



SafeLives' response to Scotland's independent strategic review of funding and commissioning of violence against women and girls services

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Introduction

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?’

Every year, nearly 130,000 people in Scotland experience domestic abuse. There are over 9,000 people at risk of being murdered or seriously harmed; over 12,000 children live in these households. For every person being abused, there is someone else responsible for that abuse: the perpetrator. And all too often, children are in the home and living with the impact. Domestic abuse affects us all; it thrives on being hidden behind closed doors. We must make it everybody’s business.

About this response

This consultation response incorporates the views and experiences of our staff based in Scotland, and Authentic Voice Panel (survivors of domestic abuse in Scotland who work alongside us), as well as a number of external organisations who are part of the *Safer, Sooner Domestic Abuse Network*.

SafeLives acknowledges the full range of types of Violence Against Women and Girls (VAWG), which fall along a continuum of gender-based violence. This consultation response will focus primarily on domestic abuse (DA), including coercive control and non-physical forms of abuse, to reflect our organisational expertise and evidence base. Any references to ‘VAWG and domestic abuse’ recognise that domestic abuse is a type of VAWG, and is often experienced alongside other forms of gender-based violence.

Summary recommendations

SafeLives **wholeheartedly welcomes** the Scottish Government’s independent review into the funding and commissioning of Violence Against Women and Girls (VAWG) services. Women and children across Scotland who experience domestic abuse, whether they live in Lerwick, Livingston or Lockerbie, or anywhere in-between, deserve to expect a system that is **accessible**, has a **clear pathway** and level of **quality assurance** that will put them on a path to long-term safety and empowerment, and that will **hold their abuser to account**.

Likewise, services themselves deserve a **funding system that is transparent and fair**, enabling and supporting them to deliver innovative services that make a long-term difference to families. At present, the pathway and provision for each family in Scotland **looks very different** depending on which part of the country they are in. Despite Scotland’s progressive legislative and strategic context, and the huge efforts of those working on the frontline to end



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domestic abuse for many years, **responses are inconsistent**. At SafeLives we have been working creatively to develop a dataset and listen to both practitioners and survivors to build a picture of what the domestic abuse response really looks like on the ground in Scotland. Our [Whole Lives Scotland](#) and [National Survivor Survey](#)ⁱ reports both demonstrate that responses are **piecemeal, underfunded, do not always help** all survivors and their children effectively, and **do not do enough to challenge the behaviour of perpetrators**.

“[Domestic abuse is] very under-reported. Society isn’t aware until it’s too late - then one problem becomes two, three and onward. Domestic abuse needs to be dealt with under the umbrella of many more agencies and services. Public, private and charity services should be glued together to actually deal with a problem which will just become more insidious.”

- Survivor, Whole Lives Scotland National Survivor Survey, 2020

The following points summarised here are evidenced more fully throughout our response.

What we know	What this means	What we need
There is a lack of understanding of domestic abuse across our communities and services.	Domestic abuse remains misunderstood and stigmatised . Women feel ashamed to disclose, and if they do find the courage, the response is often inadequate due to a lack of understanding and knowledge.	Greater awareness-raising across our society about DA , how to spot it, what a trauma-informed and non-judgemental approach looks like, and what resources, services and support is available. Tools like DAART can reach large audiences to build baseline knowledge, and can act as an effective ‘first tier’ approach.
Existing organisational cultures don’t create an environment that actively prevents and challenges VAWG .	Sectors, systems and organisations, particularly in the public sector, are not well-equipped to respond to domestic abuse effectively. Training and protocol alone are not enough to create better outcomes if the underlying culture does not enable the right approach.	At scale we need a cultural shift that compels and enables senior leaders and frontline workers alike to be more alert and responsive to domestic abuse. Cultural change programmes that take an enabling and strengths-based approach , like DA Matters Scotland , are proven to work. We need to see more sectors, systems and organisations engaging with programmes of this

ⁱ Following our 2017 research report, [Whole Lives](#), the National Lottery Community Fund in Scotland awarded SafeLives funding to carry out a three-year project working with Violence Against Women Partnerships (VAWPs). The [National Survivor Survey](#) is a key part of the project’s aim to amplify the voice of survivors in Scotland. Conducted online between December 2019 and March 2020, we aimed to reach victims and survivors in Scotland who had never accessed specialist support, as well as those who had. In total we received responses from 346 people from all 32 local authority areas in Scotland via several methods, including the online survey. Respondents were primarily female (94%), White British or Irish (97%) and identified as heterosexual (91%).



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		nature that are survivor-informed, gender-aware and delivered in partnership with local expert partners . This will create the attitudinal and strategic shift needed from the top-down.
The onus is on women themselves to identify and address the harm that is being done to them. The person causing harm is rarely held to account by the systems around them.	For women this means they hold the burden of protecting themselves and their children . For services this means they are missing important opportunities to respond, protect and challenge abusive behaviour. For Government this means the problem VAWG presents is being inadequately addressed .	Alongside services for women and girls, we must include perpetrator responses at the centre of all VAWG strategies and interventions in Scotland.
The voices of those who have directly experienced domestic abuse and other forms of VAWG are not systematically embedded across our systems.	The strategies, policies and practice shaping our VAWG approach is not consistently and authentically survivor-informed at a national or local level, which means we cannot be certain we are offering what women and children want and need.	A comprehensive approach from central and local government to actively listen to victims and survivors and embed the learning into system design at all levels.
There is vast inconsistency in specialist VAWG service provision across our local authorities and within the services themselves.	For women this means they experience a postcode lottery of what is available to them, particularly specialist services run 'by and for' the communities they serve. ⁱⁱ For potential referrers this means there is a lack of	A national gap analysis of service provision, a baseline quality assurance assessment , and the creation of a set of minimum standards for VAWG services derived from this data and by listening to a wide range of service providers and survivors.

ⁱⁱ This term refers to specialist services that are **designed and delivered by and for the users and communities they aim to serve**. This can include, for example, services led by and for Black, Asian and racially minoritised women and girls, LBTQ+ women and girls, disabled women and girls, and migrant women and girls. These organisations provide tailored support to meet the specific needs of their communities, who may often face barriers and discrimination when trying to access mainstream and generic services.

	<p>clarity about what is available.</p> <p>For services it means there are variable funding opportunities, infrastructure and support available, which makes it difficult to offer sustainable, inclusive, effective and creative service provision.</p>	<p>This will enable fair and diverse access to funding streams and provide a system of accountability and quality assurance.</p> <p>It is crucial this approach is strengths-based and actively enables all VAWG services to deliver the best response, through the provision of both centralised and localised support, resourcing, and opportunities to connect. This will give the best chance of creating a level of consistency in what is available to women and children, as well as for those who use harm, relevant to each local demographic and context.</p>
<p>There are missed opportunities to direct women and children into specialist VAWG services at the earliest point.</p>	<p>Women live with DA for far too long before they get the expert support they need, often eventually seeking out the support by themselves.</p> <p>Staff in key sectors – such as housing, health and social work – are not well-equipped to confidently respond.</p>	<p>A visible directory of quality assured services for every area in Scotland, and a simple pathway model to increase accessibility and get women there quicker. Staff in key sectors upskilled and enabled to identify DA in the first instance, and safely ask the right questions to actively point women and children in the right direction, via signposting and/or referring.</p>
<p>There is a lack of integration across different services and systems.</p>	<p>For women and children this means the response is not joined-up and therefore not as effective and streamlined as it should be. Services are not sharing information and working together efficiently.</p> <p>This can be re-traumatising and means the journey to long-term safety and wellbeing is much longer than it needs to be.</p> <p>For some services it means they lack visibility and are isolated from communication and multi-agency systems</p>	<p>A whole system approach underpinned by a shared vision and common aim to provide a holistic approach to the whole family, with each service clear and accountable for their role within that response to make the whole family safer, sooner. A whole system, whole family approach must include provision of services for children and those that harm.</p>



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	that would enable them to work as effectively as they could at both an individual and institutional level.	
There is a lack of fair and evenly spread funding that meets the needs of all women and children, that values holistic, long-term impact, provides sustainability for services, and a level of consistency in terms of what women and children across Scotland can expect.	<p>For women and children this creates the postcode lottery as detailed above, and where services are available it can mean long waiting times or limited, short-term provision.</p> <p>For services this means an uneven playing-field, uncertainty, inability to reach long-term goals and high-turnover of staff.</p> <p>For Government it means there is a limited system of accountability to ensure the services being funded in each part of Scotland are delivering what women and children need. It also limits the opportunity for promoting and testing brave and innovative approaches that can demonstrate proven impact.</p>	<p>As set out above we need a set of minimum standards for services derived from data and by listening to a wide range of service providers and survivors.</p> <p>This will provide fair access to funding streams, a system of accountability and quality assurance - as well as a level of consistency in what is available to women and children, relevant to each local demographic and context.</p> <p>The funding period should be 5 years, with a good level of scrutiny that is not too onerous for services. Monitoring and reporting processes should enable accountability in a systematic way, with adequate support available to enable services to achieve and meet the standards and expectations.</p>

“[We need] a system that points every victim of domestic abuse in Scotland, whatever their risk and whatever first step they take, to the right support to make them safer, sooner.”
 – Survivor, Whole Lives Scotland National Survivor Survey, 2020

Question 1: What do you consider to be the main function or purpose of services challenging violence against women and girls (VAWG)?

