⁶⁰ SafeLives (2018), *Supporting bisexual and lesbian women: Evelyn Sharpe, Rise* [Podcast]. Available at: <https://soundcloud.com/domestic-abuse-podcast/supporting-bisexual-and-lesbian-women-evelyn-sharpe-rise>

⁶¹ SafeLives (2018), *Supporting bisexual and lesbian women: Evelyn Sharpe, Rise* [Podcast]. Available at: <https://soundcloud.com/domestic-abuse-podcast/supporting-bisexual-and-lesbian-women-evelyn-sharpe-rise>

⁶² Stonewall (2012), *Domestic abuse: Stonewall health briefing*. Available at: https://www.stonewall.org.uk/system/files/Domestic_Abuse_Stonewall_Health_Briefing_2012_.pdf

⁶³ Scottish Transgender Alliance (2010), *Out of Sight, Out of Mind? Transgender People's Experiences of Domestic Abuse*. Available at: https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_domestic_abuse.pdf

Trans survivors who access specialist domestic abuse services report that their experience of services has positive outcomes on their lives. However, only a small proportion of those with additional mental health needs are supported with these by specialist domestic abuse services. Given the large numbers of transgender victims and survivors who have mental health needs, it is vital that this issue be addressed.

By the time their case with the domestic abuse services had closed, 31 per cent of transgender victims and survivors had experienced no form of abuse since intake, with 35 per cent having seen a reduction in the severity and 35 per cent a reduction in the frequency of jealous and controlling behaviour, the most common form of abuse experienced at intake.

Two-fifths (39 per cent) of victims and survivors had ongoing contact with the perpetrator on exit, 54 per cent of which were still in a relationship with the perpetrator, while 46 per cent continued contact because of children and 23 per cent because of their family and social network. Research has shown that many trans victims of domestic abuse may stay in an abusive relationship in the hope that their partner will come to understand and accept their need to transition, or because they believe that their transgender identity means that it would be difficult for them to find another partner, which could explain the relatively high numbers of victims/survivors in our dataset who remained with their abusive partner on exit from the service.⁶⁴

Our recommendations for LGBT+ people

- The existing knowledge gaps around perpetrators must be filled in order to tackle VAWG and domestic abuse among LGBT+ people: who perpetrators are, what motivates their abusive behaviours, what their behaviours look like, and how best to respond to their behaviours in perpetrator interventions.
- Crime and Disorder Strategic Assessments, Joint Strategic Needs Assessments and comparable documents should include data on LGBT+ victims and survivors of domestic abuse. For instance, the data provided by us to monitor the number of LGBT+ people being discussed at Marac, any data from the local Police Force or data on LGBT+ victims and survivors accessing local specialist domestic abuse services. If gaps are identified, work must take place with local domestic abuse services to address these.
- Police forces, courts and prosecutors should consider implementing recording practices which clearly identify domestic abuse where the parties are of the same gender, and clearly record sexual orientation.
- Undertake specific work, with specialist organisations, to address the institutional barriers preventing LGBT+ people from trusting and using statutory agencies who can and should help them get safe from domestic abuse. Link this work to cross-Government commitments on equity, equality, diversity and inclusion relevant to all major Government agencies, policies and programmes;
- Take an equity-based approach to future policy-making and funding, redressing the historic under-representation of and support for LGBT+ survivors;
- Commit to transparency in Government datasets. Where data is unreliable or hasn't been disaggregated on the basis of sexuality or gender identity, make this plain and explain how those issues will be addressed in future.

3.6 Disabled people

Disabled people experience higher rates of domestic abuse than non-disabled people. In the year to March 2020, the Crime Survey for England and Wales reported that women and men with a long standing illness or disability were more than twice as likely to experience some form of domestic abuse than women and men with no long standing illness or disability (11.8 per cent in compared with 4.6 per cent).⁶⁵

Our Spotlight report on disabled victims of domestic abuse found that they also suffer more severe and frequent abuse over longer periods of time than non-disabled victims. Our data reveals that disabled

⁶⁴ Scottish Transgender Alliance (2010), *Out of Sight, Out of Mind? Transgender People's Experiences of Domestic Abuse*. Available at: https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_domestic_abuse.pdf

⁶⁵ Office for National Statistics (2020), *Domestic abuse in England and Wales overview: November 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020>

victims typically endure abuse for an average of 3.3 years before accessing support, compared to 2.3 years for non-disabled victims.⁶⁶ In 2014, the Care Act introduced a clear legal framework requiring local authorities to safeguard vulnerable adults. Despite this, our Insights national dataset shows that in 2015-2016 none of the 925 referrals of disabled victims to domestic abuse services were from adult safeguarding.

Estimates from the Department for Work and Pensions' Family Resources Survey 2018/19, 19 per cent of the population of working-age adults have a disability, a figure which reaches 44 per cent of adults at or above the State Pension age.⁶⁷ However, according to data from Maracs, in England, only 7.1 per cent of cases in 2019/20 involved a victim who has a disability. In Wales, that figure dropped to 1.9 per cent.⁶⁸

Even after receiving support, disabled victims were 8 per cent more likely than non-disabled victims to continue to experience abuse. For one in five (20 per cent) this ongoing abuse was physical and for 7 per cent it was sexual. Our research suggests that this may be attributed to a number of factors, either through poor commissioning, lack of awareness or understanding in practice, social stereotyping of victims of domestic abuse or services being inaccessible. For instance, some services may offer only telephone support, which excludes those who cannot communicate on the phone.⁶⁹

The data about disabled victims and survivors (and perpetrators) is likely to be unreliable, to some extent. We know that, in instances where a practitioner can't immediately 'see' a disability, they may be unwilling to ask whether someone has a physical or learning disability which isn't immediately visible, or simply not think to. This means that the rate at which disabled people experience or use abusive behaviour is likely to be masked by flaws in the way that people's characteristics and situation are recorded.

There is little to no research on disabled perpetrators of domestic abuse which leads to difficulties in recognising and responding to their harmful behaviours. Stay Safe East identified in their evidence to the VAWG Strategy focus group on deaf and disabled survivors that, often, the perpetrators of clients they work with are also disabled. Perpetrators can use their own disability to convince professionals they were not capable of exerting power and control over their victim, or of abusing them physically. Moreover, Sign Health noted that perpetrator programmes do not regularly plan for interpreters for deaf perpetrators and that they may find engaging with others on group programmes difficult culturally.

According to *Making the links: disabled women and domestic violence*, "the abuse experienced [by disabled women] was especially acute where the abusive partner was also the carer, making it impossible for women to get help. Neglect was a strong feature, and isolating women from other external carers had the effect of exacerbating the neglect, and was a direct strategy of abuse adopted by some perpetrators."⁷⁰ When a (non-disabled) perpetrator is also a carer for a disabled victim, this can result in an extra barrier to the victim/survivor regarding recognising the abuse, disclosing it, and seeking help, due to societal views of carers, the response of agencies, and internalised attitudes. One interviewee stated: "It's like... your heart goes out to your partner because they are doing all your care work. And I do appreciate that... because some it's quite physical and some of it's hard work."⁷¹ The report also highlights how intersecting identities can further heighten these barriers, noting "interviewees who were in same sex relationships in particular had often been disbelieved and denied help."

Finally, we support Stay Safe East's proposed amendments to the Domestic Abuse Bill 2019-21 seek to address existing gaps in legislation to protect disabled victims and survivors of domestic abuse, in particular.

⁶⁶ SafeLives (2017), *Disabled Survivors Too: Disabled people and domestic abuse*. Available at: <https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

⁶⁷ Department for Work & Pensions (2019), *Family Resources Survey 2018/19*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874507/family-resources-survey-2018-19.pdf

⁶⁸ SafeLives (2020), *Marac National Dataset 2019/20*. Available at: <https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

⁶⁹ SafeLives (2017), *Disabled Survivors Too: Disabled people and domestic abuse*. Available at: <https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

⁷⁰ Hague, G. (2008), *Making the links: Disabled women and domestic violence*. Available at: <https://equation.org.uk/wp-content/uploads/2016/02/EQ-LIB-127.pdf>

⁷¹ Hague, G. (2008), *Making the links: Disabled women and domestic violence*. Available at: <https://equation.org.uk/wp-content/uploads/2016/02/EQ-LIB-127.pdf>

- Repeal the provisions relating to defence for controlling or coercive behaviour offence. 1. The previous Serious Crime and Domestic Abuse Act 2014 includes a clause, known as the ‘carer’s defence’, which allows a family member or partner accused of abuse to claim they were acting in the victim’s ‘best interests’. If the Domestic Abuse Bill 2019-21 is to protect disabled victims as well as non-disabled victims, perpetrators must not be given a clause to claim ‘best interests’ as justification for abuse;
- Many disabled people experience abuse from paid and unpaid carers or personal assistants with whom they have a close, but not familial, relationships. This is experienced as a form of domestic abuse but, currently, there is little legislation to protect such victims. As such, the Bill must recognise domestic abuse by people who are paid or unpaid carers, to whom the victim is personally connect but who are not partners or family members.

Our recommendations for disabled people

- Data collection processes must be improved to fully understand the extent to which domestic abuse services and interventions are responding to disabled victims;
- Similarly, greater understanding of disabled perpetrators, and of non-disabled perpetrators who specifically target disabled people must be built in order to better recognise and respond to these cohorts.
- Undertake specific work, with specialist organisations, to address the institutional barriers preventing people who are disabled from accessing and using statutory agencies who can and should help them get safe from domestic abuse. Link this work to cross-Government commitments on equity, equality, diversity and inclusion relevant to all major Government agencies, policies and programmes;
- Take an equity-based approach to future policy making and funding, redressing the historic under-representation of and support for disabled survivors;
- Commit to transparency in Government datasets. Where data is unreliable or hasn’t been disaggregated on the basis of disability, make this plain and explain how those issues will be addressed in future.
- The operation of the Care Act in relation to the specialist support provided to disabled and deaf victims/survivors of domestic abuse should be reviewed by DHSC with a resultant strengthening of the guidance to Local Authorities to make it explicit that disabled survivors and perpetrators must be referred to specialist support.
- The Domestic Abuse Bill 2019-21 must address the needs of disabled victims and survivors by repealing the ‘carer’s defence’ and recognising paid and unpaid carers and personal assistants as perpetrators when abuse occurs within those close, but not intimate or familial, relationships.

4. Activity to aid prevention

The new VAWG and Domestic Abuse Strategies must ensure that we are acting before someone harms or is harmed. When we asked colleagues in our staff survey what activity would help to prevent VAWG, culture change, with a focus on equality, was a recurrent theme. Respondents told us “prevention will require a shift in wider society whereby society refuses to accept abuse/violence of women and girls as commonplace.” Several called for greater representation of women in leadership, positive role models for young people, and conversations about the effect of patriarchy on people of all genders.

Issues of the representation of women and of gender roles in the media and advertising were raised by several respondents, with a particular focus on the persistence of victim-blaming narratives, and the continuing prevalence of myths around how victims of VAWG should look, feel, and act. The work of organisations such as We Level Up, Everyday Sexism and We Can’t Consent to This, among many others, have been instrumental in helping to challenge sexism in the UK, but challenging deeply engrained social narratives needs to come from the top-down as well as bottom-up.

Furthermore, one colleague told us: “any strategy to prevent VAWG should also think about intersectionality – how other inequalities within society can also impact on how a person might experience VAWG.” This extends to issues of racism, homophobia, transphobia, ableism, etc, but also includes the impact of poverty, mental health needs, substance and alcohol abuse problems, and other Adverse Childhood Experiences (ACEs), such as early and/or repeated bereavement.

The Government must build evidence about how violence and abuse can be prevented from happening in the first place, including through hearing the voices of those who have used abuse themselves, or

experienced abuse at a young age. We must listen to the voices of young men in order to build understanding of how to challenge and deconstruct the prevailing constrictive stereotypes of masculinity. Research must also include how the early experiences of children and young people influence whether they go on to use abuse in their relationships, looking particularly at the first 1,001 days to age two.

In our staff survey, the role of education was raised again and again: starting early and continuing through life, to embed the values of equality, and challenge harmful attitudes and behaviours. 'Education' - both formal and less formal - would help young people to engage in healthy and respectful relationships; it would also help the public to identify the signs of abuse, understand the tactics of those using abuse, and know how best to challenge those using abuse.

Schools are a key site of prevention activities. Comprehensive and effective relationships, sex and health education is an opportunity for early intervention. Schools will act as a levelling mechanism for those children and young people who are not able to have open and honest conversations at home or in other forums, and will be complementary or corrective to the information young people are accessing online at an increasingly young age.

Children should be taught that their bodies belong to them and about safe and unsafe touch in an age appropriate way. Teaching children this helps them learn about boundaries and asserting themselves when someone crosses a boundary. Understanding your right to protect your body, privacy and boundaries with assertiveness is a cornerstone of developing healthy relationships. Moreover, children and young people must learn that it is not acceptable to touch others without permission or exhibit jealous and controlling behaviours in a relationship if we are to prevent VAWG in the first place.

In particular there is more evidence suggesting that young people's behaviours are being shaped by accessing pornography. Research for the Government Equalities' Unit found that a majority of frontline workers spontaneously mentioned pornography as an influential factor for harmful sexual behaviours by boys and young men towards women and girls.⁷² The Children's Commissioner's Office research in 2013 found that 65 per cent of 15-16 year olds report seeing pornography, and just over half the sample of boys saw pornography as realistic.⁷³ A female focus group participant in the research said: "It gives a unrealistic view of sex and our bodies makes us self conscious and question why are bodies are not developed like what we see online".

Early education was a recurrent theme in our conversations with survivors. One focus group participant told us the sexual abuse they experienced started in early childhood. They stated, "growing up, I genuinely believed that this is what all women experienced. No one told me that this wasn't normal, or what I should expect. For me it was the norm, it was what happened to girls. I didn't know it was sexual abuse, no one said it was rape." As such, she learned these were acceptable experiences in a relationship, and went on to be in an abusive relationship without questioning whether what she was experiencing was wrong.

It's important that primary schools consider the implicit and explicit messages they give to children about gender roles. Girls internalise messages from an early age that their value is in their attractiveness, in their popularity and in how they meet the needs of others. This in turn can leave girls vulnerable in later life to exploitation and to sexual pressure. Boys are also given gendered messages that can pressure them to adopt objectifying attitudes towards girls.

Children at this age need to be taught that they can speak out about problems at home, such as domestic abuse. The concept of domestic abuse is too complex for young children and so they need instead to be taught that if they feel scared or worried that they can talk to an adult they trust. They can be taught about recognising feelings and responding to this by seeking help. Examples include the book 'A Terrible Thing Happened' by Margaret M Holmes and 'How Are You Feeling Today Baby Bear?' by Jane Evans.^{74,75}

⁷² Government Equalities Office (2020), *The relationship between pornography use and harmful sexual behaviours*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952525/The_Relationship_between_Pornography_use_and_Harmful_Sexual_Behaviours.pdf

⁷³ Martellozzo, E. et al. (2017), "...I wasn't sure it was normal to watch it...": *A quantitative and qualitative examination of the impact of online pornography on the values, attitudes, beliefs and behaviours of children and young people*. Available at: <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/06/MDX-NSPCC-OCC-Online-Pornography-Report.pdf>

⁷⁴ Holmes, M. (2000), *A terrible thing has happened*. Available at: <https://www.apa.org/pubs/magination/4416428>

Domestic abuse should be talked about in a way that young children can understand and should also relate to not just the stereotypical versions of domestic abuse as the children may not be experiencing these types of abuse (i.e. mum and dad in a nuclear family home), this could be coming from older siblings, parents that no longer live in the home or extended family members that could present a risk.