No one service challenging Violence Against Women and Girls (VAWG) looks the same. Many have grown from grassroots level in response to local need and gaps in provision. However, conversations with survivors and staff identified a number of key functions that are common to many high-quality VAWG services in Scotland:



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1. Increasing survivors' safety and wellbeing

Specialist VAWG services are essential for increasing the safety and wellbeing of women, girls, children and young people who are experiencing / have experienced any type of gender-based violence and abuse, through offering gender-sensitive, age-appropriate, and trauma-informed support.

These services are inclusive and open, and start from a position of believing the victim/survivor - validating their experience, rather than making them feel at fault for the harm they have experienced.

"Women's Aid support literally saved my life and I would not be here today without their understanding and help. Practical and emotional support. Invaluable service. I am forever grateful that Women's Aid helped me to turn my life around when I had nothing and no hope left."

- Survivor, Whole Lives Scotland National Survivor Survey, 2020

VAWG services meet a victim/survivor where they are, including through **crisis intervention, long-term recovery support, and preventative work**. It is the sheer diversity and range of their support offer that makes VAWG services so fundamental to ending male violence against women and girls. We believe the same principles should apply to services outside this pattern – for example services for those in abusive same-sex and gender queer relationships, and the provision of services for those experiencing familial abuse such as where there are multiple colluding perpetrators (for example in so-called 'honour'-based cases). It would be valuable for the Scottish Government to make clear that although those services are not within the remit of this review, **they are under the same consideration and should be subject to the same high standards.**

The functions of a high-quality service challenging violence against women and girls include delivering:

- **Immediate safety:** A core function of VAWG services is to increase the immediate safety of women, girls, children and young people, and use a risk-led approach to reduce the risk of harm they face. This includes crisis intervention for adult and child victims who are at high-risk of harm, and even homicide. Services offering crisis support may include providing accommodation-based support, such as refuge, as well working with a victim/survivor to take part in risk assessment and safety planning. As part of this safety planning, VAWG services may support a victim/survivor to address any other immediate needs they have, such as housing and health. They may also represent the victim/survivor in multi-agency forums, such as Multi-Agency Risk Assessment Conferences (Marac). The Idaa model is key to this approach.

"Support for those who are in immediate danger - Maracs come to mind. Done well, this can get all the services together to provide help quickly."

-Authentic Voice Panel member

- **Long-term recovery:** An equally important strand of many VAWG services' support offer is the wraparound, long-term recovery work, including long-term safety, helping survivors with the trauma of what they have experienced, increasing their wellbeing and resilience, and supporting them to fulfil their potential. Therapeutic interventions,



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counselling for non-recent abuse, post-separation support, support finding employment are all examples of how VAWG services continue to help survivors after they are no longer considered high risk, but are still living with the legacy of the abuse. Key to this kind of support is flexible, open-ended service offers, which do not exclude on the basis of strict thresholds.

“Just because Marac and Idaa provision has ended doesn’t mean the support should end – we need holistic continued support.”

- SafeLives Scotland practitioner

- **Prevention:** A key strand of work for many VAWG services is build understanding of the dynamics of abusive relationships, such as how to spot ‘red flags’ early in a relationship. This includes educational work with children and young people, who may otherwise grow up to be at higher risk of victimisation and/or using harm in their own intimate relationships. In providing a range of community-based services, including in cases where the victim is not assessed as being at high risk of harm but there are still visible indicators of serious harm, VAWG services help to prevent abuse from escalating.

It is outside the remit of this review, but we also believe there should be a concerted programme of work along the lines of our [Men and Boys Voices programme](#), which **looks specifically at the experiences, behaviours, attitudes and needs of boys and men, taking a public health approach to their risk of using harmful behaviours**. The exclusive provision of services after something bad has already happened is not a progressive approach, and assumes that VAWG is inevitable rather than preventable. Successful work with boys and men needs to include a broader ‘team’ than the VAWG workforce, which is almost exclusively made up of women.

2. Information, awareness-raising and advocacy

Key to increasing survivors’ safety and wellbeing is VAWG services’ role in providing information and raising awareness of gender-based violence and abuse, and institutional advocacy for victims and survivors in systems and services where VAWG is less well understood. Where knowledge and understanding is lacking, VAWG services with the capacity to do so can play a critical role in upskilling non-specialist practitioners who regularly come into contact with victims and survivors, including in statutory services.

- **Support, information, advice:** VAWG services provide essential practical, legal and financial advice to victims and survivors, informing them of their rights and any services they should be in contact with.
- **Awareness-raising:** VAWG services are central to raising awareness of the types of VAWG and its impact, at a local and national level – making it ‘everybody’s business’. They also play an important role in challenging misogynistic attitudes in society and myths about gender-based abuse, and embedding cultural change. This often takes place at an informal level, through inter-agency interactions, as well as at a formal level, through structured awareness-raising campaigns and training.
- **Advocacy and effective partnership work:** Advocates with specialist knowledge of different types of VAWG are important for informing victims and survivors of their rights,



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helping them to navigate complicated systems and services, and effectively representing them in multi-agency and risk management forums, such as Independent Domestic Abuse Advocates (Idaas) in Multi-Agency Risk Assessment Conferences (Marac), and other settings such as courts, hospitals and within housing associations.

- **Capacity building:** VAWG organisations (with the resource to) play a critical role in upskilling staff in statutory services with the tools, knowledge and understanding to identify and respond to VAWG in a trauma-informed and safe way, including less well-understood and easily identifiable types of VAWG, such as coercive control. Some specialist 'by and for' services offer vital training programmes for non-specialist organisations to better identify and support minoritised and marginalised victims and survivors.

3. Embedding survivor voice

If designed in the right way, VAWG services create a space where women, girls, children and young people who have survived gender-based abuse feel that their voices are being heard, and are meaningfully consulted on how systems and services can work best for survivors. The importance of lived experience running through service design, operation and evaluation is increasingly recognised, with VAWG services (many of which have been created by survivors of domestic abuse and gender-based violence) pioneering this way of working. Our recent [Discovery Report](#) sets out what we learned about how services across Scotland are using survivor voice and what more needs to be done. All services supporting survivors of VAWG **must support and provide a platform for survivor voice**, including from inside the organisation for staff with lived experience.

4. Holding perpetrators to account

Holding perpetrators to account is core business for some services challenging violence against women and girls (VAWG). These services recognise that male violence against women and girls cannot be ended without disrupting the behaviour of perpetrators. There are a range of ways perpetrators can be held to account, from securing criminal justice outcomes to behaviour change programmes. **VAWG services play a central role in supporting multi-agency partners and other practitioners to deliver effective perpetrator interventions**, ultimately with the aim of protecting survivors and preventing further harm. The Caledonian System is a great example of a court-mandated model, but we **need other options** that challenge men who harm, including voluntary programmes.

5. Influencing and mobilising the strategic long-term vision for ending VAWG

Finally, beyond the immensely valuable operational, day-to-day functions of VAWG services, these organisations also maintain a much-needed, long-term **strategic vision** for ending violence against women and girls. Many staff working in this sector have been committed to tackling VAWG for years, even decades. Their expertise and wisdom, and ability to innovate and adapt service provision, is **central to developing any long-term, national strategy for ending VAWG** in Scotland. It is vital that local and national Government listens to all of these expert voices, providing opportunities to shape the vision in a systematic and inclusive way.



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Question 2: What services should be available for women experiencing any form of VAWG? Please provide any examples of good practice you may have.

“The service is fantastic, however under-funded and under-resourced - resulting in waiting weeks to be allocated a support worker.”

- Survivor, Whole Lives Scotland National Survivor Survey, 2020

Domestic abuse organisations across Scotland provide vital and exceptional services. However, survivors in Scotland told us through the National Survivor Survey that they need services to be more available, and with a broader range of options. Services need more funding, staff, and capacity to offer out-of-hours support and reduce waiting times. Most survivors did not receive any kind of specialist support to address additional needs at the time of the abuse.