As there may be disclosures of domestic abuse or child abuse, the educators who are teaching about relationships should be equipped with ways of recognising children's disclosures and know how to respond. Previous research⁷⁶ has identified a need for these programmes to be linked to services for young people who disclose abuse in their own or their parents' relationships. Children may not outright disclose the abuse, so the teachers should be trained to recognise signs and symptoms that may be less obvious. Alongside this, schools must have robust referral mechanisms which all staff understand so that disclosures of abuse are acted upon swiftly and children are offered the support they need. Encouraging children to reflect on their experiences of domestic abuse without ensuring educators have the appropriate training and that the school has the resources to cope with disclosures could increase risk to those children disclosing.

Primary school children show an internalisation of gendered messaging that leaves girls under confident and boys less able to recognise and verbalise emotions. This needs to be addressed to help change the culture in which VAWG is thriving.

Secondary-school-aged children and young people need to be taught about domestic abuse in a more direct way. This should ideally be delivered by or with domestic abuse experts, or teachers trained by domestic abuse experts to deliver accurate information and to respond to disclosures.

From Year 7, children should be taught about healthy friendships as a building block to learning about healthy intimate relationships. This should include age-appropriate examples of emotional abuse and coercion within friendships to help them recognise poor treatment from others.

From Year 9, young people should be taught about gender-based violence, gender inequality, and gender biases as well, and how that feeds into power imbalances within relationships and wider society. They need to be taught specifically about domestic abuse and how it may manifest in their own relationships, including LGBT+ relationships. This should include digital stalking and harassment.

Evidence provided to the Women and Equalities Committee inquiry on sexual harassment and sexual violence in schools highlighted a 'normalisation' of sexual harassment and abuse among young people. The report concluded, "research with 13- to 18-year-olds suggests that young people trivialise and justify violence against women and girls, view some forms of sexual harassment as normal and even inevitable, and excuse rape."⁷⁷

This was echoed in our conversations with survivors of domestic abuse. One focus group participant told us: "In the community where I grew up, violence against women and girls was a daily occurrence, out and about, in schools, in youth clubs. Boys were always grabbing you, trying to put their hands in your pants or in your bra – it was completely normal. [...] 20 years later, not much has changed. Working in schools now, I've seen it myself. I've seen boys pin girls up to the wall, and I've noticed the teachers tell both of them to stop messing around – it's seen as the boy *and* the girl being disruptive. There are no follow up conversations with the girl to check she's okay, that she knows her body is her own and people can't touch her in ways she doesn't like."

Alongside *On Our Radar* and *Comic Relief*, we undertook a project in which we aimed to better understand how young people aged 13 to 18 in the UK considered, discussed and responded to harmful behaviour within their romantic relationships. We also aimed to understand how young people might better engage with support, and who they were likely to disclose worries and issues to. We undertook interviews and focus groups with young people across the country, as well as a national survey, and gained frequent feedback from a Young Person's Steering Group.⁷⁸

⁷⁵ Evans, J. (2014), *How Are You Feeling Today, Baby Bear?* Available at: <https://blackwells.co.uk/bookshop/product/How-Are-You-Feeling-Today-Baby-Bear-by-Jane-Evans-Laurence-Jackson-artist/9781849054249>

⁷⁶ Stanley, N. et al. (2015), *Preventing domestic abuse for children and young people: A review of school-based interventions*. Children and Youth Services Review, 59, 120–131.

⁷⁷ House of Commons Women and Equalities Committee (2016), *Sexual harassment and sexual violence in schools*. Available at: <https://www.publications.parliament.uk/pa/cm201617/cmselect/cmwomeq/91/91.pdf>

⁷⁸ Currently unpublished

We found that:

- Young people do not use the term 'domestic abuse', instead using words such as 'toxic', 'controlling' and 'manipulative';
- Young people want support in understanding what is and isn't acceptable in their relationships. In the Talk About Toxic national survey, more than half (51 per cent) of respondents to our survey of 13- to 18-year-olds said they would most want support in that area, while one third (31 per cent) said they wanted 'advice on getting out of a relationship that feels unsafe';⁷⁹
- Young people are unsure how to manage boundaries around technology;
- Unwanted sexual behaviour was a common feature in the stories young people shared with us;
- Friends and family are young people's main support mechanism for their relationships;
- Young people want content to be diverse and inclusive;
- Young people are happy to share their story, and see benefits in reading the stories of others, highlighting that we need to amplify young people's language and stories, rather than writing about them.

Out of this research, we developed and designed an online platform for mobile use called 'Draw the Line' which aims to empower young people to know how and where to reach out.⁸⁰ There is a space where young people can read and share real stories with their peers, and an opportunity for young people to 'draw the line' through abusive behaviour. This was accompanied by the development of a communications pack and schools pack to support RSE and PSHE delivery in offline youth spaces.

In the first eight weeks of the platform pilot, approximately two and a half thousand young people visited and interacted with the platform. One quarter (26 per cent) were aged 16 or 17. The online feedback survey showed: 93 per cent of young people felt more confident in their understanding of what an unhealthy relationship is; 98 per cent said reading stories helped them to understand the different forms an unhealthy relationship might take; 95 per cent felt more confident or empowered to seek help for themselves; and 75 per cent said the platform felt relevant to them and their lives. In particular, the project has highlighted key learnings around using the language and stories of young people to help teenagers relate to the content.

Moreover, education about VAWG, domestic abuse, relationships and consent should focus on all genders and address notions of masculinity and norms of behaviour among men and boys, rather than only concentrate on what girls need to do to 'avoid' abusive behaviour.

In our Men and Boys Voices engagement work with men and boys, our research found that over a quarter (28 per cent) of respondents said they had demonstrated behaviour within a relationship that they regretted.⁸¹ The relationship was most commonly with a partner (63 per cent), followed by a family member (45 per cent) and an ex-partner (41 per cent). The majority of these relationships occurred between the ages of 16 and 29 (64 per cent). When comparing to the age of respondents, it was clear that two thirds of these relationships were non-recent, while 13 per cent were current.

When asked what category the behaviour would fall under, nearly half said emotional (47 per cent), while one in seven said it was physical (14 per cent) and a similar amount said it was controlling (13 per cent). 16 per cent of respondents said that their behaviour caused the other person to fear them. When asked how the behaviour affected them, the most common answers were that they felt bad about it (83 per cent), they felt shame or embarrassment (57 per cent), they felt less respect for themselves (55 per cent), they felt down (43 per cent) and the behaviour scared them (38 per cent). One interviewee told us, "you're apologetic, because you know you shouldn't be doing it, but it's about fixing it, [...] I knew there was that self esteem issue there, but it takes time to fix that. But in the meantime, I'm projecting it onto someone else, who actually has done absolutely nothing wrong." However, only a very small number of those who had done something they regretted said they had feared any kind of external sanction. They worried about their own feelings, but not that they would be met with punishment or even disapproval from their peers or other people around them.

Respondents were asked how far they agreed with the statement, "traditional gender roles improve family values". Almost half (48 per cent) disagreed or strongly disagreed, while one quarter (23 per

⁷⁹ SafeLives (2020), *My Story Matters: #TalkAboutToxic, Survey results*. Available at: <https://safelives.org.uk/sites/default/files/resources/Talk%20about%20toxic%20survey%20results%20Report.pdf>

⁸⁰ <https://drawtheline.uk/>

⁸¹ 68 per cent said they had not.

cent) agreed or strongly agreed with the statement. Asked if they believed that “society tells us men should be tough and that 'real men' don't cry”, two thirds (64 per cent) agreed or strongly agreed. Finally, when asked if “society's view of masculinity can have a negative effect on the mental health of men and boys”, the vast majority (84 per cent) agreed, with only 7 per cent disagreeing. These are familiar issues in the development of masculinity and perception of masculinity.

More surprising was the prevalence of boys and men who rated trust as the most important component of a relationship – twice as many as those who said love was the most important component. They also expressed significant concerns about whether someone would be faithful to them in a relationship, and this was often linked to episodes in which they had acted in a way they could later identify as regrettable.

We were able to engage with over 1,000 boys and men through the Men and Boys' Voices project, but this is work that should continue and be significantly expanded through a Government strategy which explores 'Men and boys at risk of harming themselves and other people'. This strategy would be relevant across multiple harms affecting and/or perpetrated by men and boys: from VAWG to street violence, other forms of crime, specific health problems and other relevant issues of concern in which being male is the most common factor.

Until we directly speak with and to boys and men about their developing sense of what they're entitled to and responsible for in a relationship, we will keep focusing 'healthy relationships' information on a vague and top-line series of statements that are often engaged with more actively by girls than boys, but which may not really reach either in terms of impacting their behaviour. The formats and tone in which these conversations happen are also important. Specialist organisations who understand the needs of boys and young men in these conversations should be engaged in this process to open up difficult topics and respond to what happens in the room as a result.

When talking about domestic abuse within teenage relationships, there should be thought put into the language used, especially in the naming of domestic abuse and perpetrators of domestic abuse. Young people often don't identify with the phrase 'domestic abuse' and, similarly, they often don't think of the person that they are in a relationship with as a 'perpetrator'. Instead, in our Talk About Toxic report, we found that 69 per cent of teens would use the word 'toxic' to describe harmful relationships.⁸²

The young person also shouldn't be labelled 'a perpetrator', but a 'young person causing harm'. Different approaches may need to be taken with girls and boys. Organisations that play a role in the lives of young people should think creatively about how to open up conversations about these issues.

There needs to be a clear balance between teaching to recognise and respond to both the victims of abuse (to recognise if you're a victim) and the causing of harm (if you're a person who is causing harm). We know that young people can easily fall into both roles, or at least to identify themselves with both roles. For example, a victim of relationship abuse, and a perpetrator of adolescent to parent violence, or a victim of abuse in the home and then causing harm in their own relationships. We need to make sure not to vilify the person causing harm or it may be difficult for a young person to come forward and seek help (both the victim and the person causing harm). When talking about how a victim should respond to the abuse, there also shouldn't be a singular focus on ending that relationship. Again, we know that young people often don't see the 'perpetrator' as a perpetrator and instead want to offer help and support. They tell us that they don't simply want to be told what to do: they often liken this to being misunderstood and their voices ignored. By the same token, a young person who opens up sufficiently to say they are worried about their own behaviour and its possible negative impact, should be supported to explore that conversation, on the basis that shame and humiliation are poor drivers for change.

Considering that a young person may be experiencing or using domestic abuse in many forms, educators must talk about all of its manifestations including parental abuse, intimate relationship abuse, and especially adolescent-to-parent abuse. There should be a specific focus on so-called 'honour'-based abuse, forced marriage and female genital mutilation (FGM), and a specific focus on abuse in LGBT+ relationships.

⁸² SafeLives (2020), *My Story Matters: #TalkAboutToxic, Survey results*. Available at: <https://safelives.org.uk/sites/default/files/resources/Talk%20about%20toxic%20survey%20results%20Report.pdf>

Discussions around trust should include conversations about those causing harm. The From Boys to Men Project found that many young people believe that physical violence is necessary in cases where there is a lack of honesty and trust.⁸³ This research found that all participants in the diverse range of groups (which included young men who were violent), wanted a 'trusting relationship'. The project identified that young men who were abusive often had an understanding that the abuse was wrong, but still found themselves demonstrating this behaviour. One young man in the project said: "I think that you should never hit a woman but I know I've experienced it in the past when I've been cheated on and at the time you're that upset, you don't really think...you just want to go round and smash someone's face in." The research found that most young relationships lack trust, and that trust needs to be taught and it isn't inherently developed-it should be a key aspect of health relationships education. In his interview with us, Professor David Gadd explains: "Nobody wanted to be in a relationship where there was no trust. The difficulty is that most people don't actually have a sense of 'how' to establish trust in a relationship."⁸⁴ He highlights that for young men who are concerned about their abusive behaviour, self-referring to services usually means the young person must incriminate themselves.

Recommendations

- New mandatory RSHE curriculum reformed so it reflects the best practice on understanding healthy relationships, meeting the different needs of boys and girls, reflecting the intersectional nature of the impact of harmful behaviour, including a focus on so-called 'honour'-based abuse, forced marriage and female genital mutilation (FGM), and abuse in LGBT+ relationships.
- Ensuring young people can access materials online to inform themselves about healthy relationships for example SafeLives' and On Our Radar's successful pilot 'Draw the Line'
- Bystander programmes supporting young people to understand early signs of abuse as well as peer-to-peer mentoring programmes and peer interventions
- Ensuring young people who are worried about their own behaviour have dedicated ways of finding out how they can be supported, including online resources and peer support methods of the kind SafeLives is currently developing with partners through our Your Best Friend project, supported by a Tampon Tax grant.
- Government must build evidence about how violence and abuse can be prevented from happening in the first place, including through hearing the voices of those who have used abuse themselves, or experienced abuse at a young age.
- The Government should develop a strategy which explores 'Men and boys at risk of harming themselves and other people'. This strategy would be relevant across multiple harms affecting and/or perpetrated by men and boys: from VAWG to street violence, other forms of crime, specific health problems and other relevant issues of concern in which being male is the most common factor.
- There should be national campaigns showing positive relationships with male role models e.g. 'the Marcus Rashford of healthy relationships'. This should include public health messaging about the impact of watching pornography, co-produced by young people.
- Greater research into how the early experiences of children and young people influence whether they go on to use abuse in their relationships, looking particularly at the first 1,001 days to age two.
- Cultural change training for all frontline public sector professionals, particularly Children's Social Care, CAMHS (plus health visitors and school nurses), youth workers and teachers
- Reform of the Children's Act 1989 to recognise coercive and controlling behaviour as a harm in its own right.
- Development of guidance for health service professionals on enquiry with CYP experiencing DA in the home and in their own relationships, particularly in CAMHS/Health visiting/GPs in partnership with IRISi.

5. Perpetrators

As noted above, we are passionate about challenging perpetrators to change. We need to change the narrative from "why doesn't she leave?" to "why doesn't he stop?", a principle that applies whatever the gender of the victim or perpetrator and whatever the nature of their relationship. We know that a quarter

⁸³ <http://www.boystomenproject.com/>

⁸⁴ SafeLives interview with Professor David Gadd. Available at: <http://www.safelives.org.uk/knowledge-hub/spotlight-3-young-people-and-domestic-abuse/understanding-young-people-who-harm>

of high-risk perpetrators are repeat offenders. Some have at least six different victims.⁸⁵ Their behaviour costs lives, wellbeing, and money. These costs are disproportionately borne by women, and by the state agencies who support them when harm has happened.