“Services should be easily accessible, tailored to individual needs and wants, evidenced-based, trauma-informed, and sustainably funded. As a society we need to ‘reach in’ – domestic abuse is everyone’s business, rather than waiting until crisis point when victims/survivors seek support proactively.”

-SafeLives Scotland practitioner

There is no ‘one size fits all’ for survivors of VAWG. The diversity of services should interconnect to create a system that, if adequately resourced, is mutually supportive and reinforcing. This allows for pathways that are tailored to each survivor, in line with their needs and risk level.

“Marac and Idaa can’t work if the rest of the systems don’t work – there are gaps behind this provision.”

- SafeLives Scotland practitioner

The types of services identified both in the National Survivor Survey and through consultation as part for this review include services to address women’s needs, as well as services to hold perpetrators to account.

Services to address women’s needs:

- **Helplines and outreach services**
- **Accessible legal and financial advice**
- **Refuge**
- **‘One stop shop’** – integrated, co-located services that work together where survivors have multiple needs, including:
 - **Trauma and recovery** programmes after abuse, including trauma-informed counselling.



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- **Two thirds (65%)** of survivors who responded to the National Survivor survey said they had mental health needs that were caused by the abuse they experienced.¹
- **Housing** support, including where a survivor has been made homeless, or when they need support to remain safely in their home.
 - **Nearly a quarter (23%)** of survivors said they had housing needs that were caused by the abuse they experienced.²
- **Substance use** support
 - **1 in 5 (20%)** survivors said they had needs associated with alcohol or drug use that were caused by the abuse they experienced.³
- **Financial** support.
 - **Just over half (56%)** of survivors said the abuse caused financial problems.⁴
- Support with **benefits and employment**.
 - **A third (32%)** of survivors said they had employment difficulties that were caused by the abuse they experienced.⁵

Our One Front Door and Beacons models, explained in Question 3, demonstrate the value of an integrated and joined-up frontline approach to domestic abuse.

“We need a one stop shop. If you have one central person - rather than having to explain your story to ten different people, and not knowing who to contact - it stops the confusion and trauma of having to relive it all.”

-Authentic Voice Panel member

“I had eight people in the house one day. I had two social workers, I had the police and then...two folk from the domestic unit...and they were all just crammed in and... it was bad. Could there not just be one person?”

-Survivor, [Whole Lives Scotland Renfrewshire report](#), 2021

- **Independent advocacy** and risk assessment, such as Independent Domestic Abuse Advocate (Idaas), in court settings and **multi-agency forums**, such as Multi-Agency Risk Assessment Conferences (discussed further in question 4.7).

Independent Domestic Abuse Advocate (Idaa)

“[Idaa] support for victims and survivors is a lifeline for families to heal in many ways. Without it, I do not believe that my family and myself would have survived.”

- Service-user feedback from dedicated DA Advocacy service

An Idaa (Independent Domestic Abuse Advocate) is a single specialist professional who works with a victim to develop a trusting relationship and who can **help with everything they need to become safe**. Since they work with the **highest risk** cases, Idaas are most effective as part of an Idaa service and within a **multi-agency framework**. The Idaa’s role in all multi-agency settings is to keep the client’s perspective and safety **at the centre** of proceedings. Studies have shown that when clients engage with an Idaa, there are clear and measurable **improvements in safety**, including a reduction in the escalation and severity of abuse and a reduction - or even cessation - in repeat incidents of abuse. This **creates the context in which other needs can be met**.

The Idaa role is **transforming domestic abuse support** across Scotland, but more work is needed to maximise their impact. Since 2013 well over 300 people have completed Idaa training in Scotland.⁶ This training was initially funded by the Scottish Government and is delivered as a partnership between ASSIST, Scottish Women's Aid and SafeLives.

"[It's the] best training I have been on. [The] course has been structured very well, all sessions have been different, the guest speakers have been brilliant and the training has allowed me to enhance my practice."

Idaa training evaluation feedback, 2020

This training equips practitioners to deliver a safe and accountable response to those at the highest risk of serious physical harm. We know this approach works. The [Whole Lives Scotland](#) report shows that:

- When leaving specialist services, the vast **majority of clients felt safer (84%)** and said the **quality of their life had improved (79%)**.
- After receiving specialist support from an Idaa there were large reductions in the abuse that victims were experiencing, including a **73% reduction in the number of victims experiencing physical abuse** and a **73% reduction in those experiencing sexual abuse**.

"Thank you so much for being there for me. There was so much going on and I was really struggling to make sense of things but talking to you always helped. You managed to help me understand systems and processes and were always there for support and reassurance for me."

- Survivor message to Idaa service⁷

Currently there is **no way of formally tracking or monitoring who is working as an Idaa** in Scotland, however we do know that although many people have completed Idaa training, due to **lack of a national framework, coupled with funding limitations**, many qualified Idaas are not working as 'Iidaas', or do not hold a dedicated role as an Idaa.⁸ Access to the training itself is also limited due to a lack of funded places.

In order to adequately support victims across Scotland, SafeLives estimates that **at least 100 Iidaas actively holding caseloads** are needed.ⁱⁱⁱ We know from the high level of self-referrals in Scotland and the length of time before support is sought, that **many victims are being missed**. Locating Iidaas in a **range of locations** is important. For example, we know from our work in England and Wales that locating Iidaas in hospital settings can help identify vulnerable victims earlier in their abusive relationship.⁹ Better trained police officers, health professionals and social workers also increases the rate of identification, disclosure and referral.

The creation and maintenance of a **register of Iidaas** and other specialist practitioners would raise the profile and status of the role, enable services to effectively make referrals and would support policy makers in tracking the coverage and capacity of Iidaas in Scotland.

Recommendation: Iidaa services need to be placed on a **statutory footing**, and **adequately resourced, trained and supported** by other agencies to allow them to fulfil

ⁱⁱⁱ Calculated using SafeLives recommendation that for every 10,000 of the adult female population, 40 cases should be seen at Marac every year, and that one Iidaa is required for every 100 cases.



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their role of helping a victim become safe - located in settings where they can be most effective. **A register of Idaas** and other specialist practitioners would help to improve referral pathways and map available support.

- Localised community support, including through specialist **'by and for'** services.

Specialist 'by and for' services

Women and girls' various intersecting identities mean they have distinct and sometimes **disproportionate experiences of violence, abuse, and discrimination**. Their experiences of minoritisation and marginalisation can also affect their ability to access safety and justice. The National Survivor Survey showed that disability, gender and sexual orientation were linked to different experiences of abuse over different lengths of time, and different barriers to service access. Disabled survivors, for example, were much more likely to cite fear of not being believed and fear of child removal as reasons for not accessing support. The sample size of survey respondents who identified as Black, Asian or racially minoritised was too small to draw conclusions about widescale trends in access to services across Scotland, though there is already substantial existing evidence that a woman or girls' race and/or ethnicity significantly impacts on the support that is available to her.¹⁰ Currently in Scotland, there is a dearth of available specialist domestic abuse services for Black, Asian and racially minoritised survivors - with some areas not having any specialist services.

Survivors in Scotland are clear that they want **local services that feel right for their identity and circumstances**.¹¹ Specialist services run 'by and for' the communities they serve – such as those run by and for Black, Asian and racially minoritised women and girls, LGBT+ people, deaf and disabled women and girls, and refugee and migrant women and girls, are an indispensable element of the patchwork of VAWG services. These services are **expertly placed** to identify and respond to minoritised and marginalised women, girls, children and young people's experiences of VAWG, who – because of the way services are set up - are **less likely to present and disclose in statutory and mainstream services**.

Survivors must have options for safety, evidence-gathering and crisis support that **does not require making a disclosure to the police as a first port-of-call**, allowing them time to consider whether a criminal justice approach is the right course of action. Without specialist services, too often minoritised and marginalised survivors' experiences of VAWG remain invisible.

"I live[d] in an isolated property and had to call the police when my husband tried to strangle me. I didn't feel able to cope with him being charged as I had no support and feared what the consequences would be...I had no access to phones or any way to seek help. No one ever tried to make contact with me in a safe manner so I was left unsupported. It took another 10 years before I felt strong enough to force him to leave. During this time the abuse worsened, but no one ever helped."

- Disabled survivor, Whole Lives Scotland National Survivor Survey, 2020

Despite the vitally important work they do, these smaller specialist services are **chronically under-funded**, and as a result are often **not available in more remote areas**. Funding and commissioning processes, which do not recognise or value specialist 'by and for' services' expertise, can mean they are **edged out** by larger, non-specialist organisations - who



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cannot reach and/or be effective for minoritised and marginalised communities. It also means that for many women, **calling the police** feels like the only option.

“In our rural community there is a lack of specialist support services e.g. to support LGBT+ and BME clients.”

-Idaa, Whole Lives: Improving the response to domestic abuse in Scotland, 2017

Recommendations:

- The provision of specialist ‘by and for’ services tackling VAWG across Scotland should be **mapped, to identify gaps in provision**.
- Where there are gaps in provision, the Scottish Government should work with specialist ‘by and for’ services to explore the possibility of **developing regional Hubs for these services**, which would provide a frontline service for women and girls who cannot access any other ‘by and for’ service in their area.
 - The Hubs would also act as specialist centres **providing training** to other domestic abuse services and multi-agency partners in their region, ensuring that staff understand the needs of their survivor group and can respond appropriately.
 - They could also act as **representatives on commissioning and strategic groups** and help to support other more local ‘by and for’ services to set up their service and flourish.
- A sustainable funding model for VAWG services must include these services, with **ring-fenced funding** for specialist ‘by and for’ provision, in order to meet every survivor’s distinct needs. This would ideally encapsulate a variety of commissioning methods.
- The cultural competence of all VAWG services could be improved **through recourse to dedicated training**, of the type provided by the [HOPE](#) Network in Wales and England.

Services that hold perpetrators to account:

We very much value the work of the Caledonian System and have been proud to partner together in various ways, through our Idaa training and DA Matters models. The approach they take in challenging men’s behaviour whilst safely supporting women and children is vital. However, we **need more interventions across Scotland that don’t centre solely on the criminal justice response**. Specifically, we need non-court mandated/voluntary programmes such as ***Drive**, which challenge perpetrator behaviour and work to keep victims safe.

“[We need] early intervention work tied around the perpetrator. It is a perpetrator’s choice to perpetrate abuse. We need a robust perpetrator programme that supports the victim.”

- SafeLives Scotland practitioner

“Much of these [perpetrator] services have been punitive. Perhaps a system of restorative justice should be incorporated to enable reformation and real change.”

- Authentic Voice Panel member

Good practice: *Drive in England and Wales

[Drive](#) was developed in 2015 by Respect, SafeLives and Social Finance – the Drive Partnership – to address the gap in work with high-harm perpetrators of domestic abuse.

Drive works with high-harm, high-risk and serial perpetrators of domestic abuse to prevent their abusive behaviour and protect victims. 'High-risk, high-harm' perpetrators are those who have been assessed as posing a risk of serious harm or murder to people they are in intimate or family relationships with.

Drive challenges and supports perpetrators to change and works with partner agencies – like the police, social services and Independent Domestic Violence Advisors (Idvas) – to disrupt abuse and support victims and families. As part of this approach, where appropriate Drive supports perpetrators to address behaviours and needs that intersect with their abusive behaviour, such as homelessness, mental ill-health, and substance use.

The Drive Project launched in April 2016 and was piloted in three areas across England and Wales (Essex, South Wales and West Sussex) from 2016-2019. During this time it underwent a three-year independent evaluation conducted by the University of Bristol. The University of Bristol concluded that Drive **reduces abuse and the risk perpetrators pose**.¹² Key findings show that:

- **physical abuse** reduced by **82%**;
- **sexual abuse** reduced by **88%**,
- **harassment and stalking** behaviours reduced by **75%**;
- and **jealous and controlling behaviours** reduced by **73%**.

Following the pilot, there are now Drive sites across West Mercia, South Wales, West Midlands, London, Avon and Somerset, The Wirral, Derbyshire, Northumbria, Dorset and Greater Manchester.

“The Scottish Government seriously needs to take a look at Drive which is operating in England and Wales. It’s a game-changer and clearly the way forward in helping to prevent and protect victims of abuse by disrupting the perpetrator’s behaviour. We need this here in Scotland: it could save lives.”

- **Authentic Voice Panel member**

“For the first time, someone’s holding him to account, it’s not just me.”

- **Victim/survivor [talking about a Drive service-user](#)**

Recommendations: Accredited voluntary and court-mandated perpetrator interventions should be regarded as key to ensuring “men desist from all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response”, as set out in the Equally Safe strategy, and **within the scope of this review**.

- Rather than diverting funds away from services supporting VAWG victims/survivors directly, these interventions **should be funded alongside VAWG services**, to prevent serial perpetration and protect victims.
- Understanding how these services fit together is crucial, and we would welcome **further reflection by the Scottish Government on how to make sure integration between services** for different family members can achieve more sustainable safety and other outcomes, including value for money.



Question 3: What services should be available for children and young people experiencing any form of VAWG? Please provide any examples of good practice you may have.

An important theme to come out of the National Survivor Survey was survivors describing **limits to service capacity, accessibility, and inconsistently available services** – particularly for children. Girls, children and young people are victims of domestic abuse and VAWG – both in their own intimate relationships, as well as through experiencing interparental abuse in the household. Despite the devastating impact that abuse has on children, often they are overlooked as victims and survivors.

In the case of domestic abuse within their own relationships, data from the Scottish Government shows that since the age of 16, women were almost twice as likely as men to have experienced domestic abuse (**21.2% and 11.2%** respectively), with experience of abuse in the 12 months prior to interview the highest amongst the 16-24 year age-group (**9.4%**).¹³

SafeLives' 'Your Best Friend' project which has involved speaking to hundreds of girls, young women, and non-binary people in England and Wales about friendships and relationships, revealed **9 in 10 (90%)** of girls and non-binary people had talked to a friend to try and help them with a toxic relationship, and nearly **three-quarters (71%)** have had a friend talk to them about behaviours in their relationship that worry them.¹⁴ Despite the high prevalence of domestic abuse in this age group, few young people are aware of what support is available. A SafeLives **survey of young people aged 16-25 in Aberdeen City** found that respondents were most likely to seek support from friends in relation to domestic abuse, and most did not answer the question asking them to name specific domestic abuse services in Aberdeen City, or answered with names of generic children's services.¹⁵

"Only today have I really noticed I've been through abuse myself. It's so normalised for me to go through some things that were classed as abuse through previous relationships, that I didn't think twice. I suppose I've opened my eyes."

- Young survivor aged 16, [Whole Lives Scotland: Domestic abuse and provision for young adults \(16-25 years\) in Aberdeen City, 2021](#)

Children and young people are also victims of domestic abuse they experience in the household, where one parent is abusive to the other parent or step-parent. Every year, nearly 130,000 people in Scotland experience domestic abuse, with over 12,000 children living in these abusive households.¹⁶

"[Children] are the ones who are used as pawns [post-separation]. They are the ones on the frontline of the battlefield."

- Authentic Voice Panel member

The impact of abuse on child victims – both in their own intimate relationships and through experiencing abuse in the home – can be devastating and life-long. The NSPCC identifies anxiety, depression, low self-esteem and difficulties with forming healthy relationships, hypervigilance in reading body language or changes in mood and atmosphere, difficulty sleeping and nightmares, as just some of the impacts that domestic abuse can have on



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children.¹⁷ Evidence from the Safe Young Lives spotlight report shows that young victims of domestic abuse were more than twice as likely to self-harm compared to older victims (30% compared to 14%).¹⁸

“Both my children suffer mental health issues as a result of domestic violence – anxiety, depression, fear of engaging in intimate relationships...”

- Authentic Voice Panel member

Often as a way of coping with the trauma of what they have experienced, SafeLives Insights data shows that children who experience DA in the home at a young age are also at higher risk of risk-taking behaviours, including use of alcohol, drugs, smoking, and early and repeat pregnancy. Their increased vulnerability can mean child victims of DA are targeted for child criminal and sexual exploitation. It is important that the link between these risks is dealt with in a holistic way, so that no crime types affecting children and young people are treated in siloes, and opportunities to get them suitable and effective support as early as possible are not missed.

“Children desperately need support...I had no support throughout my school years despite the school being aware that I lived in a domestic abuse household, I suffered in silence for 18 years... I have mental health issues that were never addressed - severe anxiety and PTSD. No child should be made to feel the way I did growing up.”

- Survivor¹⁹

“I grew up watching my mother being beaten by my stepdad. My mother disclosed this to the police but me and my brother were never offered any sort of counselling for the things we had witnessed. We were left to just get on with it. If child protection services are made aware of children being affected by domestic abuse, I think a counselling service should be available to the children.”