It's impossible to end domestic abuse without tackling the cause of the problem: those who are using harmful behaviours against people they claim to love. We believe in the importance of a strategic, whole system approach to tackling domestic abuse, that provides substantial support for adult and child victims and survivors, alongside sufficient effective provision to challenge and change perpetrators in order to prevent and end domestic abuse.

Over 125 organisations from across the statutory, voluntary and academic sectors have signed up to a [Call to Action on a Perpetrator Strategy](#), and we welcome Government's recent commitments to include this in the Domestic Abuse Strategy later in the year. In line with the Call to Action, we recommend that:

- Public and voluntary services are empowered to hold perpetrators to account. Specifically, through police-led multi-agency forums in each area to coordinate responses to the most harmful perpetrators, a more systematic use of criminal justice opportunities to address perpetrators' behaviour, workforce development training across the statutory and voluntary sector to enable a range of professionals to identify and respond to abusive behaviour, and clear pathways into perpetrator interventions from a range of agencies and frontline services;
- Best-practice perpetrator interventions be made available across England and Wales, including those tailored to people with protected characteristics;
- National quality-assurance systems, with perpetrator work covered by relevant inspectorates, and nation-wide data collection to enable the collation and use of best practice and insights;
- A sustainable, predictable source of funding to address the primary obstacle to commissioning perpetrator provision as identified by Police and Crim Commissioners and practitioners. Currently, interventions are often funded from inconsistent, ad-hoc budgets, raising questions around sustainability. Instead, a cross-departmental funding commitment from the Government must support the roll-out of the Perpetrator Strategy, alongside and independent of investment in victim support services;
- National and local leaders to spearhead the Perpetrator Strategy, working with frontline practitioners to facilitate the embedding of best practice, and deliver societal and systems change.⁸⁶

Domestic abuse can only end if we address those that are perpetrating abuse. This means challenging the social norms that facilitate abuse, intervening with those on the cusp of offending, those already causing serious harm, and all stages in between. We want to see systems that enable those who have been abusive or are at risk of being abusive to change their behaviour and systems that force them to do so if they are unwilling to change. We want to see a range of interventions for all types of perpetrators, including individuals with protected characteristics, and that address abuse in all its forms. We need individuals, communities and all government departments to work with us towards this vision. We want to empower people – whether private employers, government agencies, or people who are worried about the behaviour of a friend – to recognise abuse and respond safely.

As stated in the joint principles published by EVAW, Imkaan and Women's Aid Federation of England, "further work is needed on developing responses across the whole VAWG spectrum. Further work is additionally needed to develop quality interventions across all forms of VAWG, and ensure that victims of perpetrators from minoritised groups are not excluded from the benefits of effective perpetrator work."⁸⁷

According to our 2019 survey of frontline domestic abuse practitioners, more than a third of services were not aware of a response to perpetrators of domestic abuse in their local area (22 per cent told us there was no local response, 15 per cent were not sure). Other frontline professionals, such as

⁸⁵ Robinson, A. et al. (2014), *Prevalence and Characteristics of Serial Domestic Abuse Perpetrators: Multi-Agency Evidence from Wales*. Available at: https://orca.cf.ac.uk/67542/1/Robinson%20Clancy%20%26%20Hanks%20%282014%29%20Serial%20perpetrators_Phase%20%20report_Final%20version.pdf

⁸⁶ The Drive Partnership (2019), *A Domestic Abuse Perpetrator Strategy for England and Wales: Call to Action*. Available at: <http://driveproject.org.uk/wp-content/uploads/2020/01/Call-to-Action-Final.pdf>

⁸⁷ EVAW et al. (2021), *Joint Principles for the VAWG Strategy 2021-2024*. Available at: <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Joint-Principles-for-the-VAWG-Strategy-2021-2024-1.pdf>

Children's Social Care workers tell us that they aren't confident working with perpetrators leaving the focus of their interventions on the non-abusive parent.⁸⁸

As Ofsted's Joint Targeted Area Inspection on domestic abuse in 2017 found, "there was a notable absence of attention given to the perpetrators of abuse, compared to the victim. Throughout the evidence, the complexity of coercive control and its role in the behaviour of abusers arose frequently."⁸⁹ SafeLives' cultural change programme for children's social care workers which was piloted in 2020 with funding from the Home Office found that post training, 92 per cent of respondents felt they had a very or extremely good understanding of the tactics perpetrators of domestic abuse use to keep their victim(s) within a relationship and prevent them from leaving. This response compares to only 40 per cent of respondents feeling confident in their knowledge of this prior to training. Extending this training to all children's social care workers could help to create a workforce which fills gaps in understanding as identified by Ofsted: "Professionals did not always recognise that, though not always, separation could escalate risk. They did not sometimes realise that the abuse does not end when people stop living together."

Answers about the availability of provision varied within individual police force areas, which may reflect more localised provision but could also mean that some services were not aware of local provision that did exist. It is important that perpetrator responses are integrated with services that support victims and survivors; safe perpetrator interventions work in lockstep with services for adult and child victims and responses for children. The variation in responses by police force area may also reflect different interpretations of a 'dedicated response'. For instance, some of those who answered that there was no dedicated response went on to explain that some services were available, but with a limited remit or eligibility criteria.

A survey of PCCs aimed at mapping perpetrator provision, carried out by the Drive Partnership, found that commissioning of programmes was inconsistent across England and Wales, with factors such as population having little bearing on the number of programmes commissioned.⁹⁰ Neither SafeLives' Practitioner Survey nor the mapping survey conducted by the Drive Partnership gathered information about the quality of interventions available, however the mapping exercise did establish that only around one in five of the programmes that were identified were Respect accredited. In light of these factors we cannot be certain that there is fully adequate provision available even in areas where some respondents told us there was a dedicated response. We know that much more is needed to cover the full spectrum of perpetrators.

Over half (60 per cent) of respondents to our Practitioner's Survey referred to the lack of funding as being the main reason that a response to those perpetrating abuse is not available in their area. This is in line with findings from the Drive Partnership's mapping exercise, which identified that programmes are often funded from welcome but tightly limited and short-term pots of funding, such as the Police Transformation fund, and it is rare that there is an existing budget line for perpetrator work.

To reduce the number of victims and increase the safety and life chances of victims and survivors, including children, we need:

- Availability of quality assured perpetrator interventions across England and Wales, provided by both voluntary and statutory sector, that address the whole range of perpetrators. These are not alternatives to a criminal justice response. Different approaches will be required, taking into account the different kinds of risk perpetrators pose, offending profiles, needs, and trauma history.
- Appropriate community-level initiatives and communications campaigns in place, to ensure those who are seeking help know where to access it, communities are not silent or enabling domestic abuse, and that perpetrator interventions are responsive to the cultural context in which they are delivered. Programmes for children and young people are also needed to ensure they are appropriately educated about abuse, harmful gender stereotypes are challenged, and that

⁸⁸ SafeLives (2020), *Culture change programme for Children's Social Care professionals: pilot evaluation*. Available at: <https://safelives.org.uk/sites/default/files/resources/Whole%20Picture%20Children's%20Social%20Care%20professionals%20cultural%20change%20evaluation.pdf>

⁸⁹ HMIP, HMICFRS, Care Quality Commission, Ofsted (2017), *The multi-agency response to children living with domestic abuse*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/935983/JTAI_domestic_abuse_18_Sept_2017.pdf

⁹⁰ Unpublished survey results.

prevention starts at the earliest stage. Such education should also be available for those excluded from mainstream school as well as dedicated provision aimed at children and young with special educational needs.

Perpetrator provision should be assessed against the principles developed by Respect:

- All provision needs to be safe and quality assured;
- Interventions with perpetrators must always be high quality, designed to keep survivors and their children safe, and delivered alongside support provided by specialist VAWG organisations;
- Funding for perpetrator work must never be at the expense of victim funding.

6. Services and support for victims (of all ages)

We are passionate about supporting all those whose lives are, or could be, damaged by a domestic abuse experience. We believe every single person at risk from abuse needs an effective, empathetic response that is tailored to their particular circumstances and helps them become safe and well in the long-term, in a way that is right for them. Our 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 four years), with 10 per cent experiencing abuse for more than 18 years.⁹¹ Who you are, and where you are, has a significant impact on how fast you can expect to get the help you need.

Evidence shows that public services often fail to identify domestic abuse and respond appropriately. Survivors are passed from service to service, all the while experiencing continuing harm and trauma. As Agenda stated in their 2020 briefing: “We must draw on the immense strength of the public sector, and train frontline services staff to ask those at risk about their experiences of abuse and respond appropriately to survivors with pathways into support.”⁹² We support Agenda’s call for a duty on public authorities to ensure frontline staff are trained to make sensitive enquiries into domestic abuse and to respond to disclosures. Any such duty must be backed by sufficient action to make this a reality.

We are also aware that there is a gap in provision for women who, at the point of reaching out, want to stay in their relationship or safely co-parent, with many services saying they cannot help with this scenario. The vast majority of women using specialist services at the moment are leaving or have already left their relationship (70-80 per cent). It is vital that there are approaches, centred in safeguarding and risk management, that engage with and support people experiencing domestic abuse who wish to remain in their relationship. These approaches must increase the awareness and safety of victims, and the accountability and responsibility of perpetrators, as well as ensuring children are appropriately supported. Where a couple or family member wishes to remain in the relationship, interventions should: provide the tools to identify motivation to change for the perpetrator of abuse; increase understanding of the dynamics of the domestic abuse within each individual situation; and provide the victim with support and opportunities to explore their situation and choices. This will mean that agencies are better informed and have a clearer understanding of what is taking place within a family.

Where victims and survivors have left the relationship, they must be protected from post-separation abuse, including economic abuse. Leaving the relationship does not signal an end to the abuse or risk, and legislation must recognise that. As noted by Surviving Economic Abuse, “the offence of controlling or coercive behaviour set out in section 76 of the Serious Crime Act 2015 does not cover post-separation abuse. This would mean that, once the Domestic Abuse Bill becomes law, the definitions of domestic abuse in the criminal law (s. 76 Serious Crime Act 2015) and in the Domestic Abuse Bill (clause 1) will conflict. Furthermore, the crime of domestic abuse in Scotland does include post-separation abuse. This means that, currently, survivors are better protected in Scotland than they are in England and Wales.” We support Surviving Economic Abuse’s calls to include post-separation abuse in the offence of controlling or coercive behaviour in order to ensure that behaviour counted as a crime in a relationship remains criminal once the relationship is over. As one Crown Court Judge said: ‘If you have had the strength to leave - we are suddenly not supporting those people? They have got the

⁹¹ SafeLives (2018), *SafeLives Insights National Briefing: Length of abuse and access to services*. Available at: <https://safelives.org.uk/sites/default/files/resources/SafeLives%20Insights%20National%20Briefing%20Paper%20Abuse%20Length.pdf>

⁹² Agenda (2020), *Ask and Take Action: Briefing for Report Stage by Agenda, the alliance for women and girls at risk*. Available at: https://weareagenda.org/wp-content/uploads/2020/04/Agenda-Briefing-for-Domestic-Abuse-Bill-Report-Stage-July-2020_final.pdf

legislation wrong, haven't they? They are probably missing about 50 or 60 per cent of the people who need to be protected? Those that manage that to escape but are still being controlled? That has got to be wrong. We have to change the law.⁹³

6.1 Risk assessment

Supporting all those whose lives are, or could be, damaged by a domestic abuse experience means ensuring the effective assessment of risk for each individual, in each individual circumstance, and tailoring safe responses to meet their needs in line with that risk. It means that someone can talk about their own specific circumstances and receive an individually tailored response.

We therefore urge the Home Office to ensure the VAWG and Domestic Abuse Strategies call for all agencies to fully train their frontline staff on how to assess risk and ensure that control and coercion are at the centre of their understanding of risk. Frontline staff must still use professional judgement appropriately and view the risk as being posed by the perpetrator, not caused by the victim. It is vital that professionals really see the person – the whole person – to support them to best effect. In supporting people earlier and in more sustained, suitable ways, we will see fewer people suffering the impact of domestic abuse at its most severe.

This is ever more important as more forms of risk assessment are developed, such as DASH, DARA, Merit and the Homicide Timeline, alongside different methods for perpetrators. In 2008 we worked with ACPO (now the NPCC) and a leading criminal behavioural analyst to create a nationally consistent tool for Police and other statutory and non-statutory practitioners to identify victims at high risk disclosing domestic abuse, so-called 'Honour' Based Violence and/or stalking. We sought to address challenges faced by practitioners, who at that time were using SPECCS, South Wales Police SFU9 or nothing to identify risk to these victims, and to straightforwardly combine actuarial assessment with professional judgement and escalation in frequency and severity of abuse. Respect, Cafcass, Karma Nirvana and others contributed their expertise and endorsement.

SafeLives DASH risk identification checklist and the Police DASH risk assessment and risk management tool were launched in 2009 and transformed the way in which services identify and respond to adult victims at high risk of being seriously harmed or murdered.⁹⁴ One retired police officer told us: "It makes me sad that researchers underestimate the difference the DASH made to frontline practice." While we know the domestic homicide rate has remained consistent since that point, the time it takes for a victim at high risk from abuse to be identified and appropriately supported (for example by an Idva) has been cut almost by half. As previously referred to, in Scotland, where there is very patchy use of the DASH, victims of high-risk abuse live with their situation for over a year longer, on average, than in England and Wales.

The adoption of SafeLives' DASH RIC created a common language around risk and consistency, as well as clear thresholds for referral to Marac and Idva. It is used across England and Wales by a wide range of statutory and voluntary sector agencies working with clients experiencing domestic abuse. The DASH RIC overcame inconsistencies and challenges for Police and partner agencies working in areas where a two-tier system was in place, including in some instances the need to access police systems to determine risk. Those systems are notoriously poor as a method for capturing full histories of abuse.

SafeLives have continued to deliver multi-agency DASH RIC training to statutory and voluntary sector agencies right across the UK. This work, combined with our observations and quality assurance of Maracs, has given us a unique insight and understanding of how the DASH RIC has contributed to building a common understanding of risk which means specialist domestic abuse professionals are better able to mobilise a multi-agency response to improve the safety of adult and child victims.

There has been significant change in domestic abuse research, and response, since the DASH was created in 2008/9. While we support the continuation of DASH as a multi-agency tool, further development should always be an option. What is imperative, whichever tool(s) are adopted, is

- They are used to support not substitute for professional judgement

⁹³ Surviving Economic Abuse (2021), *The Domestic Abuse Bill: Lords Committee Stage briefing – Post-separation abuse amendment*. Available at: <https://survivingeconomicabuse.org/wp-content/uploads/2021/02/Post-separation-abuse-DA-Bill-briefing-for-HL-Committee-Stage-Jan-2021-FINAL.pdf>

⁹⁴ Available at: <https://safelives.org.uk/sites/default/files/resources/Dash%20without%20guidance.pdf>

- Consensus is built between different statutory and voluntary agencies around what form of risk assessment works best to identify risks to adult and child victims, from perpetrators. Fragmentation of the risk assessment process will inevitably lead to less join-up not more.
- High quality, specialist training, is provided to a critical mass of the workforce in any agency expected to use domestic abuse risk assessment in their frontline practice. This training must be regularly refreshed.

6.2 Funding

Domestic abuse funding has declined sharply in the last decade as national and local budget holders make savings to meet shortfalls⁹⁵. Statutory services are thinly stretched, whether those are early intervention programmes for children in need or community mental health services. Meanwhile, the volume of reported domestic abuse cases is increasing year on year.⁹⁶

Recent and forthcoming legislation and accompanying work by the Welsh, Scottish and UK Governments aims to keep increasing awareness of abuse, with an emphasis on it being ‘everybody’s business’ including all statutory agencies, employers and wider civic society. This level of ambition and focus is very welcome, but appropriate funding to match the ambition isn’t yet available. We hear from professionals and survivors that the squeeze on frontline resources is stark – this was the case before the Covid-19 pandemic, but those existing pressures have significantly grown due to it. Quite simply: more money is needed.

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 and perpetrators.⁹⁷ There is little evidence of integrated provision which responds to the whole family and our data shows the time domestic abuse specialists and other professionals can spend with people is shortening despite a rise in people presenting with multiple needs. This weakens the impact of an intervention and reduces the opportunity to make someone sustainably safe and well. The lack of funding is short-sighted. It is costing lives, and costing money as referenced in the Government’s own figures which put the total at over £66 billion per annum.⁹⁸

We need investment now to save lives and money later. For example, after a survivor receives support from a hospital based Idva, costs to the health service reduce by over 40 per cent, equivalent to an estimated £2,000+ annual reduction in individual health service use. Spending just 15 per cent of the annual cost of responding to the highest risk perpetrators of domestic abuse would provide a response which addresses their behaviour. The ‘spend to save’ argument is crystal clear.

Our costings report ‘A Safe Fund’ estimates that £2.2bn of public investment per annum would be initially required to cover domestic abuse services for the whole family – adult, teen and child victims, and perpetrators.⁹⁹ This is an inclusive figure recognising that those with protected characteristics may need additional or specific types of support – something which is poorly addressed in current funding models. A significant proportion of this spend, £1bn, would be to support adult victims’ services, with those for children approximating £330m, and those for perpetrators totalling £680m. Though these figures are significant, they are dwarfed by the current cost to the state of domestic abuse.

The total includes costings to cover a cultural change programme for frontline public sector professionals, as well as police and specialist domestic abuse workers, including social services, court officials and health workers to increase understanding of domestic abuse and help drive improvements which amounts to an initial £65.5m, tapering away as it is rolled out. Noting the impact of the

⁹⁵ UK Women’s Budget Group (2019), *Women and the Spending Review*. Available at: <https://wbg.org.uk/wp-content/uploads/2019/04/spending-review-briefing-final-29-08-19.pdf>

⁹⁶ Office for National Statistics (2019), *Domestic abuse prevalence and trends, England and Wales: year ending March 2019*. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2019#police-recorded-crime-data-show-an-increase-in-domestic-abuse-related-crimes>

⁹⁷ SafeLives (2020), *A Safe Fund: costing domestic abuse provision for the whole family*, Available at:

https://safelives.org.uk/sites/default/files/A%20Safe%20Fund%20costing%20domestic%20abuse%20provision%20for%20the%20whole%20family%20in%20England%20and%20Wales_0.pdf

⁹⁸ 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

⁹⁹ SafeLives (2020), *A Safe Fund: costing domestic abuse provision for the whole family*, Available at:

https://safelives.org.uk/sites/default/files/A%20Safe%20Fund%20costing%20domestic%20abuse%20provision%20for%20the%20whole%20family%20in%20England%20and%20Wales_0.pdf

Government's recent #YouAreNotAlone campaign, we recommend an initial investment of £5m in an ongoing public health campaign to change public attitudes towards domestic abuse, shifting the narrative from "why doesn't she leave" to "why doesn't he stop", while signposting victims, perpetrators and friends and family to support.

Despite a very welcome injection of emergency funding, it is now clearer than ever that domestic abuse services must be considered a vital part of national infrastructure and be given the sustainable funding package they so urgently need. The 2021 Spending Review and the Victim's Funding Strategy represent an ideal time to provide a three-year sustainable funding settlement for domestic abuse services so that victims can get the help they need when they need it. A commitment to an extended duty on public bodies to provide community-based services in the Domestic Abuse Bill would ensure a settlement could be rolled out alongside that already secured for safe accommodation services.¹⁰⁰ Victims who access specialist domestic abuse services do so mainly in community-based settings, rather than through refuge. Indeed, the development of specialist support such as Idvas can help victims to stay safe in their own home. Focusing solely on removing victims from their home, works against the ambition we all should have – to safeguard the victim and remove the perpetrator.

6.3 Creating a 'Whole Health' approach to domestic abuse

We know that just one in five victims of domestic abuse call the police. That is why multiple access points outside of criminal justice settings are vitally important. We also know that certain settings, for example, 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. 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.

Victims and survivors can find it very difficult to disclose their experience of domestic abuse. Our Insights dataset found that on average, a victim will visit their GP 4.3 times.¹⁰¹ The duration of abuse before disclosure is likely to be much longer than three years for some, including older people, Black and other racially minoritised people, and disabled people. Disclosure is an opportunity for GPs to recognise domestic abuse and provide more effective care and support for their patients.

Moreover, the estimated annual cost of domestic abuse to health, excluding mental health costs, is £1.7bn.¹⁰² As such, "the cost, in both human and economic terms, is so significant that even marginally effective interventions are cost effective."¹⁰³

Pathfinder was a 3-year fixed-term pilot project that brought together expertise and funding for specialist domestic abuse interventions to embed a 'Whole Health' approach to domestic abuse in eight sites across England. The project ended in March 2020 and was led by Standing Together in partnership with four expert partners Against Violence and Abuse (AVA), Imkaan, IRISi and SafeLives.

According to findings from the Pathfinder pilot project:

- 75 per cent of domestic abuse results in physical injury or mental health consequences to women;
- Domestic abuse is the leading cause of morbidity for women aged 19 to 44, greater than cancer, war and road traffic accidents;
- There is extensive contact between women and primary care clinicians with 90 per cent of all female patients consulting their GP over a five-year period;
- One in eight of all suicides and suicide attempts by women in the UK are due to domestic abuse;
- 80 per cent of women in a violent relationship seek help from health services, usually GPs, at least once and this may be their first or only contact with professionals;
- 30 per cent of domestic abuse starts or escalates during pregnancy;

¹⁰⁰ Barnardo's (2021), *Domestic Abuse Bill: Committee Stage [HoL] - Amendments 176 & 177*. Available at:

<https://www.barnardos.org.uk/sites/default/files/2021-01/2021-01-28%20Joint%20briefing%20on%20amendments%20176%20%26%20177%20-%20Domestic%20Abuse%20Bill%2C....docx>

¹⁰¹ SafeLives (2018), *Insights health: England and Wales dataset 2015-2018*. Available at:

<https://safelives.org.uk/sites/default/files/resources/Insights%20national%20dataset%20Health%20-%202015-2018.pdf>

¹⁰² Walby, S. (2004), *The Cost of Domestic Violence*. Available at: <http://openaccess.city.ac.uk/21681/>

¹⁰³ National Institute for Health and Care Excellence (2014), *Domestic violence and abuse: multi-agency working*. Available at: <https://www.nice.org.uk/guidance/ph50/chapter/introduction>

- One in four women in contact with mental health services are likely to be experiencing domestic abuse when you see them;
- 51,355 NHS staff are likely to have experienced abuse in the past 12 months.¹⁰⁴

Pathfinder's key findings (due to be published shortly) found that there were five benefits of adopting a 'Whole Health Approach':

- 1) **Increasing awareness** both through victims/survivors understanding health-based opportunities to receive help, alongside healthcare professionals' own increase in knowledge about their role and responsibility in responding to domestic abuse. In particular, interviews with healthcare professionals highlighted the importance of the domestic violence and abuse service being co-located and fully integrated as part of the health team.
- 2) **Increasing professional knowledge**, skills so that healthcare staff can recognise domestic abuse and facilitate safe enquiry, signposting and referrals to specialist support. Victim-survivors also emphasised the importance of health professionals' behaviour and attitude in routine appointments. Confident, sensitive and safe enquiry about domestic violence and abuse by health professionals requires a level of expertise that Health Pathfinder generated through formal training, informal training (coaching) and co-location.
- 3) **Increasing relationships through strong leadership in the NHS** which created a shared sense of multi-agency responsibility and ownership for domestic violence and abuse.
- 4) **Empowering action from healthcare professionals** through the presence, visibility and integration of domestic violence and abuse services as well as from the training and coaching they provided so that health professionals have the expertise to both 'ask' and 'act'.
- 5) **Generating evidence through better data collection processes** in particular evidence of positive change on 'softer' outcomes was important to victim-survivors and how they felt about the service they received.

6.3.1 Acute care

Our Cry for Health research found benefits to locating domestic abuse practitioners in hospital settings: not least, the ability to identify victims who hadn't previously contacted the police or community domestic abuse services.¹⁰⁵

The role of the hospital-based Idva is to: provide immediate support and advice to victims of domestic abuse within hospital; link individuals and families to longer-term, community-based support; provide hospital staff with expert training so that they have the confidence to ask about domestic abuse.

According to our report, A Cry for Health, after the introduction of a hospital-based Idva service, the referrals of victims significantly increased.¹⁰⁶ In one of the hospitals, there were 11 Marac referrals in the 11 months before the introduction of the Idva service; this increased to 70 in referrals in the 11 months following the start of the Idva service. Another hospital said they had no referrals of patients to domestic abuse services in the year prior to the start of the Idva service, while another said they had only referred five patients in five years.

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

- The 'crisis' element of the victims' situation may make the root cause harder to hide.
- The disclosure of complex needs, vulnerabilities and unrecognised abuse in the hospital victim population may be higher than the victim population accessing community services, since victims are attending hospital primarily for urgent health issues which may or may not be related to the domestic abuse experienced.

¹⁰⁴ SafeLives (2020), *Pathfinder Key Findings Report*. Available at:

https://safelives.org.uk/sites/default/files/resources/Pathfinder%20Key%20Findings%20Report_Final.pdf

¹⁰⁵ 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/SAFJ4993_Themis_report_WEBcorrect.pdf

¹⁰⁶ 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/SAFJ4993_Themis_report_WEBcorrect.pdf

- They are accessing a group of victims who have previously not accessed help elsewhere, including those still in a relationship.
- Victims may be more likely to disclose domestic abuse because of the setting: it is considered by them 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.

Nine out of ten victims reported improvements in safety following an intervention by a hospital Idva. Despite this, hospital-based Idvas are patchy across the country and are often decommissioned despite excellent evidence when CCGs need to fund other services, failing to recognise their life-saving and cost-saving benefits. SafeLives' Cry for Health research calculated that the cost of providing hospital-based Idva services (with a minimum of two FTE Idvas per hospital at £100,000) would cost £15.7m to cover all acute hospitals (around 157). We therefore welcome NHS England's commitment to ensure there is access to Idvas across the NHS¹⁰⁷, though note that the deadline for making good on that has passed the April 2020 deadline of that year's NHS Standard Contract. We urge leaders in NHS England and the DHSC to find a pragmatic way to fulfil this commitment, working in partnership with the specialist domestic abuse sector.

6.3.2 Primary care

The IRIS model is a domestic abuse training, support and referral programme for GP practices. Feedback from training attendees has shown a positive effect, with one GP saying, "I think the course has given me some confidence asking patients" about domestic abuse.

A victim who was supported by an IRIS-trained GP said, "I just cried. I was just so relieved that somebody, that somebody just said something. And he [the GP] gave me the box of tissues and I just sat and cried and cried and cried. And he said, 'Tell me when you're ready.' And I poured it all out and that's when he said about the specialist worker. He said there is somebody out there to help me. I'm not on my own. And if I want help, it's there and not to be ashamed of it. Which I was - really ashamed of it. And he said, 'You're not on your own. We can get you this help.' And he did. He really did."¹⁰⁸

IRISi calculates that one FTE IRIS Advocate-Educator can work to support practices with a total patient population of 200,000 patients, which would require a year one investment of £77k (costs reduce to £55k in year two and following). Based on a total population of England and Wales of 59,439,840⁴⁸ and assuming that the total population is registered with a general practice then this would require investment of £22.9m. Like hospital-based Idvas, IRISi also has cost-benefits – their research has found £14 of savings per woman aged 16 years or older registered in general practice.¹⁰⁹

IRISi has also led on other innovative projects such as training pharmacists to identify signs of abuse in patients. According to the project "They identified that women who experience domestic abuse are 1.5 to 6.5 times more likely to request emergency contraception than non-abused women. As UK pharmacists supply 50 per cent of all emergency contraception, they may be ideally placed to implement an adapted IRIS."¹¹⁰

6.3.3 Mental health

There is a strong association between having mental health problems and being a victim of domestic abuse. Mental ill health is also a risk factor for abuse perpetration. Despite this, domestic abuse often goes undetected within mental health services and domestic abuse services are not always equipped to support mental health problems.

¹⁰⁷ HM Government (2019), *The Government Response to the Report from the Joint Committee on the Draft Domestic Abuse Bill*. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/817556/CCS0619467038-001_Domestic_Abuse_Bill_Print_WEB_Accessible.pdf

¹⁰⁸ SafeLives (Undated), *The General Practitioner (GP) Pathfinder Profile*. Available at: <https://safelives.org.uk/GP-pathfinder-profile>

¹⁰⁹ Barbosa, E.C. et al. (2018), *Cost-effectiveness of a domestic violence and abuse training and support programme in primary care in the real world*. Available at: <https://bmjopen.bmj.com/content/8/8/e021256>

¹¹⁰ <https://irisi.org/about-irisi/our-projects/#IRISPharmacy>

According to our Insights dataset, people with mental health needs accessing domestic abuse services were more likely to have experienced each type of abuse recorded, in particular sexual abuse.¹¹¹ Victims with mental health needs were more likely to have substance and alcohol misuse issues (10 per cent compared with 2 per cent, and 14 per cent compared with 4 per cent, respectively), and more likely to be in financial difficulty, with 66 per cent struggling to pay for essentials or able to pay for essentials with nothing left. Of the individuals who had attempted to leave the perpetrator, those with mental health needs had attempted to leave more times on average compared to those without mental health needs (three times compared with 2.1 times).¹¹²

Despite the evidence to reinforce the link between mental health needs and domestic abuse, some research estimates just 10-30 per cent of domestic abuse cases are identified in mental health settings.^{113,114} Although many mental health professionals are aware of the link, many mental health services are ill equipped to enquire about abuse and respond appropriately to disclosures, both from survivors and from those perpetrating abuse.