- Survivor²⁰

For young people experiencing domestic abuse in their own relationships, we need to ensure the services available to them are relevant and accessible. The [report from our work in Aberdeen City](#) identified the barriers for young people experience abuse within their own relationships, and the benefit of tailored, age-appropriate resources and services, shaped and informed by young people themselves.

Despite the high prevalence of victimisation of children, survivors and practitioners in Scotland tell us there is a **paucity of available services for them**, such as mental health support. In more rural parts of the country, children’s services have been forced to close due to financial precarity. We need an approach to funding services for girls, children and young people that recognises this reality, and offers **consistent gender-specialist, age-appropriate and trauma-informed support**. It is not effective or appropriate for girls to be accessing support through adult women’s services, or generic children’s services when they have experienced gender-based violence in their own intimate relationships. Our Safe Young Lives Spotlight report highlights the various ways in which girls’ needs are distinct from boys and adult women.²¹ Older teenagers and young people also need specialist services which bridge the



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gap that can exist between services designed for children and older adults. Despite being an example of good practice for younger children, the Cedar* programme is capped at 16 years – meaning that many children and young people face a cliff-edge in support.

Methods for reaching and sustaining engagement with younger victims of abuse need to be suited to their needs and situation. Traditional helplines are unlikely to be extensively used by teenagers, who will expect there to be more modern methods of contact, including live chat and text services, as well as online support tools. The VAWG sector has historically been slow to adopt these newer engagement methods, but should **be supported to explore what's safe and effective for all age groups**, who will increasingly all expect digitally-supported services.

Good practice: *Cedar in Scotland

[Cedar \(Children Experiencing Domestic Abuse Recovery\)](#) is a psycho-educational, multi-agency initiative for children and young people who have behavioural, emotional and social difficulties as a consequence of their experience of domestic abuse.

Cedar provides a therapeutic 12-week group work programme for children and young people in recovery from domestic abuse, alongside a concurrent group work programme for their mothers. The group work model is based on core principles that recognise that domestic abuse is damaging to children as well as to the mother/child relationship, and on the belief that mothers are best placed to support their children in their recovery.

Findings from the [pilot evaluation report](#) show the positive impact of this initiative²²:

- Cedar helped to put an **end to the 'conspiracy of silence'** around domestic abuse in the family and has been an opportunity to acknowledge both the individual and shared experience of domestic abuse.
- Cedar makes an immediate and substantial impact to **address the serious childhood adversity** created by domestic abuse and puts children and families onto a different and more positive future pathway.
- The Cedar pilot has **increased understanding in Scotland** about how domestic abuse affects children and young people and how they and their mothers wish professionals and policy makers to respond.

"For me counselling for my children was invaluable, and this came in the form of the Cedar Programme. I can't rate this highly enough."

-Authentic Voice Panel member

Good practice: 'One Front Door' in England

SafeLives' [One Front Door](#) project pioneered a whole family approach to tackling domestic abuse. The project brought together multi-agency specialist teams of statutory and voluntary sector partners to identify the needs and risks of every family member at the same time, making vital links between the needs of individuals and the families they belong to, and providing earlier specialist support to adult and child victims, as well as perpetrators of domestic abuse.



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The evaluation of the pilot, which focused on developing an integrated referral pathway for children's safeguarding and domestic abuse concerns, showed the significant positive impact on early intervention and prevention of domestic abuse. In-depth analysis in sites found:

- Better information sharing resulted in **17% of risk assessments updated**;
- In the first four months of One Front Door implementation, **31% of police contacts progressed to social care assessments** from 3% in the previous year;
- A more than **25% increase in the number of contacts which were not closed with 'No Further Action'** for the same time periods.

"Families are now getting the services they should get, and I'm really impressed by the way all the partners in the Mash [Multi-Agency Safeguarding Hub] have worked together to get it like this."

- Police lead, Site B

Good practice: Beacon sites in England

SafeLives has worked in partnership to pilot Beacon sites to improve the response to domestic abuse for the whole family within specific localities. The Beacon sites have a range of tailored interventions they can draw on to support victims, survivors and their family – including children, giving the right response to every individual based on their needs, while holding perpetrators to account.²³

The [Connect CYP programme](#) includes a range of interventions to address gaps in support for children and young people who have experienced domestic abuse within their families. The focus of the pilot was children and young people (CYP) who are pre-school (0-5), in families who are staying together, and those affected by the impact of domestic abuse on parenting.

Of the 261 children and young people have been supported across all Connect programmes:²⁴

- **86%** of children were supported with safety/understanding of safety;
- **52%** were supported with their mental health;
- **61%** were supported with their relationships with others;
- **78%** were supported in their relationships with family.

After receiving support via the Connect CYP programme, there was:

- Following safety support, a **95% improved sense of safety** and a **92% improved sense of wellbeing** among children;
- Following mental health support, a **93% improved sense of safety and wellbeing**;
- Following support with family members, an **89% improved sense of safety** and an **83% improved sense of wellbeing**;
- Following support with other relationships, a **96% improved sense of safety and wellbeing**.

"I think it's important to build a relationship with the young person, because if not, there's no way they'd be able to open up and tell you the real issues, the real problem."

-Young person interviewed as part of our Spotlight on domestic abuse and young people



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Recommendations: Long-term sustainable core funding for specialist domestic abuse organisations must encompass the full range of ‘whole family’ services required by survivors, including interventions at all risk levels and for all ages, working with adults, children, young people, and wider family members.

- As part of this, there should be specific, funded **trauma and recovery** programmes to support children’s recovery after risk has been reduced.
- There must also be age-appropriate, gender-sensitive and trauma-informed support available to **teenagers experiencing abuse in their own intimate relationships**.

Question 4.1: What role should third sector organisations play in the provision of specialist services to women, children and young people experiencing VAWG?

Role as a service-provider

- Quality-assured, third sector organisations with specialism in VAWG, including domestic abuse, should **play a central and leading role** in the provision of services to women, girls, children and young people with experience of violence and abuse.
- The exact functions and types of services that specialist VAWG services should deliver are outlined in Questions 1, 2 & 3 in this response.
- Third sector organisations which do not hold specialism in VAWG should have **agreed and clear identification processes and referral routes** for people accessing their service who are experiencing abuse.
- For third sector organisations to be able to play their pivotal role in tackling VAWG, **they need to be operating alongside effective and joined-up multi-agency partners**, such as educators, police, healthcare providers, courts, adult and children’s social work and youth workers.
 - Third sector organisations, through the role of an **Idaa**, should be represented at Marac and other multi-agency forums.
- They also need **proper resourcing**, to reflect the sheer breadth of their service offer and the fact that often the voluntary third sector is plugging gaps in statutory provision.

“The third sector has been at the forefront of supporting women and girls experiencing abuse. Their knowledge, experience and expertise should shape any service response.”
-SafeLives Scotland practitioner

“For us to do our job as a third sector organisation, we need all the statutory bits of the system to work.”
- Safer, Sooner Domestic Abuse Network

Role as an employer

- Many third sector organisations working to tackle VAWG have staff with lived experience of violence and abuse. As employers, these organisations should **ensure reflective practice is embedded** in ways of working, and respond to any vicarious trauma. **Clinical supervision** for any staff who would like it is one way to manage



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the impact of this work, and to potentially avoid burn-out and high rates of staff turnover. As a very minimum, all services should have their own **internal domestic abuse policy**.

Recommendations: **Third sector organisations** supporting survivors of VAWG must be given **parity of esteem** to statutory agencies and supported in a **strengths-based way** to deliver high-quality services which are responsive to changing need.

- Through development of a set of **minimum standards** (as recommended in response to Questions 8-11) in partnership with the sector and survivors, specialist VAWG services and non-specialist third sector organisations can feel confident they are delivering effective support in an accountable way.
- Workers in **specialist advocacy roles should be accredited** to ensure they appropriately and effectively meet the needs of survivors.
- Consideration should be given to **accrediting other key roles** in the VAWG sector, to facilitate a more consistent approach.
- Funding should **take account of the resource and skill** required in effective data collection and reporting.
- **Ongoing, accessible and tailored support** (funding, resources, guidance, networks) should be available to all VAWG services to give them the best opportunity to deliver effective joined-up services that are seen as integral to the local whole-system response.
- Funding for **clinical supervision** should be provided as standard to enable a supported, resilient, and sustainable VAWG workforce.

Question 4.2: What role should local authorities play in the provision of services to women, children and young people experiencing VAWG?

Role as a service-provider and commissioner

- **Local authorities (LAs), alongside VAW (Violence Against Women) partnerships**, must start by **reviewing and addressing the underlying culture towards domestic abuse** at a local level, and take steps to ensure that it is conducive to best practice responses to VAWG, from the top-down.
- **VAW Partnerships** should have **central oversight of service provision** in a local area – and be accountable for ensuring there is a comprehensive provision of VAWG services that reflect the needs of victims and survivors in their area.
 - As part of this, VAW Partnerships should lead **on creating collaborative and integrated services** for women and girls by championing the commissioning and funding of specialist gender and trauma-informed services tackling VAWG.
 - VAW Partnerships should champion **de-centralised approaches** to responding to domestic abuse - taking appropriate risks on localised innovations.
 - For our Lottery-funded [Whole Lives Scotland](#) programme we worked closely with three Local Authorities using a 'data, voice, practice' lens



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to shine a light on how integrated the domestic abuse response was under a series of themes. Insights like these can help to galvanise new ways of working.

- **LAs** must also ensure that the services they provide, such as housing, health, and social work, are delivering **domestic abuse-informed services with robust domestic abuse policies**. Staff in these services need to be **upskilled** to confidently identify and respond to domestic abuse, and accountable for their role in doing so. This includes referring on to specialist third sector organisations for safe, expert support where appropriate.
 - In 2021, SafeLives delivered a wide-scale training programme to multi-agency staff across **Inverclyde**. Approaches like this provide a baseline consistency for the local authority response, that is bolstered by a policy underpinning the response.
 - We have also had a long-term partnership with the **Wheatley Group**, that spans multiple LAs, to transform their DA response across the services. This includes a tailored e-learning awareness raising tool for all staff, and a training programme that dovetails with the organisational DA policy. More innovative and collaborative programmes like this would help create widespread impact.
- **LAs** must **promote the multi-agency response** in their local area, including attending Multi-Agency Risk Assessment Conferences (Maracs) and ensuring they are performing well and are properly resourced with appropriate oversight and governance in place.
- **LAs** should **listen to survivors, service-providers and data from their local area**, to ensure their response to VAWG is fit for purpose and there are effective channels for **meaningful co-production** with the specialist VAWG sector and survivors - to assess need, develop strategies, commission services, and identify gaps in service provision.

Role as an employer

- **LAs** should be at the forefront of **challenging gender inequality** within their own organisation and with partner organisations – making sure **VAWG is everybody's business** and recognising that domestic abuse will affect their employees.
- As well as identifying victims, survivors and perpetrators in the community, there should be **effective identification of victims/survivors within LA staff teams**.
- **LAs** must also ensure they **invest in upskilling staff** to work sensitively and effectively with those affected by domestic abuse, as well as perpetrators.
- As a minimum there should be an **LA-wide domestic abuse policy** for staff.

“All professionals need to be informed about how to work with those affected by domestic abuse, and the perpetrators. It is not a specialist area of work - it is the bread and butter for everyone who works with families in all capacities. It is not a standalone issue - people need to understand how it relates to all other areas of people's lives in complex ways.”

- Survivor, Whole Lives Scotland National Survivor Survey, 2020

Recommendation: VAW Partnerships and local authorities should **lead on creating collaborative and integrated services** for women and girls by ensuring the services they provide are **domestic abuse-informed**, championing the commissioning and



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funding of specialist **gender and trauma-informed services tackling VAWG**, and promoting the **multi-agency response** in their local area. **Innovation** in practice should be encouraged and enabled, through working in partnership with the voluntary sector and survivors to design and deliver the services local families need.

Question 4.3: What role should the Scottish Government play in the provision of services to women, children and young people experiencing VAWG?

Role as a service-provider

The Scottish Government should provide **leadership, funding and oversight** in tackling VAWG.

- Any VAWG strategy and funding and commissioning model should be informed by high-quality quantitative and qualitative **data** as well as the **authentic voice of survivors**. The Scottish Government should work with all VAWG sector services and engage with experts by experience to effectively gather this data, ensuring there is an **intersectional focus** in how it is embedded across policy. The collection of data should never be for its own sake. **Analysis and onward action**, including increasing accountability where it's required, should be part of a continuum of data collection centrally.
- The Scottish Government should lead on driving **greater consistency** in the provision of VAWG services.
 - Central to this is developing a **sustainable funding** model for VAWG services across Scotland which addresses the patchy provision of support and high staff turnover (Question 13).
 - The government should also develop and implement **national standards** for organisations providing services to women, girls, children and young people experiencing VAWG, using **evidence-based models of good practice and robust evaluation methods** (Questions 8-11).
- Alongside provision of high-quality services tackling VAWG, the government should lead on **education and campaigns** which challenge misogyny and deconstruct gender stereotypes in society – particularly those of masculinity – supporting boys and men to break these harmful norms.

Role as an employer

- The Scottish Government's **Equally Safe** strategy rightly identifies the need to challenge *“all employers, particularly public sector employers, to support those who may be experiencing or at risk of violence or abusive behaviour – and furthermore how they can develop a culture which contributes to the prevention of violence against women and girls through their HR policies and staff training”*.
- The Scottish Government must be a leader in creating working environments which have a **zero tolerance of violence and abuse**, and putting in place the necessary systems to support victims and survivors to safely stay in employment and hold perpetrators to account. The Scottish Government should support other employers to introduce these policies and procedures too.



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Recommendation: The Scottish Government must provide **central leadership, funding and oversight in tackling VAWG** – prioritising collecting and publishing **robust data** on VAWG, actively **listening to survivors**, driving greater **consistency** in service provision across Scotland, developing **national standards** for VAWG services, recognising the need to **hold perpetrators accountable** and invest in voluntary perpetrator programmes, and challenging the **cultures that enable VAWG** through education and campaigns.

Question 4.4: What role should the NHS play in the provision of services to women, children and young people experiencing VAWG?

Role as a service-provider

- Health services have a unique opportunity to reach women, girls, children and young people who might never present at specialist VAWG and domestic abuse services. SafeLives data²⁵ shows that many survivors are in contact with physical and mental health services as a result of the abuse they are experiencing / have experienced. In Scotland, **23% of clients visited their GP in the year before accessing specialist domestic abuse services** – on average **more than four times**. The NHS can therefore **play a critical role** in the identification of domestic abuse, through showing professional curiosity and using the right kind of enquiry.
- However, the response to domestic abuse in health settings is **not consistent**. **Only 9% of referrals** into specialist domestic abuse support services are from health.²⁶ Despite **routine enquiry** being recommended in many health settings, the National Survivor Survey in Scotland shows that in reality, **the right questions are not being consistently asked**. Survivors believe this is in part due to health staff not having sufficient information about domestic abuse, including an understanding of coercive control and power dynamics, and therefore lacking confidence in making enquiries. This may also indicate the need for a more ingrained and wide-scale cultural-shift to create an enabling, trauma-informed environment for routine enquiry to be as effective as possible across all the many forms of health services.

“I attended a number of appointments with my GP regarding my deteriorating mental health, and I was never asked if I was being abused. The shame prevented me from disclosing, but perhaps the GP could have asked to provide me with that opportunity.”

- Survivor, Whole Lives Scotland National Survivor Survey, 2020

“For prevention, it should be a requirement for all statutory services to have routine enquiry. There are pockets of routine enquiry happening across the country, but it’s not everywhere.”

- Safer, Sooner Domestic Abuse Network

- Health is one of the **core agencies at Marac** in Scotland, however, **only 2% of referrals for high risk victims come from health professionals**.²⁷ There are also ongoing challenges around ensuring the right representation from health services at Marac. Often **health representation is limited to health visitors or other child health professionals**, and although community mental health services are attending in some areas, there **remains a significant gap around physical health**.



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“Other health agencies (health visitors, CAMHS,) and education all knew what was happening, but no one ever questioned or raised concerns...So we lived in that abusive controlling atmosphere for far longer than we should have.”

- Survivor, Whole Lives Scotland National Survivor Survey, 2020

- As well as being able to identify abuse, NHS staff in Scotland **must be trained to respond appropriately to disclosures of violence and abuse**. They should follow clear pathways to support for victims and survivors of all ages and situations, both within the NHS, such as fast-tracking survivors for structured therapeutic support like counselling, and where appropriate, onwards to specialist services and multi-agency forums, such as Marac (which they should attend and engage with).

“They recognise domestic abuse is a problem, and that’s wonderful, but they need to take the next step. It’s not just about identifying abuse and referring on - particularly NHS mental health services. They are closing cases before anyone is able to access a mental health service, and sending them to the domestic abuse and gender-based violence services, without any real insight into the volume of referrals these smaller, less funded organisations receive.”

-Safer, Sooner Domestic Abuse Network

- Central to providing the right kind of support for victims and survivors is a **trauma-informed understanding** of the dynamics of domestic abuse, which **does not pathologise or place blame on women and girls** for the trauma and harm they have experienced.