Victims of domestic abuse with mental health needs were more likely to have visited their GP and/or A&E in the 12 months before accessing support for the abuse, highlighting the role these services must play in responding to disclosures and referring to domestic abuse services.¹¹⁵

Asking about domestic abuse will lead to earlier disclosures, in turn leading to quicker support and access to safety. Mental health professionals should be trained to feel confident in enquiring about abuse with an understanding of how it can affect one's mental health. Survivors report that being asked sensitively and directly is more comfortable than disclosing to a practitioner who has not tried to broach the subject.¹¹⁶ However, research suggests that routine enquiry can have adverse consequences if professionals are not appropriately trained in responding to disclosures. Domestic abuse policies and training programmes should therefore be in place before routine enquiry is introduced.¹¹⁷

From 2009 to 2011, AVA delivered training as well as providing co-located Mental Health Idvas into Community Mental Health teams. Before the presence of this pilot, mental health teams had the same level of referrals into community domestic abuse services as those reported by "nursing, social work and dentistry professionals."¹¹⁸ Upon following up with clinicians they had improved knowledge, attitudes and behaviours towards domestic abuse survivors. Service users reported reductions in the frequency of violence, and an increase in diagnosis of PTSD in survivors which is a positive as it may give survivors the chance of recognising some of their coping mechanisms as a result of PTSD.

The Psychological Advocacy Towards Healing intervention used "advocates" who already understood the victim's background and would usually support them from a domestic abuse practitioner perspective to additionally provide psychological support.¹¹⁹ This trial found that psychological distress and symptoms of depression were improved within 12 months for those who had additional mental health support administered by advocates compared with those who did not.

SafeLives' evaluation of the LINKS pilot¹²⁰ in Barnet Enfield and Haringey Mental Health Trust in 2018 found that Idvas based in mental health trusts can achieve similar results to hospital-based Idva

¹¹¹ Physical abuse: 58 per cent compared with 55 per cent, Jealous and controlling behaviour: 81 per cent compared with 78 per cent, Harassment and stalking: 66 per cent compared with 63, Sexual abuse: 27 per cent compared with 19 per cent

¹¹² SafeLives (2019), *Safe and Well: Mental health and domestic abuse*. Available at:

<https://safelives.org.uk/sites/default/files/resources/Spotlight%207%20-%20Mental%20health%20and%20domestic%20abuse.pdf>

¹¹³ Howard, L.M. et al. (2010), *Domestic violence and mental health*. International Review of Psychiatry; 22(5): 525-34. Available at: <https://doi.org/10.3109/09540261.2010.512283>

¹¹⁴ Trevillion, K. et al. (2016), *Improving mental health service responses to domestic violence and abuse*. International Review of Psychiatry, 28 (5): 423-432. Available at: <https://doi.org/10.1080/09540261.2016.1201053>

¹¹⁵ 83 per cent of victims of domestic abuse with mental health needs visiting their GP in the 12 months before accessing support, compared with 60 per cent of those without mental health needs. The figures for A&E were 22 per cent compared with 15. SafeLives (2019), *Safe and Well: Mental health and domestic abuse*. Available at:

<https://safelives.org.uk/sites/default/files/resources/Spotlight%207%20-%20Mental%20health%20and%20domestic%20abuse.pdf>

¹¹⁶ Trevillion, K. et al. (2014), *Disclosure of domestic violence in mental health settings: A qualitative meta-synthesis*. International Review of Psychiatry; 26(4): 430-44. Available at: <https://doi.org/10.3109/09540261.2014.924095>

¹¹⁷ World Health Organization (2013), *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*. Available at: <https://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>

¹¹⁸ Trevillion, K. et al. (2014), *Linking abuse and recovery through advocacy: an observational study*. Available at: <https://doi.org/10.1017/s2045796013000206>

¹¹⁹ <https://www.bristol.ac.uk/primaryhealthcare/researchthemes/path.html>

¹²⁰ <https://safelives.org.uk/sites/default/files/resources/BEH-MHT%20LINKS%20pilot%20evaluation.pdf>

services. We calculate that two FTE Idvas at £50,000 each would be needed for 54 acute Mental Health Trusts totalling £5.4m.

Among perpetrators, data from the Drive Project highlights that almost a quarter (23 per cent) of service users had mental health needs at the midpoint. According to the Year 3 Evaluation of Drive, “levels of mental health needs were particularly striking both in number and severity for the service users interviewed – 20 out of 28 reported being helped with their mental health by their Drive case manager (with problems described ranging from high levels of anxiety and depression to psychosis).”¹²¹

Four of the 16 services users interviewed in Year 2 disclosed feeling suicidal at the start of the Drive intervention. As stated in the evaluation, “while some service users did seem to use their mental ill health at the time of their Drive-triggering incident/crime to reduce their level of responsibility, it was also the case that those interviewed with very high mental health needs at the start of Drive seemed to make striking progress on behaviour change that was corroborated by their case managers. For these service users, phrases like ‘Drive saved my life’ were common.”

One service user interview spoke about having sort help for their mental health needs previously but had not found it until they had committed a serious crime and received help on Drive. This experience “highlights the importance of a functioning wider multi-agency ecosystem, and in particular, mental health provision for dealing with this group of service users.”

However, “while mental health need seemed to be a benefit to engagement for some, practitioners also expressed concern that above a certain threshold of mental health need, it is almost impossible to engage service users in behaviour-change work, although other support and/or disrupt interventions were possible.”

There is, therefore, a very significant requirement to better understand the mental health of domestic abuse perpetrators, in order to recognise how best it can be addressed in the response to perpetrators and in the management of their behaviour. Work in this area would need to involve both generic, and men-only charities addressing suicide, such as Samaritans, Shout and CALM. Services provided by such charities are likely to hear from men euphemistically about ‘relationship issues’ in higher numbers than specialist domestic abuse charities. Therefore, they are an important site of potential disclosure.

6.4 Access to Idvas

Victims and survivors of domestic abuse who are at high risk of serious harm or murder are referred to a local Marac. There, a range of professionals discuss how to collaborate and coordinate resources to mitigate the risk posed and increase safety in each case. Each victim discussed at Marac should be supported by an Idva. Idvas are trained to be able to support victims and survivors at high risk, meaning those at risk of serious harm or murder. High risk domestic abuse is defined by either ten or more ticks on the Domestic Abuse, Stalking and Harassment, and ‘Honour’-Based Violence Risk Indicator Checklist (Dash RIC), or based on professional judgement, or an escalation in the severity and/or frequency of incidents.

For every local Marac, we produce an estimate of the number of Idvas required to support victims and survivors of domestic abuse in that area. This estimate is based on both the current number of Marac cases and the size of the local population, in order to adjust for Maracs that are seeing fewer cases than the estimated number of victims in that area. Based on these estimates, we recommend that more than 1,100 Idvas are needed to provide a bare minimum level of support to all victims of domestic abuse who are at high risk of serious harm or murder in England and Wales.

The current number of Idvas is nearly 300 fewer than the number required to meet the needs of victims and survivors at high risk of serious harm or murder, meaning there is only 74 per cent of the total number required. In order to build on current provision and address this shortfall, consistent and long-term funding must be made available for Idva support. We warmly welcome the £40 million funding recently announced by the Ministry of Justice, £16 million of which will fund Independent Sexual Violence Advisors (Isva) and 200 more Idvas over a two-year period. However, we would want to see funding which spans three to five years becoming the norm for domestic abuse services, and a full

¹²¹ Hester, M. (et al) (2019), *Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse*. Available at: http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf

addressing of the current shortfall in Idva numbers. We estimate that £56m is required annually to fund the minimum requirement for Idva provision.¹²²

SafeLives recommends that £50k p.a is the minimum committed to cover the on-costs but not core organisational costs of an Idva, who should be treated in the same banding range as a senior social worker, given their skill, training, responsibilities and the need for parity of esteem with statutory agency professionals. SafeLives' qualified Idvas receive a high level of training comprised of twelve intensive days in the classroom, plus assignments and reflective work. The course supports Idvas to consolidate their knowledge and skill, much of which will have been gained 'on the job' with no prior formal training. As well as the fundamentals of safety planning, legal frameworks and working with other agencies, Idvas receive a recognised qualification with the OCN. The cost for Idva provision splits into £53.3m for female victims and £2.7m for male victims

Specialist domestic abuse services tell us that this is vital to continuing their work: one practitioner told us, "every year about this time everyone is on edge waiting to see if their job will continue, waiting to see if they need to inform victims that they can no longer receive support, it shouldn't be this way. Lives are far too important."¹²³ Another frontline domestic abuse practitioner stated, "we need longer-term contracts to help us to continue to do this and to also develop services, so they are sustainable in the future."

Idva support is commonly delivered alongside outreach support. For example, of the 178 Idva services in our 2019 Practitioner Survey, almost two thirds (65 per cent) were also providing outreach support. However, only two in five (39 per cent) were delivering refuge provision. This masks the fact, however, that Idva services play a referral role into refuge services and other housing and accommodation options, with 10 per cent of clients using Idva support being supported into accessing refuge, 14 per cent helped to access a sanctuary scheme and 9 per cent supported to access statutory housing.¹²⁴

There were also a number of other support areas delivered by Idva services. Two in five (39 per cent) had a specialist children's support worker, more than a third (34 per cent) were providing specialist support for young people (Ypvas), and almost a third (29 per cent) employed Independent sexual violence advisors (Isvas).

One in ten services (10 per cent) had an IRIS worker: a specialist role linked to GP services to deliver training to health professionals. Additionally, 37 per cent of services provided other forms of provision, most commonly counselling, or a specialist advocate working with a particular group (such as those with substance misuse needs).

We also see improvements in information sharing and collaboration when Idvas are located in local authority settings such as children's services, housing departments and in adult social care, though in these instances the Idva service may have to work harder to retain their independent status, something crucial to their role.

6.5 Specialist support for young people, including Ypvas

Young People's Violence Advisors (Ypvas) are specialist advisors who work specifically with young people to help them rebuild their lives after experiences of abuse. They take in the specific needs that young people have in order to support young people in the way they require. We know from our Young People's Programme that establishing relationships over a longer period is necessary, and Idva services usually only have capacity for short term support until the risks are reduced, which often isn't appropriate with young victims.¹²⁵ It is vital that the support for young people is delivered in a way that is responsive to their needs, and that takes account of the differences in their circumstances, for example inclusive of those who live in rural, potentially more isolated communities, as well as those who live in

¹²² SafeLives (2020), *A Safe Fund: costing domestic abuse provision for the whole family*. Available at: https://safelives.org.uk/sites/default/files/A%20Safe%20Fund%20costing%20domestic%20abuse%20provision%20for%20the%20whole%20family%20in%20England%20and%20Wales_0.pdf

¹²³ SafeLives (2019), *SafeLives' 2019 survey of domestic abuse practitioners in England and Wales*. Available at: <https://safelives.org.uk/sites/default/files/resources/SafeLives%e2%80%99%202019%20survey%20of%20domestic%20abuse%20practitioners%20in%20England%20&%20Wales.pdf>

¹²⁴ SafeLives (2021), *Insights IDVA dataset 2019-20: Adult Independent domestic violence advisor (Idva) services*. Available at: <https://safelives.org.uk/sites/default/files/resources/Idva%20Insights%20Dataset%20201920.pdf>

¹²⁵ SafeLives (2017), *Safe Young Lives: Young people and domestic abuse*. Available at: <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

larger towns and for whom there might be higher levels of connected risk around exploitation, abuse and violence outside the home.

One young survivor told us, “I feel more confident to get into new relationships as I can use the work with the YPVA Service to see if the relationship I am in is healthy or unhealthy.”¹²⁶

Despite the 2013 change in the definition of domestic abuse to extend to 16- and 17-year-olds, and the efforts to embed this change in the response to domestic abuse, there are still gaps in the support for young people. While the Idva role was embedded in the Government’s last strategy to end VAWG, there was no such formal support for the Ypva role.

Many young people must still rely on services designed for adult victims, or simply don’t get a service that’s suitable for them at all. Our 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.

The Domestic Abuse Bill (2019-21) will recognise children as victims of domestic abuse in their own right once passed into law. But currently, there are further gaps for those younger than 16. Our data reveals that 16- and 17-year-olds experienced abuse for an average of 1.5 years before accessing adult domestic abuse services, suggesting that in many cases the abuse began before they were able to access this support. Before the age of 16, young people must rely on support from limited specialist young people’s domestic abuse services.

Therefore, we would want to see the inclusion of specialist services for young people, such as Ypvas, in this next VAWG Strategy and the following Domestic Abuse Strategy. We calculate the cost of providing Young People’s Violence Advisors at £2.5m.¹²⁷ Around 50 FTE Ypvas are required to meet the needs of young women (aged 12-15) who are victims of abuse in their own intimate relationships.

Legal remedies are also more limited: protection through a non-molestation order is harder to obtain for those under the age of 16, who will need permission from the high court before they can apply. There are also gaps in effective support for those young people who cause harm towards a partner or family members. Traditional criminal justice remedies for domestic abuse perpetrators do not address the underlying behaviour, and specialist services are limited.

The identification of young people experiencing domestic abuse and the referral to specialist services should be aided by Local Authority Children’s Services. Local Authorities have a duty (under the Children’s Act 1989) to investigate the child’s circumstances if they have reasonable cause to suspect that a child in their area is suffering, or is likely to suffer, significant harm. In these circumstances they must make such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child’s welfare. However, our Children’s Insights data shows that less than half (45 per cent) of young people in an abusive intimate relationship were known to children’s social services at intake to the service, with a Common Assessment Framework completed in just 8 per cent of cases.¹²⁸ In these cases, it is also possible that other concerns have brought these young people to the attention of social services. There is still more to be done to join up these two responses and ensure domestic abuse of young people is recognised as a child protection concern.

We welcome the recognition of children as victims of abuse in their own right for the first time in the Domestic Abuse Bill. This is a significant step forward in recognising that living with fear and control in a household at an early age is an abusive situation for that child. We estimate that approximately 371,000 children need support after experiencing abuse growing up. 41 per cent of partner abuse victims in the Crime Survey for England and Wales also had children and we have used the same measure to calculate ‘visibility’ to services. Using the figure of £50,000 per worker and a case load of 80 cases (our Children’s Insights data shows that children’s cases are on average slightly longer than adult cases),

¹²⁶ SafeLives (2017), *Safe Young Lives: Young people and domestic abuse*. Available at: <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

¹²⁷ SafeLives (2020), *A Safe Fund: costing domestic abuse provision for the whole family*, Available at: https://safelives.org.uk/sites/default/files/A%20Safe%20Fund%20costing%20domestic%20abuse%20provision%20for%20the%20whole%20family%20in%20England%20and%20Wales_0.pdf

¹²⁸ SafeLives (2017), *Safe Young Lives: Young people and domestic abuse*. Available at: <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

we estimate that the cost of funding specialist children’s workers across England and Wales for all children would amount to £232.2m.¹²⁹

Specialist therapeutic support is also essential to ensuring children and young people are able to recover from their trauma. Using information provided by Barnardo’s, we have estimated the cost of specialist therapeutic support for children as £97m. Specialist therapeutic support was costed as £1,000 per child. As a proxy for the number of children who required this type of support, we used figures from Radford et al. 2011. They found that 26 per cent of the 0- to 17-year-olds who had witnessed domestic abuse had witnessed one parent being kicked, choked or beaten up by the other parent.¹³⁰

6.6 Outreach workers

Outreach workers provide one-to-one support for victims and survivors of domestic abuse who are not assessed as at imminent risk of serious harm, but where there is the potential for serious harm if the situation changes. This may include those who have previously been at high risk of serious harm or murder, or those in a relationship that has not escalated into higher levels of risk. Outreach workers support these victims and survivors to manage safety, prevent escalation and repeat victimisation, and focus on wider needs, resilience and recovery. As such they are an essential part of early intervention and are mostly located in community-based domestic abuse services.

We estimate that around 7,000 outreach workers are required to support a caseload of 100 victims below the high-risk threshold for Marac. The cost of this is calculated at £350m split into £255m for approximately 500,000 women and £95m for 180,000 men.¹³¹ Our latest estimates suggest that there are fewer outreach workers than Idvas, even though there ought to be far more. In 2019 there was an increase in outreach workers, from 691 in 2017 to 813,¹³² though this provision was patchy across England and Wales.

7. The criminal justice system and other system responses

Domestic abuse becomes a criminal justice problem when we don’t address it sooner. Only one in five people experiencing abuse ever calls the police, but it impacts every hospital, GP surgery, workplace, school and street. While police involvement is slowly rising as a proportion of all cases, we need to train and resource 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’re in crisis. This means coordinating available funding to maximise impact for whole families and communities, and society as a whole, and ensuring a distributed model in which every individual and organisation plays their part.

For many victims, the criminal justice system is not an obvious site for disclosure. Some groups are particularly reticent to involve the criminal justice system. For example, Black and other minoritised survivors may not report abuse to the police for a range of reasons, including concerns about the impact of stigma on their wider family or community, language difficulties, and feelings of distrust of the police and due to past negative experiences and ongoing discriminatory practices.

Such concerns around harmful attitudes within the criminal justice system can be used by perpetrators to continue their abuse. For example, one specialist practitioner told us, “one of our Idvas is at the Crown Court today supporting a young client for a grievous bodily harm trial. This is his first same-sex relationship. His partner would frequently make him question his sexual identity and reinforced that no one would believe him if he reported the abuse, and that he would experience homophobia through the court process.”

¹²⁹ SafeLives (2020), *A Safe Fund: costing domestic abuse provision for the whole family*, Available at: https://safelives.org.uk/sites/default/files/A%20Safe%20Fund%20costing%20domestic%20abuse%20provision%20for%20the%20whole%20family%20in%20England%20and%20Wales_0.pdf

¹³⁰ SafeLives (2020), *A Safe Fund: costing domestic abuse provision for the whole family*, Available at: https://safelives.org.uk/sites/default/files/A%20Safe%20Fund%20costing%20domestic%20abuse%20provision%20for%20the%20whole%20family%20in%20England%20and%20Wales_0.pdf

¹³¹ SafeLives (2020), *A Safe Fund: costing domestic abuse provision for the whole family*, Available at: https://safelives.org.uk/sites/default/files/A%20Safe%20Fund%20costing%20domestic%20abuse%20provision%20for%20the%20whole%20family%20in%20England%20and%20Wales_0.pdf

¹³² SafeLives (2020), *A Safe Fund: costing domestic abuse provision for the whole family*, Available at: https://safelives.org.uk/sites/default/files/A%20Safe%20Fund%20costing%20domestic%20abuse%20provision%20for%20the%20whole%20family%20in%20England%20and%20Wales_0.pdf

As shown in recent Home Office data, the proportion of all crimes resulting in a charge or summons fell between April 2019 and March 2020, from 8 per cent to 7 per cent, continuing a five-year downward trend from the 16 per cent seen in 2015/6.¹³³ This means, where the CJS is invoked, victims are less likely to see a successful prosecution now than in the first year of the Government's last Tackling VAWG Strategy, which is a serious concern given the rising rates of both awareness and reporting.

7.1 The police response

It is clear that the perpetrators behind the 2.3 million people experiencing domestic abuse each year remain largely invisible. If we rely solely on the criminal justice system to hold perpetrators to account, we fail to reduce the risk posed by perpetrators who were not arrested, who were not charged, who were not prosecuted – or the majority of perpetrators who were never even reported to the police in the first place. As the 2016-20 Tackling VAWG Strategy stated, “we cannot simply arrest our way out of domestic and sexual violence.”¹³⁴ Moreover, the data shows that only a relatively small proportion of the victims who call the police will find justice and safety through the criminal justice system.

Data from our Insights dataset on sexual violence services showed that only 48 per cent of clients were satisfied with the police response. Only 26 per cent of victims were satisfied with the criminal justice response, and 30 per cent were either “dissatisfied” or “very dissatisfied.” In one in five incidents (20 per cent), the perpetrator was found guilty.¹³⁵

In data from outreach services, 43 per cent of incidents reported to the police were NFA's (No Further Action), of which two thirds (65 per cent) were due to police or CPS withdrawal of the case (53 per cent and 12 per cent, respectively).¹³⁶ Of the police reports filed, only 5 per cent lead to the perpetrator receiving a custodial sentence, and 21 per cent resulted in a restraining order of any length.

Police officers' understanding of trauma with relation to the wide range of domestically abusive behaviours victims might experience can be improved through the Domestic Abuse Matters (DA Matters) Responding Well programme for police.¹³⁷ Alongside the College of Policing, we worked with key stakeholders to develop ‘Domestic Abuse Matters,’ a bespoke cultural change programme for police officers and staff in England and Wales. It has been designed to transform the response to domestic abuse, ensuring the voice of the victim is placed at the centre, and controlling and coercive behaviour is better understood. The programme is designed to have long-term impact: changing and challenging the attitudes, culture and behaviour of the police when responding to domestic abuse. To date we have trained just over half of English and Welsh forces in the programme and the whole of Police Scotland.

Recent academic research found that the training was associated with a 41 per cent increase in arrests for controlling or coercive behaviour for trained forces and the increase in arrests was consistent with the timing of the training.¹³⁸

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. Secondly, ensuring that Champions are supported in their new role and are given the additional time needed to complete these duties is of great importance.

Champions are also encouraged link up with other Champions nationally via the online SafeLives Community in order to share best practice and support one another.¹³⁹ Finally, during work with the ten

¹³³ Home Office (2020), *Crime Outcomes in England and Wales 2019 to 2020*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901028/crime-outcomes-1920-hosb1720.pdf

¹³⁴ Home Office (2016), *Ending violence against women and girls strategy: 2016 to 2020*. Available at: <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020/ending-violence-against-women-and-girls-strategy-2016-to-2020-accessible-version>

¹³⁵ SafeLives (2021), *Insights SV dataset 2019-20: sexual violence (SV) services*. Available at: <https://safelives.org.uk/sites/default/files/resources/SV%20Insights%20Dataset%20201920.pdf>

¹³⁶ SafeLives (2021), *Insights outreach dataset 2019-20: Adult outreach services*. Available at: <https://safelives.org.uk/sites/default/files/resources/Outreach%20Insights%20Dataset%20201920.pdf>

¹³⁷ <https://safelives.org.uk/training/police>

¹³⁸ Brennan, I. et al. (2021), *Policing a new domestic abuse crim: effects of force-wide training on arrests for coercive control*. Available at: <https://www.tandfonline.com/doi/full/10.1080/10439463.2020.1862838>

'early adopter' forces, we identified that, where there are units or ranks which have not been subject to the training, there can be a barrier to change. Thus, 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, and also having DA Matters Champions in all ranks and positions, too. Alongside a 'health check' we provide, workshops for senior command, and the use of approved DA Matters local trainers to continue using the training packages for new starters, this makes the force 'futureproof' against deteriorating attitudes and practice.

We have also developed Workshops for Cops, which are offered exclusively to DA Matters Champions and other staff within forces that have adopted the DA Matters Change Programme. The workshops were created in partnership with, and are intended for, police specialists and responders. They cover, in depth, topical issues identified by the adopter forces themselves. The current workshops available are: responding to economic abuse; enhanced perpetrator understanding, responding to digital or cyber-enabled domestic abuse; assessing the risk of domestic abuse; responding to male victims of domestic abuse; responding to rural domestic abuse; responding to domestic abuse involving older people; and investigating the links between coercive controlling behaviour and suicide. Each has a distinct set of learning objectives aimed at building knowledge and understanding relating to each particular topic.

Engaging in DA Matters training and Workshops for Cops can lead to an enhanced understanding of the how domestic abuse can present in different groups of victims and survivors, and perpetrators, and what extra barriers there may be to their engagement with the criminal justice system.

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 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.

Meanwhile, the remaining police forces who have not yet adopted DA Matters should be funded to do so as a matter of urgency by the Government. Victims should be able to expect the same level of response from a police officer no matter where they live in England and Wales and at the moment are experiencing a postcode lottery.

7.2 The Crown Prosecution Service

Domestic abuse continues to be a high volume, high impact crime with poor criminal justice outcomes. Latest CPS data¹⁴⁰ shows another drop in the number of cases which were charged. For the five-year period 2014/15 to 2019/20 the number of cases referred to the CPS for domestic abuse fell from 126,461 in 2014/15 to 79,965 in 2019/20, which represents a 37 per cent reduction. However, in the same period domestic abuse crimes recorded by the police rose by 77 per cent between 2015-16 and 2018-19 (from 421,865 to 746,219). We agree with the concerns raised by both the Victim's and Interim Domestic Abuse Commissioner about these figures last year.¹⁴¹ While awareness raising is leading to an increase in victim reporting of domestic abuse, it is worrying that this isn't translating into a greater number of convictions. The signal this sends back to victims is that it isn't worth coming forward, not least because we know many survivors tell us how traumatic the process can be. One respondent to our survivor survey prior to the DA Bill consultation expressed how important it is for justice to be done: 'assaults taken seriously. Women and children believed by police and court professionals.'

While the police are pushing forward with domestic abuse cultural change training, the same is not true of the CPS or judiciary. A recent Criminal Justice Joint Inspection¹⁴² into evidence led domestic abuse

¹³⁹ <https://community.safelives.org.uk/default.aspx>

¹⁴⁰ Crown Prosecution Service (2021), *CPS data summary Quarter 2 2020-2021*. Available at: <https://www.cps.gov.uk/publication/cps-data-summary-quarter-2-2020-2021>

¹⁴¹ Victims' Commissioner and Domestic Abuse Commissioner (2020), *Commissioners 'deeply concerned' by drop in domestic abuse prosecutions*. Available at: <https://victimscommissioner.org.uk/news/commissioners-deeply-concerned-by-drop-in-domestic-abuse-prosecutions/>

¹⁴² Criminal Justice Joint Inspection (2020), *Joint Inspection Evidence led domestic abuse prosecutions*. Available at: <https://www.justiceinspectorates.gov.uk/cjji/inspections/joint-inspection-evidence-led-domestic-abuse-prosecutions>

prosecutions noted that while the CPS has specific e-learning on domestic abuse evidence led prosecutions and this training is mandatory for all Area prosecutors, during the course of the inspection, it was apparent that not all prosecutors had completed it. While the commitment in the CPS' Domestic Abuse Programme for 2020-21 to "prioritise learning so that all our people continue to be equipped with the skills, tools and support they need to succeed", this falls short of wholesale commitment to cultural change training at the same standard as DA Matters for the Police.¹⁴³ Training programmes to date still do not appear to utilise the "expertise and experience outside the CPS" as stated in the plan.

The Inspection report also highlighted concerns around the lack of joint training between the police, CPS and other criminal justice system (CJS) agencies and describes it as sporadic and piecemeal in nature. It further states the best practice framework places a strong emphasis on CJS agencies working together to ensure that domestic abuse cases are dealt with efficiently, and makes the observation with this in mind, that it is surprising that there is a lack of regular joint training. It is perhaps helpful to draw a comparison with Police Scotland and the COPFS (Crown Office & Prosecutor Fiscal service) where SafeLives have been training Deputies since 2015. Deputies have a four-day programme on DA, and SafeLives delivers one full day training on understanding the dynamics and challenging concepts like 'reluctant witness'; while the other three days focus on the legalities around prosecuting DA as well as shadowing opportunities with local services.

SafeLives' feedback from frontline officers who attend our DA Matters Police training has found that many respondents highlighted the need for there to be a joined-up approach in relation to training with CPS and felt CPS were a barrier when they tried to implement the DA Matters training in their force area: 'CPS unwilling to charge for incidents unless they are deemed high risk' and 'the lack of charges given by CPS the other side of the investigation which disheartens victims and officers alike', were just two of many comments submitted by officers. Our sense is that there is a growing frustration amongst frontline officers that they are embracing the enhanced knowledge gained through the DA Matters programme but are not being supported by others in the criminal justice system. We recommend that CPS prosecutors receive a bespoke cultural change training programme, funded accordingly by the Ministry of Justice, which ensures their knowledge of domestic abuse and particularly coercive and controlling behaviour matches that of the officers preparing cases. This would ensure there is a level playing field for all actors within the criminal justice system.

7.3 The Probation Service

HMI Probation's 2018 report into the work undertaken by Community Rehabilitation Companies (CRCs) found stated "there was no overall strategy from the MoJ or HMPPS to drive the quality of CRCs' domestic abuse practice."¹⁴⁴ In addition, process targets were prioritised over quality and safe practice. Moreover, practitioners' unmanageably high workloads, and lack of quality training were highlighted as key issues in the Chief Inspector's judgement that there was "insufficient focus on domestic abuse."¹⁴⁵ This leaves staff unable to accurately understand the dynamics of domestic abuse and its accompanying risks, including the risks to children. There was also a poor knowledge and low uptake of quality-assured perpetrator interventions. As per our recommendations for the CPS, we are hopeful that the Probation Service will commission a cultural change programme for staff so that they also experience the level of quality training the police have received in many areas across the country. The strategic work required from Ministry of Justice should also be taken forward in parallel with the reorganisation of the probation service, so that the newly organised service is in a good position from the outset to improve its response to abuse.

7.4 Family justice

In a focus group for this consultation response, one survivor of VAWG told us of the disjointed nature of the legal system as experienced by victims: "you can go through the criminal court and get a conviction against your rapist, and then the rapist can take you to family court to request access to the children. All

¹⁴³ Crown Prosecution Service (2020), *Domestic abuse – CPS programme for 2020-2021*. Available at: <https://www.cps.gov.uk/domestic-abuse-cps-programme-2020-2021>

¹⁴⁴ HMIP (2018), *Domestic abuse: the work undertaken by community rehabilitation companies (CRCs)*. Available at: <https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2018/09/Report-Domestic-Abuse-the-work-undertaken-by-CRCs.pdf>

¹⁴⁵ HMIP (2018), *Domestic abuse: the work undertaken by community rehabilitation companies (CRCs)*. Available at: <https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2018/09/Report-Domestic-Abuse-the-work-undertaken-by-CRCs.pdf>

of the courts should be joined [up].” Instead, their experience was that a victim must go through each court and encounter different decision-making processes which have little bearing on each other.

A perpetrator can have a criminal conviction for domestic abuse, yet civil courts still often go through ‘fact-finding’ hearings to establish whether domestic abuse is a factor in a civil case, such as divorce or child arrangement proceedings. These hearings should be unnecessary if a criminal court has already convicted a perpetrator. Moreover, admissions of domestic abuse in family courts should be more systematically used as evidence in criminal trials. Too often, the two work in silos.