“My GP’s comments upset my daughter considerably - when he said that her anxiety was to do with my mental health issues as a result of domestic violence.”

- Authentic Voice Panel member

- While outside the remit of this review, NHS services also have a critical role in **identifying and providing onward referral for people who are themselves using harmful behaviour**. Many of these individuals will only be visible to health services, and will be nowhere near the criminal justice system.
- We need to see much greater **integration between health services and specialist VAWG services** at a national level. For example, the report from our work in [Renfrewshire](#) identified lots of ways that joined-up working between mental health and domestic abuse could benefit survivors, and avoid women falling between the cracks of a siloed response.

Role as an employer

- As with all public authorities, the NHS has a duty of care to its own staff – with proper policies in place to identify and respond appropriately to victims, survivors and perpetrators within its own workforce. This includes respecting the confidentiality of employees who are experiencing domestic abuse, and creating a working environment that supports victims and survivors to safely access help.



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“Managers need training to be trauma-informed. My manager commented during one of our meetings whilst another colleague was present: ‘You are the way you are - you care too much about your patients and are a perfectionist - because of all that happened to you.’

...I was also given a hard time when I needed to phone Rape Crisis to inform about an incident. It was not safe for me to phone from home, so I had to call from work - but that did not go down well...”

- Authentic Voice Panel member

Recommendations:

- A strategy to tackle VAWG in Scotland must include a **fully funded and equipped suite of specialist provision** responding to the links between domestic abuse and health (mental and physical).
- To improve the identification of domestic abuse and VAWG in health settings, there should be:
 - An **underlying culture** that actively enables and compels staff in all healthcare settings to challenge VAWG and respond appropriately.
 - As part of wider domestic abuse training, there should be a focus on **training in trauma-informed routine enquiry** and how to **respond appropriately** to disclosures of abuse for frontline staff across antenatal, postnatal, reproductive care, sexual health, alcohol or drug use, mental health, GPs, A&E, hospital staff, and dentists – including responding to disclosures from internal staff.
 - There should be more **specialist domestic abuse services and practitioners**, such as Idaas, based in GPs and hospital settings, particularly A&E and maternity units.
 - The role and responsibility of **health in key systems such as Marac** must be recognised and strengthened.

Question 4.5: What role should Police Scotland play in the provision of services for women, children and young people experiencing VAWG?

Role as a service-provider

- We welcome Police Scotland’s recent public engagement exercise to inform their VAWG strategy.
- Police Scotland plays a critical role in **keeping families safe and holding perpetrators to account** through the criminal justice response, including through effective evidence gathering to support prosecution.
- Police officers and staff in Scotland are on the frontline of responding to domestic abuse, often acting as the first point of contact for survivors in crisis. The National Survivor Survey shows that survivors were **more likely to disclose to police than any other agency**, and those referred by the police reached specialist services faster than those who did not contact the police.²⁸
- Police Scotland therefore play a **critical role in identifying and responding to domestic abuse**, including coercive and controlling behaviour. As well as holding perpetrators to account, first responders have a responsibility to provide a sensitive, trauma-informed response to survivors – starting from a place of validation and



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belief. They then have a duty to work with the victim/survivor to take part in a risk assessment and safety planning and provide accurate information about what support is available, including referrals to other agencies and specialist providers.

- Police Scotland must be **active partners in a systematic and multi-agency response** to domestic abuse, including **Marac and Matak**. They should work closely with specialist partners to give a sensitive and joined-up response.

“Police advised me [o]f the service I was totally unaware anything like it existed.”

- Survivor, Whole Lives Scotland National Survivor Survey, 2020

“To hold perpetrators to account and keep families safe, [police] need to understand the nuances, be able to identify who is doing what to whom, and respond to each party accordingly.”

-SafeLives Scotland practitioner

- Consultation with the *Safer, Sooner Domestic Abuse Network* suggests that during the Covid-19 pandemic, the **police response to victims and survivors of abuse has been less effective**, due to an increase in the prevalence of domestic abuse and the impact of restrictions to control the spread of the virus. One example given was women reporting that perpetrators were not being held overnight in custody, limiting the women’s ability to access services, and negatively impacting on their sense of safety.

“Before the pandemic, there was some level of confidence in Police Scotland’s ability to see, hear and deal with domestic abuse. My fear now is that there is such a hands-off approach, that women are losing confidence even at that beginning stage.”

-Safer, Sooner Domestic Abuse Network

- Regularly refreshed, in-depth culture change programmes, such as **Domestic Abuse Matters Scotland (DAMS)**, are a proven way to ensure consistently effective police responses to domestic abuse. We have been proud to work closely with Police Scotland to implement DAMS, alongside a range of key partners, and continue to do so through further investment in the **DAMS Champions model**. Likewise, Police Scotland have actively supported delivery of the **Idaa training and Marac Development Programme**. These collaborative approaches are key to achieving improved outcomes for women and children.

Good practice: SafeLives’ DAMS - DA Matters Scotland

[DAMS: DA Matters Scotland](#) is a **culture change programme** that involved training nearly 14,000 officers and staff in identifying controlling and coercive behaviour and embedding a national Champions’ network to improve the institutional response to victims of domestic abuse. The programme was written and developed by SafeLives and the College of Policing in response to HMIC findings around police officers’ understanding of domestic abuse, and in particular, coercive control. **DA Matters Scotland** builds on the successful delivery of SafeLives’ [DA Matters programme in England and Wales](#). It is **bespoke to the unique needs of Scotland**, in particular around the introduction of the Domestic Abuse (Scotland) Act in April 2019.



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We worked collaboratively with Police Scotland and our partners [ASSIST](#), [the Caledonian System](#), [Sacro](#) and [Scottish Borders Safer Communities](#) team to develop common understanding and awareness around the dynamics of abuse, coercive control and the tactics used by perpetrators.

The approach included:

- An interactive e-learning package that was accessed by over 18,000 officers and staff.
- In-room training to almost 14,000 officers/staff, and a further session for 700 DA Champions, using a dual-delivery model that paired local DA trainers with police trainers.
- A Sustaining the Change workshop with the senior leadership team.

The evaluation²⁹ of DA Matters Scotland shows that after training:

- **95%** of participants had a strong understanding of the tactics perpetrators use to coercively control victims (an **increase of 75%** compared to before the training);
- **94%** have a strong understanding of the stages of coercive controlling behaviour and how it may influence whether a victim appears to support police involvement (an **increase of 82%**);
- **94%** of participants said that the training helped them to understand the impact of domestic abuse and coercive control on children (an **increase of 58%**).

Police Scotland continue to embed their Champions' programme, by investing in Champions' continued professional development and embedding systems designed to highlight areas for development and best practice.

"I was initially resistant and didn't want to go on DAMS, but it has been the most valuable training I've been on in my 29 years of service. I have since told the other sergeants in the station to keep an open mind and that they'll enjoy it too."

- Police Scotland sergeant

"DAMS is a good example of how a large-scale change programme supported Police Scotland to prepare for and embrace new DASA legislation, by providing impactful awareness of coercive control and creating Domestic Abuse Champions – for which there is an ongoing legacy."

-SafeLives Scotland practitioner

Role as an employer

- As with all public authorities, Police Scotland has a duty of care to its own staff – with **proper policies in place** to identify and respond to **victims, survivors, and perpetrators** within its own workforce. This is **particularly pressing in the police**, where a perpetrator may use their status, power and position in the force to obstruct the criminal justice process and/or intimidate the victim.
 - In a positive step towards greater transparency and accountability, some forces in England and Wales have **published their policies which set out arrangements for investigations into perpetration** of abuse by a serving member of staff. Some policies specify that any investigation must be led by a colleague force, to avoid institutional bias and 'comradeship' getting in the way of rigorous action.



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Recommendation: Police Scotland to continue the **implementation of DAMS** (Domestic Abuse Matters Scotland) for Police to effect lasting change and action at an individual and collective organisational level, to dovetail with their forthcoming Violence Against Women and Girls strategy, which should include their internal policy on victimisation and perpetration within the workforce.

Question 4.6: Are there any other organisations that should provide services for women, children and young people experiencing VAWG?

Yes

Question 4.7: If yes, which organisations? Please explain your answer.