Instead, the criminal, civil and family courts must be streamlined, hold perpetrators to account, and support survivors to access justice and be safe, and we welcome the Government’s commitment to developing Integrated Domestic Abuse Courts. In the year ending March 2017, there were over 1.1m cases of domestic abuse recorded by the police but fewer than 100,000 prosecutions for these offences.¹⁴⁶ Making the process less traumatic is an essential part of improving these figures and access to justice for victims: some victims choose not to get involved in legal proceedings for fear of being re-traumatised, others drop out because of their negative experiences. Sometimes perpetrators of domestic abuse use contacts through the family and/or criminal court or criminal process to intimidate their alleged victims, making justice even harder to achieve, as echoed by our Insights data, which saw that 17 per cent of the children and young people accessing domestic abuse service had experienced child contact visits being used as an opportunity for ongoing abuse.¹⁴⁷

One survivor told us, “dealing with years of post-separation abuse is a nightmare and there is so little support once a mother has left the perpetrator. Continuing abuse is a massive issue and especially where the children and family courts are used to further the abuse.”

We’d like to see an end to the presumption of child contact in domestic abuse cases, a presumption which survivors frequently tell us puts their children in danger. We’d also like to see an end to unsupervised contact during criminal court proceedings once there is a charge with a domestic abuse element. As another survivor stated, “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.”

The support of Idvas and Family Court Liaison Advisors is regarded as vital by many survivors, but their time is often limited. A number of Specialist Domestic Abuse Family Liaison Officers we spoke to also said that their professional judgement and risk assessments were routinely ignored by Cafcass officers and judges. Most Idvas will support clients through the court process if their contract allows it, but they note that often they are only funded to work with clients for short periods of time, meaning the clients are left without specialist advocate support in the midst of the court process.

We know that for many survivors, having specialist domestic abuse professionals supporting them through this process helps to increase their safety and that of their children, as well as ensuring they can understand proceedings. These professionals will often help to liaise with court staff, request special measures where needed and feed into risk assessments being made by Cafcass and Children’s Social Care professionals.

Without this support in place, or if specialist advisors’ professional judgement is ignored by court officials, the family courts are a (re-)traumatising place for most survivors. Too often, survivors describe their experience as being worse than the abuse they have experienced to date, or see it as forming part of an ongoing pattern of abuse. To them, it seems as if the state and its arms of justice are colluding in the abuse they have experienced or are experiencing, whilst putting their children at risk of harm.

Survivors responding to our Every Story Matters consultation in 2018 told us that what was needed was: “Cafcass training and acknowledgement of the link between domestic abuse and child abuse. Cafcass working together with children’s social care. Mothers who have left perpetrators to be supported through private family courts. Unsafe contact arrangements being ended. Children are living in fear for years and their childhoods are being lost.”

¹⁴⁶ Office for National Statistics (2017), *Domestic abuse in England and Wales: year ending March 2017*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2017/previous/v1#how-prevalent-is-domestic-abuse>

¹⁴⁷ SafeLives (2021), *Children’s Insights dataset 2019-20: Specialist children’s domestic abuse services*. Available at: <https://safelives.org.uk/sites/default/files/resources/CYP%20Insights%20Dataset%20201920.pdf>

Family court is so often a difficult and prolonged battleground for men and women, with children at the very centre of bitter arguments. We recognise the need for balance in the judicial process, but the stories survivors tell us highlight the painful experiences survivors of domestic abuse have had through the family courts.

Such personal testimony suggests the scales of justice are too often weighted in favour of a perpetrator. The presumption of child contact trumps clear evidence of abuse, and puts women in an unforgivably difficult situation where they are forced to allow their children to spend time with men they know may harm them, in order to retain the right to custody or risk losing access in favour of the abusive parent. Or worse, they risk being accused of abuse themselves because they have allegedly turned their children against that parent.

Coupled with the very often significant financial imbalance, and the use of economic abuse alongside other forms of abuse, it is no wonder than we have heard from so many survivors about the urgent need for change.

A better understanding of the manipulative behaviours, particularly coercion and control, used by perpetrators, and of the reasons why victims do not leave, is essential for all professionals associated with the family court process. The lessons learnt from criminal court should be applied appropriately in the family court where domestic abuse is flagged. The welfare of the child, paramount in the Children's Act, must be considered in relation to domestic abuse and its significant long-term impacts, prioritising this over the rights of a parent.

Our recommendations for family justice

- All victims whose situation has been risk assessed by specialist domestic abuse professionals should have access to an Idva as they navigate the family justice system;
- Children who are identified to have experienced domestic abuse should be given access to appropriate specialist domestic abuse workers and therapeutic support;
- Introduce a cultural change programme (along the lines of the successful Domestic Abuse Matters training programme for the Police) for everyone involved in the family court process including Cafcass officers, the judiciary, family lawyers, court staff and children's social care workers;
- Prohibit unsupervised contact for a parent who is on bail for domestic abuse related offences, or where there are ongoing criminal proceedings for domestic abuse;
- Victim-survivors of domestic abuse be exempt from the legal aid means test;
- Procedures for making further applications to the family court be reviewed and streamlined with a view to reducing the instances in which victim-survivors of domestic abuse are required to go to court;
- In order to minimise vexatious litigation, statutory guidance should be provided on the use of section 91(14) of the Children Act 1989. This guidance should alert judges as to how some perpetrators of domestic abuse make applications under the Children Act 1989 so that they can continue their controlling and coercive behaviour over survivors, even after separation;
- Those working within the family court system must be required to undertake full training on economic abuse (as well as other forms of abuse);
- An audit should also be undertaken on financial disclosure in family courts and how this process can be rendered more robust (for instance through triggering a non-compliance process in case of refusal to submit timely or accurate financial statements). The Domestic Abuse Commissioner should conduct a full inquiry into economic abuse, and financial disclosure in family courts should form a part of this;
- Family courts be required to take into account the possible impact of court orders on the employment and earnings of victim-survivors of domestic abuse.

7.5 The Judiciary

We know that judicial attitudes while much improved, can still perpetuate old myths and stereotypes. The case of Judge Tolson QC led to a renewed call for all family judges to receive training on domestic abuse and sexual violence, but the same should apply to judges in all court settings.¹⁴⁸ In respect of

¹⁴⁸ Gallagher, S. (2020), *Judges need consent training as courts are 'no longer seen as safe place for women', say lawyers*. The Independent. Available at: <https://www.independent.co.uk/life-style/women/judges-consent-training-womens-aid-rape-sexual-violence-a9344431.html>

Tolson, the appeal judge found that ‘the judge’s conduct of the hearing was fundamentally flawed’ and ‘the real risk of the appearance of a partisan approach in the judge’s conduct is self-evident’. It is still, sadly, a widely held view in society that physical resistance is a requirement of rape and therefore unlikely that Judge Tolson is the only one with such outdated understanding.

Responses to our Pioneer Rachel William’s petition frequently cited poor judicial attitudes in the criminal justice system, including:

"I believe that many judges are out of touch with mainstream thinking on both domestic violence and rape cases and should be obligated to attend training to ensure a full understanding of the issues."

"I have signed because I fail to understand why the sentencing Judge Mansell has linked being educated and having a good network of friends as a reason to allow a lenient sentence to take place. Judge Mansell has no understanding of the true meaning of domestic abuse and it is clear he needs mandatory specialist domestic abuse training as a matter of urgency."

"How can a judge or anyone with no knowledge on abuse correctly deal with cases before them? A surgeon with no knowledge of cancerous tumours wouldn't work on removal or treatment they would stick to area they specialised in. Abuse is sadly often relevant in court cases and therefore professionals including judges also need appropriate knowledge and training."¹⁴⁹

There were nearly 100 comments on the need for reform of judicial attitudes towards the impact of domestic abuse on victims at the time of writing.

Scotland’s Judicial Institute has launched face-to-face training for judges to coincide with the start of their new domestic abuse legislation.¹⁵⁰ It was contributed to by specialist domestic abuse charities such as Scottish Women’s Aid. No such training was afforded to judges when the Coercive and Controlling legislation was passed in 2015, but it is worth looking at the Scottish experience to see what impact it has had on judicial attitudes.

There is concern among MPs that judges require training in domestic abuse and sexual violence. In a Commons debate in May 2018, Jess Phillips MP remarked “every single one of the organisations that has been in touch with me has suggested specialist domestic abuse and sexual violence training for those involved in making judgments.” In 2017, the Justice Committee in its recommendations commented: “understanding the various contexts in which domestic abuse may occur and the forms that it may take, some of which may be insidious and hidden, is very important for sentencers. Accordingly, we recommend that comprehensive training on domestic abuse and intimidatory offences should be provided to magistrates and the judiciary to coincide with the launch of the guideline.”¹⁵¹

The need for training of judges and magistrates came in fifth place out of 15 options (over 1000 in favour) in responses to the Government’s consultation on the draft Domestic Abuse Bill.¹⁵² In one 2012 study, which involved a national survey of judicial officers and practitioners, around 25 per cent of survey respondents expressed concerns about the adequacy of their own or others’ training on domestic abuse.¹⁵³ They noted the differences and gaps between a ‘legalistic’ understanding of domestic violence, focused on physical violence, incidents and corroborative evidence, and the social science understanding of the power and control dynamics of domestic abuse.

Judicial training is overseen by the Judicial College. Training consists of face-to-face and e-learning, almost entirely delivered by judges themselves. However, in 2016, the College introduced external academics to lend their expertise particularly in the areas of: training judges to be trainers; stress and resilience training; motivation in challenging times; and ‘rethinking our thinking’ unconscious bias

¹⁴⁹ Williams, R. (2017), *Review licenses given to perpetrators of domestic violence, so victims are protected*. Available at: <https://www.change.org/p/theresa-may-mp-review-licenses-given-to-perpetrators-of-domestic-violence-so-victims-are-protected>

¹⁵⁰ BBC News (2019), *Judges to undergo psychological domestic abuse training*. Available at: <https://www.bbc.co.uk/news/uk-scotland-47049108>

¹⁵¹ Justice Select Committee (2017), *Draft Sentencing Council guidelines on intimidatory offences and domestic abuse*. Available at: <https://publications.parliament.uk/pa/cm201719/cmselect/cmjust/417/41708.htm>

¹⁵² HM Government (2019), *Transforming the Response to Domestic Abuse: Consultation Response and Draft Bill*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772247/Transforming_the_response_to_domestic_abuse_-_consultation_response_and_draft_bill_-_print.pdf

¹⁵³ Coy, M. et al. (2012), *Picking up the pieces: domestic violence and child contact*. Available at: https://cwasu.org/wp-content/uploads/2012/11/Picking_Up_the_Pieces_Report-2012l.pdf

training.¹⁵⁴ The College has also used small interactive workshops where actors bring issues alive, including on domestic abuse.

In 2017, James Munby wrote as he launched the revised Practice Direction 12J: “the Judicial College plays a vitally important role in providing appropriate training on the new PD12J to all family judges. As I have said previously, “I would expect the judiciary to receive high quality and up-to-date training in domestic violence and it is the responsibility of the Judicial College to deliver this.” The Judicial College has risen to the challenge, as many judges will already have experienced, and I am confident that it will continue to do so.”¹⁵⁵ The volume of examples from survivors going through the family court since 2017 however, whose experiences show that 12J is not being followed and often ignored entirely, suggests that if this training has happened, it has been insufficient.

According to the Government’s response to the DA Bill consultation in January 2019, The Judicial College also ensures that awareness and understanding of domestic abuse are addressed on an ongoing basis as part of the College’s regular training for family judges and magistrates.¹⁵⁶ Between April 2016 and April 2018, all family court judges received training from the Judicial College on how to address the challenges faced by vulnerable persons in the courts, including those who are victims of domestic abuse. However, there is no external evidence of impact or evaluation of this training, nor do we know if any of the training was scrutinised by or delivered by the specialist domestic abuse sector. Previous FOIs requesting content have not been responded to.¹⁵⁷

While the Judicial College has said that it will look at training on domestic abuse, there have been no moves to make this a mandatory requirement.¹⁵⁸ Looking at the Judicial College’s Prospectus for 2019-2020, it included two seminars on domestic abuse for judges sitting in private law cases. It says the focus of the seminar will be on issues “typically arising in difficult private law cases where there are issues of domestic violence, fact finding and the use of special measures. It will consider case management in cases involving internal and international relocation and intractable contact disputes.”¹⁵⁹ The content does not appear to cover an understanding of the dynamics of domestic abuse or coercive and controlling behaviour, though it does covers issues relating to special measures and findings of fact.

It is important to understand what training is effective with judges. Morrill et al. (2005) came to the conclusion that whether judges had attended domestic violence training made little difference to their decision-making, although the quality of that training could not be ascertained. Another study by Jaffe et al., however, found the opposite.¹⁶⁰ They made a preliminary evaluation of the programme based on the self-reports of 480 judges from diverse courts and jurisdictions across the US who had participated in a four-day workshop between 2006 and 2010. Overall, judges reported the programme to be engaging and effective, with most identifying specific benefits and behaviour changes in the areas of access to justice, judicial leadership, victim safety, and abuser accountability as a result of participating in the programme. Jaffe et al. observe, however, that ultimately the extent to which the programme is having an impact on the experiences of victims, perpetrators and children who come before the courts is unknown.

The Government has also committed to working with the Judicial College¹⁶¹ to develop training on the proposed Domestic Abuse Protection Order if the Domestic Abuse Bill is passed. This is of course

¹⁵⁴ Langdon-Down, G. (2017), *Judicial college: Bench marks*. The Law Society Gazette. Available at: <https://www.lawgazette.co.uk/features/judicial-college-bench-marks/5061457.article>

¹⁵⁵ Munby, J (2017), *President of Family Division circular: Practice Direction PD12J – Domestic Abuse*. Available at: <https://www.judiciary.gov.uk/publications/president-of-family-division-circular-practice-direction-pd12j-domestic-abuse/>

¹⁵⁶ HM Government (2019), *Transforming the Response to Domestic Abuse: Consultation Response and Draft Bill*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772247/Transforming_the_response_to_domestic_abuse_-_consultation_response_and_draft_bill_-_print.pdf

¹⁵⁷ Freedom of Information request to Her Majesty’s Courts and Tribunals Service (2017) https://www.whatdotheyknow.com/request/practice_direction_pd12j_and_the

¹⁵⁸ Judicial College (2019), *Prospectus (Courts Judiciary) April 2019 – March 2020*. Available at: <https://www.judiciary.uk/wp-content/uploads/2017/12/judicial-college-prospectus-for-courts-judiciary-2019-2020.pdf>

¹⁵⁹ Judicial College (2019), *Prospectus (Courts Judiciary) April 2019 – March 2020*. Available at: <https://www.judiciary.uk/wp-content/uploads/2017/12/judicial-college-prospectus-for-courts-judiciary-2019-2020.pdf>

¹⁶⁰ Cited in Hunter, R. et al. (2018), *Contact and domestic abuse*. Available at: <https://qmro.qmul.ac.uk/xmlui/bitstream/handle/123456789/46663/Hunter%20Introduction:%20contact%20and%20domestic%20abuse%202018%20Accepted.docx?sequence=1>

¹⁶¹ HM Government (2019), *The Government Response to the Report from the Joint Committee on the Draft Domestic Abuse Bill*. Available at:

welcome, but outdated cultural attitudes must be tackled in the round which is why we would like to see the new VAWG Strategy commit to a mandatory programme of cultural training for all judges in all settings, so that justice for victims and survivors no longer depends on the judge you get on the day.

7.6 Multi-agency responses to domestic abuse and linked issues

SafeLives' work over 15 years has highlighted repeated concerns that agencies are missing early opportunities to help a whole family in difficulty, costing lives and money. Risks to children and adults are not routinely linked, so vulnerable people are missed. Domestic Homicide Reviews (DHRs)¹⁶² have highlighted these repeated failings, as has Ofsted's JTAI referred to previously, which clearly states that professionals were not working together to share information effectively.¹⁶³ A 2019 Serious Case Review stated: "these reviews highlight the consequences for children, young people and their families if professionals are unclear about their responsibilities in this area. More recent reviews have highlighted that information sharing is about more than just passing information from one agency to another. It is about each agency sharing its own analysis of the child and families' circumstances, and ensuring that those who know the child best communicate their understanding of the child's world."¹⁶⁴ Without this understanding of the whole picture and a shift away from an incident focus, professionals are unable to provide a response that addresses all risks and needs for children and their families.¹⁶⁵ There are gaps in the local and national response, perpetrator responses are rare, as previously identified, and there is often poor knowledge of differing expertise between sectors.

Figure 1 on page 4 shows the complex inter-linked nature of families affected by domestic abuse. The local authority we worked with to bring this picture together held all the relevant data but hadn't pieced together all the connections. Our further research highlighted that in addition to the two deceased adult men, there were six more adults and 11 linked children. The research also identified that one of the mothers of the men had called the ambulance service 22 times and, despite him being known to Marac, local authority adult social care had not identified him as the potential cause of the harm she was experiencing. This highlights the frailty of a current system which assumes one perpetrator is linked to one victim, rather than looking at a perpetrator in the round and assessing the risk he poses to multiple people in his surroundings.

Our One Front Door pilot from 2016-2019 provided valuable evidence of some of the problems which exist in multi-agency working.¹⁶⁶ This included: structural differences between areas; a plethora of different multi-agency responses ranging from Marac, MASH, MAPPA and VRUs, with the same exhausted professionals going to multiple meetings; short-term, piecemeal commissioning for specialist services; lack of understanding of coercive and controlling behaviour; cases not managed collaboratively so no one joins the dots for families; services are siloed, with poor knowledge of one another's expertise; triage seen as child safeguarding process primarily; making decisions in isolation and only at a high threshold, and information not shared cumulatively. Typically, families had come to Mash or CSC four times before, while multiple agencies were making interventions with families but not identifying domestic abuse.

The pilot showed improvements in multi-agency working including:

- Multi-agency work became more collaborative and effective;
- There was an increase in parity of esteem between specialist agencies (often voluntary) and large statutory partners which deepened engagement between them;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/817556/CCS0619467038-001_Domestic_Abuse_Bill_Print_WEB_Accessible.pdf

¹⁶² Sharp-Jeffs, N. and Kelly, L. (2016), *Domestic Homicide Review (DHR): Case Analysis*. Available at: https://coercivecontrol.ripfa.org.uk/wp-content/uploads/Standing_together_dom_homicide_review_analysis.pdf

¹⁶³ HMIP, HMICFRS, Care Quality Commission, Ofsted (2017), *The multi-agency response to children living with domestic abuse*. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/935983/JTAI_domestic_abuse_18_Sept_2017.pdf

¹⁶⁴ Gloucestershire Local Safeguarding Children Board (2016), *Serious Case Review: "Phillip, (and his siblings, John and Darren)"*. Available at: <https://www.gscb.org.uk/media/12924/philip-scr-version-10-301116-final.pdf>

¹⁶⁵ SafeLives (2019), *How can we learn the lessons from Domestic Homicide Reviews?* Available at: https://safelives.org.uk/practice_blog/how-can-we-learn-lessons-domestic-homicide-reviews

¹⁶⁶ SafeLives (2019), *Seeing the Whole Picture: An evaluation of SafeLives' One Front Door*. Available at: <https://safelives.org.uk/sites/default/files/resources/Seeing%20the%20Whole%20Picture%20-%20An%20evaluation%20of%20SafeLives'%20One%20Front%20Door.pdf>

- There was a shift from multi-agency teams administering information to them bringing specialist expertise and meaningful analysis to bear on all information.

In depth analysis in individual sites found:

- Better information sharing resulted in 17 per cent of risk assessments updated;
- In the first four months of One Front Door implementation, 31 per cent of police contacts progressed to social care assessments from 3 per cent in previous year. It is not clear how much of this increase was as a result of having a better picture of the risks and needs within the family, and how much was due to the lack of alternative outcomes as it was not possible to track the outcome of these assessments;
- The number of contacts which were not closed with 'No Further Action' increased by 25 per cent for the same time periods.

7.7 Capabilities

Improving domestic abuse and wider VAWG response is about *how* the work is done, as well as what work is done. To deliver a whole-picture approach, the following capabilities must be commonly in place across all those organisations and individuals with a role in prevention and response.

Capability	Means of achieving it
Understanding	Hearing the individual and collective voice of those with lived experience, and also the voice of those who didn't survive.
Knowledge	Research, analysis, effective communications.
Skills	Training, practice development guidance, innovation.
Confidence	Supportive networks, validation of good practice and attitudes.
Motivation	Supportive networks, effective communications, status for the work, methods to combat compassion fatigue and vicarious trauma, incentivisation of good practice and suitable commissioning and funding.
Provision	Sustainable, adequate resources for specialist and universal organisations, commitment to common goals.
Breadth of perspective	Proactively seeking to attract, retain, or otherwise work with staff from a range of backgrounds, experiences and viewpoints, to ensure no member of UK society is marginalised for one or more of their personal characteristics
Accountability and standards	Quality assurance and scrutiny, research evaluation and analysis, inspection procedures
Continual learning	Peer and critical-friend review, lifting the voices of lived experience
Leadership	Validation at all levels – not just the commissioner, the CEO or the community leader
Collaboration	Creating communities of citizens and professionals whose well-coordinated local work creates a multi-agency, whole-system approach.

Working with victims and survivors of trauma has been known for a long time to be linked to vicarious trauma and compassion fatigue, but we still invest too little in our frontline service workers, including within the public sector. Covid-19 has brought this into sharp relief given the huge impact of increasing demand, remote working with its isolating impacts, home schooling and lack of decompression time with the result that many workers are experiencing increases in mental health issues.¹⁶⁷

SafeLives welcomes the funding from the Home Office to provide a series of free wellbeing sessions for frontline workers, but the dearth of clinical supervision for staff preceded Covid-19, with few commissioners ensuring funding is available within their contracts for frontline service provision. The attention given to the mental health and professional support for workers must continue post-pandemic, with central government funding allocations to commissioners explicitly stating that costs associated with supporting workers must be covered.

Quality assurance for frontline services, as well as workforce development, has also been often overlooked in previous strategies. SafeLives created the Leading Lights benchmark of quality for

¹⁶⁷ University of East Anglia (2020), *Domestic Abuse Frontline Staff Reveal Strain of Work in Lockdown*. Available at: <https://www.uea.ac.uk/news/-/article/domestic-abuse-frontline-staff-reveal-strain-of-work-in-lockdown>

frontline domestic abuse services many years ago. Over 50 services around the UK now hold this quality mark, and we encourage commissioners to fund services 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 Shared Core Standards work done jointly by members of the women's sector a number of years ago.¹⁶⁸ This has been accompanied by the National Statement of Expectations which we understand will also be refreshed this year.¹⁶⁹ This document has lacked the teeth required to ensure all commissioners are working towards it, this should be addressed when the document is refreshed and reissued.

Professional qualifications such as SafeLives' Idva OCN accredited course have helped to improve the skills of the workforce, with over 3,000 workers trained since its introduction.¹⁷⁰ However, commissioners do not always ensure that practising Idvas have the qualification and there is poor understanding of other qualified roles such as the Ypva (Young People's Violence Adviser) and outreach worker. Ensuring there is a level playing field for qualifications is necessary to ensure the continued professional development of the workforce, including in newer areas such as perpetrator case managers and workers, where a major programme of workforce development is needed in both the voluntary and public sectors.

7.8 Authentic voice

People who speak about their experiences should be believed, validated and their experience valued as expertise and a method of creating societal change. Hearing survivors' 'authentic voice' means giving them the power to co-create service design and delivery, represent their lived experience and that of other survivors in their own right, rather than being mediated through national or local partners. It means ensuring their experiences are valued by being listened to and leading to change at the very top of our decision making. Too often, survivors' are asked to rate not create, with their experiences are sidelined in policy-making, whereas they should be central to it. Even where there have been excellent examples of government agencies and local commissioners inviting survivors to participate in policy-making or service design, survivors are often unremunerated, or they find that the space to engage fails to acknowledge their histories of trauma. This can lead to survivors feeling used, dismissed or, in the worst case scenarios, re-traumatised.

It's clear to us that hearing directly from people with lived experience helps to break the silence about domestic abuse and remove the stigma associated with it; it builds powerful communities of survivors and their families - who may also reach out to services for help - and helps to turn the public and statutory response away from victim-blaming and 'why doesn't she leave?' There is growing awareness across sectors and statutory teams that leadership, participation and co-production from people with lived experience cannot be a 'nice to have' but is absolutely critical if high-quality, effective responses can be developed.

Government, Parliament and national agencies can lead the way in providing welcoming spaces for engagement with survivors, ensuring there is no sense of 'them and us' and recognising that the majority of women will have experienced some form of abuse or discrimination in their lifetimes. This includes senior women in Parliament, Government departments, and frontline agencies. This sense of 'no them and us' and commitment to authentic voice could be developed in a charter in which consultation processes are conducted through a trauma-informed lens. Evidence sessions should be conducted in recognition of the additional barriers survivors might have, through providing creative ways of engaging and speaking out without being identified, or recognising other access issues such as having mental health concerns, not having English as a primary language, or being disabled or deaf.

A trauma-informed approach would include recognition of elements such as:

- **using lived experience to advocate for change can be emotionally draining and challenging,** and that in open discussion contributions and questions from other people might be triggering for survivors, so a dedicated support person must be present

¹⁶⁸ SafeLives, Rape Crisis, Respect, Imkaan, Women's Aid Federation England (2016), *Sector Sustainability Shared Standards: shared values that apply across the VAWG sector*. Available at: <http://safelives.org.uk/commissioning-support/vawg-sector-shared-core-standards>

¹⁶⁹ Home Office (2016), *Violence Against Women and Girls: National Statement of Expectations*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/574665/VAWG_National_Statement_of_Expectations_-_FINAL.PDF

¹⁷⁰ <https://safelives.org.uk/training/if-you-work-idva/idva-training>

- **control and choice are important.** For example, creating space for survivor participation in the early stage of a schedule both creates a boundary and allows freedom for comments and contributions at different points later in the discussion - without any need to explain why this is relevant each time
- **there may be risks involved in survivors' participation,** not only regarding the impact on mental health, but also to a person's physical safety
- **appropriate safeguards must be in place** to ensure that participation does not impact negatively on a person's emotional and physical wellbeing
- **there is inclusive representation to ensure that no one person or organisation is speaking on behalf of others,** whose experience they may not know or understand. Survivors whose experiences are layered with additional marginalisation, discrimination and disadvantage should be central to debates, to ensure these are more representative of the full range of communities across the UK
- **individual needs around recording and storing information must be considered** when organisers plan to film, record or transcribe events. This is not only to comply with legal standards under the General Data Protection Regulations 2018 (GDPR), but also to be sensitive to sharing of what is highly personal information – regarded as 'personal data' under GDPR – especially as wider dissemination of material means survivors lose a sense of who their audience is, and their control over their own story is reduced

7.9 Our recommendations

- Integrated One Front Door for referrals of all family members in a local authority area (and no wrong door for support, whether online or offline).
- 'No Further Action' is not an appropriate action for families living with domestic abuse. Where CSC thresholds are not met, agencies should work together to identify which other services could provide specialist support to the family.
- Comprehensive Early Help support should be commissioned to ensure that children who have experienced or are experiencing domestic abuse are able to access support before they reach crisis point.
- Domestic abuse is everyone's business, in the same way as children's safeguarding is. All practitioners from agencies working with child and adult victims of domestic abuse should be required to attend cultural change training with a specific focus on coercive and controlling behaviour and responding to all family members in a confident and coordinated way.
- A response simply to adult or child victims of abuse is never enough – commissioners should provide a specialist response to perpetrators of abuse so that there are opportunities to change and break the cycle of abuse where applicable, alongside interventions to meet support needs.
- Domestic abuse perpetrators' links to other crimes such as trafficking, criminal gang-related activity, and even low level offending should be scrutinised by multiagency professionals to identify opportunities for effective action.
- Multi-agency hubs should include mental health and substance misuse services. They contribute valuable information and expert analysis and are key to preventing escalation for families experiencing complex needs.
- Where a decision is made in a multi-agency hub not to involve statutory services, identification of a lead professional to co-ordinate is key to providing a joined-up response to the needs of the family, reducing duplication and avoiding overwhelming the non-abusive parent with professional contact. Where good relationships between families and professionals already exist these should be utilised rather than introducing someone new
- The Home Office has previously consulted on draft Principles for effective Multi Agency Working in Response to Domestic Abuse. We recommend that it conducts a new review with stakeholders with a view to publishing these principles for multi-agency bodies.
- A refreshed National Statement of Expectations alongside sector core standards should be embedded into Government and local commissioning funding guidance, including in the funding made available for safe accommodation through the new DA Bill duty on local authorities, and the multi-year fund for Idvas and Isvas through PCCs.
- A Charter for Government, Parliament and national agencies on engaging with victims and survivors of trauma, including inside those institutions, with trauma-informed principles at its heart.

8. A note on language used

8.1 LGBT+

We have used the term “LGBT+” to refer to people who identify as lesbian, gay, bisexual, or transgender (LGBT) plus. We use the term plus to denote the spectrum of sexual and gender identities that people have. These may include, but are not limited to, queer, intersex, asexual, pansexual, non-binary, genderqueer, polysexual, and questioning. While we use the term LGBT+, we recognise that LGBT+ people are not a homogenous group, and those who identify as LGBT+ will have widely different identities and experiences.

8.2 Black, Asian and racially minoritised people

The term ‘Black, Asian and Minority Ethnic’ is commonly used in policy contexts but it can reinforce the idea that certain groups automatically occupy a minority position. Drawing on critical analysis of this term by services led by and for marginalised groups, we refer to Black, Asian and racially minoritised people, to highlight the way in which these groups are constructed as ‘minorities’ through processes of marginalisation and exclusion.

We consulted with stakeholders in by-and-for organisations to ensure the term was as inclusive as possible, though we recognise that people will not always define themselves using this language we have used.

Again, we fully recognise that Black, Asian and racially minoritised people are not a homogeneous group, and their experiences and identities will differ widely.

Submitted by Verona Blackford and Jess Asato on behalf of SafeLives
Verona.blackford@safelives.org.uk / jessica.asato@safelives.org.uk
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