1. Multi-Agency Risk Assessment Conferences (Maracs)

While not a legal entity or intervention in its own right, effective Multi-Agency Risk Assessment Conferences (Maracs) are identified through *Equally Safe* as a key component in addressing violence against women and girls in Scotland. SafeLives estimates that approximately 9,000 victims annually, including repeat victims, will be at high risk of serious harm or murder as a result of domestic abuse in Scotland. This equates to 40 Marac referrals per 10,000 of the local female population.³⁰

At the heart of Marac is the working assumption that **no single agency can see the complete picture of the life of a victim**, but all may have insights that are crucial to their safety. It is important to look at how different public authorities can individually be held accountable for their role in tackling domestic abuse, but also their duty to collaborate with other agencies to avoid siloed approaches. Maracs provide a **safe space to share information and coordinate an effective response to risk**. They are proven to not only significantly reduce the risk of harm and homicide, but also to generate savings to the public purse:

- Data from England and Wales shows that following intervention by a Marac and an Independent Domestic Violence Advisor (equivalent to an Idaa) service, **up to 60% of domestic abuse victims report no further violence**.³¹
- For every **£1 spent on Maracs, at least £6 of public money can be saved** annually on direct costs to agencies such as the police and health services.³²
- Data from [Scotland](#) shows that after receiving specialist support from an Idaa (a key component of the Marac process) there were large reductions in the abuse that victims were experiencing, including a **73% reduction in the number of victims experiencing physical abuse** and a **73% reduction in those experiencing sexual abuse**.

“[Marac creates an] opportunity to participate and communicate with multi-agency [partners] to ensure holistic assessment and support provisioned via an action plan”



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Idaa service Manager, 2021

A coordinated community response to domestic abuse, with all relevant statutory and voluntary agencies actively engaged, is well-established in Scotland. There is **strong support for the Marac model in Scotland**, acknowledging the benefits of a consistent approach with flexibility to adapt to local context. Maracs will soon be operational in all Scottish local authorities. As of March 2020, there are currently 32 Multi-Agency Risk Assessment Conferences (Maracs) operating in 29 Local Authorities in Scotland.³³

However, there remain **discrepancies in how the model is applied locally and engagement** and buy-in from agencies. For Marac to be effective and safeguard victims, it needs to be universally accepted and properly, **sustainably resourced** – including for roles such as Marac Coordinators, Idaas and Chairs. Across 25 observations of Maracs by SafeLives in 2020, the following themes emerged:³⁴

- On average, across the 25 observed meetings, **6.5 of the 9 core agencies**, recommended by SafeLives for an effective Marac, were in attendance. This varied hugely across Maracs, from 3 to 9, but a number of the observed meetings were additionally attended by a range of other local agencies who contributed to a nuanced understanding of risk
- Idaas, as domestic abuse specialists, play a crucial role at Marac. However, this is compromised by a **lack of appropriate funding and capacity**. At two of the observed Maracs there was **no longer dedicated Idaa provision** for victims referred to Marac due to cuts in funding.
- Just **under half of Maracs** did not currently have dedicated funding for a Coordinator. Moreover, in many areas there is a discrepancy between what is funded and what is required, with many Maracs reporting feeling overwhelmed by the resources required for Marac administration.

“The admin function of the [Local authority area] Marac is in its entirety left to the Police. It is a full-time job to manage the Marac admin and when you think some months we have over 100 cases this is becoming more and more unmanageable. [Other local authority] Marac, for example have a minute-taker, admin staff and a co-ordinator and they only have about 10 cases a month. There is an obvious disparity among areas in resourcing for Marac”
-Marac Coordinator, 2021

“We need partnership working without bombarding women. It needs to be more coordinated. Services need the resources and funds to be able to work together more.”
-Safer, Sooner Domestic Abuse Network

Recommendations: Maracs should be placed on a **statutory footing**, to ensure the model is applied consistently across local areas.

- There should be an **accompanying quality assurance programme** to ensure that appropriate caseloads are being considered, that cases reflect victim diversity in the local population, that multi-agency professionals have a good understanding of domestic abuse, that outcomes for victims and survivors are improving, and that **survivor voice is embedded** throughout the Marac process.
- Maracs should have access to quality assurance processes to ensure they are **responding effectively to all victims at high-risk** of serious harm or murder.



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- A more comprehensive roll out of **the Dash risk identification checklist tool** would enable consistency of response across and between organisations, building a shared understanding and language of risk and allow agencies to more quickly and effectively tailor their response to the particular needs of the individual.

2. Courts and the judiciary

Staff throughout both the criminal and civil courts system and parts of the judiciary play a pivotal role in the response to domestic abuse. Despite this, practitioners in the *Safer, Sooner Domestic Abuse Network* report that the Scottish courts have failed victims and survivors during the pandemic in terms of sentencing perpetrators. In some cases, trials can be adjourned for two or three years, which can make it highly challenging to keep survivors engaged in the criminal justice process, and continually report to the police.

Another problem is that women's practical and logistical needs are not met to be able to keep attending court, for example childcare needs.

Even when victims and survivors are able to engage with the criminal justice process, frontline practitioners report that many of the legal mechanisms to protect victims of abuse that are available to the courts are not used to their full capacity/potential. Practitioners felt this was in part related to the fact that training for the judiciary is not consistently delivered in partnership with the specialist VAWG & domestic abuse sector.

"I was a DA Advocate in Court for years, and the conversations I was having with prosecution (who had been trained) and defence lawyers was clearly indicative that the fundamental understanding of CCB was lacking. I would say that every single day I spent in court I had at least one conversation with a lawyer or a sheriff about why a victim may have contact with a perpetrator in spite of bail conditions. The understanding that it is often safer to know what a perpetrator is doing, or that there is greater risk in cutting off contact, was completely lacking."
- SafeLives practitioner

"After a couple of things we've dealt with recently, it leaves you thinking, did the Domestic Abuse Bill really happen?"
– Safer, Sooner Domestic Abuse Network

We have been working in partnership with the Crown and Procurator Fiscal Service (COPFS) since 2015 to **deliver a tailored training programme** for Deputes, and COPFS have long been a valuable contributor to the Idaa accredited training. We also plan to engage extensively with COPFS and other criminal justice partners to shape and inform the service standards for domestic abuse court advocacy services.

Despite some great examples of joined-up working between criminal justice and specialist VAWG services, **more is needed** to create a unified improvement in the way our justice partners respond to domestic abuse. At the very least each part of the criminal justice system, including our Courts and the judiciary, should have **access to the same training opportunities** to ensure there is a common level of awareness and understanding. Ideally, a culture-change programme would be embedded to galvanise real change across the entire system, to give the best opportunity for improving outcomes for victims and their children.



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We welcome the commitment made in the Scottish Government's new Vision for Justice strategy to give victims a more prominent role in their own cases and are hopeful this will provide an opportunity for victims of VAWG to shape and improve the wider criminal justice system and their own journey within it.

Emerging good practice: SafeLives' domestic abuse training for family lawyers in England

In 2020, the Ministry of Justice [Family Harms Panel](#) report recommended a wide range of training "for all participants in the family justice system, including: a cultural change programme to introduce and embed reforms to private law children's proceedings and help to ensure consistent implementation".

In response, SafeLives has developed [free training](#) designed to enhance family lawyers' skills in:

- **Identifying and evidencing domestic abuse** and coercive control, including the legal framework, definitions and terminology around DA and the different forms that abuse may take with a focus on diversity and inclusion.
- **Understanding the impact of new case law** and statute on how the court understands and responds to coercive and controlling behaviour.
- **Practicing appropriate multi-agency working** to manage risk and support clients safely.
- **Identifying the impacts of abuse on victims and their children**, and on survivor's mental health and coping mechanisms.
- **Using a practical approach to responding to trauma** to achieve best evidence and effectively engage clients.

We have successfully delivered Pilot 1 and Pilot 2, and we will be delivering Pilot 3 starting Autumn 2022.

"It has been a very eye-opening experience as it explained real life scenarios from victims and the solicitor's point of view."

- Lawyer, after training

Recommendations:

- The Scottish Government's **Vision for Justice must actively provide a transformed criminal justice response** for all victims of VAWG, informed and led by victims and survivors themselves.
- Courts and judiciary should implement **a cultural change programme** designed and delivered in partnership with internal staff, VAWG and domestic abuse specialists and survivors (similar to the successful Domestic Abuse Matters culture change programme for Police Scotland) for everyone involved in the criminal and civil court process, including the judiciary, lawyers, and court staff.
- Implement **the new national standards for domestic abuse court advocacy services**, currently in development by SafeLives and ASSIST, funded by the Scottish Government.



3. Education

Education (including schools and higher education) is a key setting for identifying and preventing domestic abuse. Schools and colleges must ensure **that all staff receive regularly updated safeguarding training** so they can take appropriate steps to identify, protect and support children. Training should include an **exploration of domestic abuse**, including the dynamics of inequality, power, and control, which underpin domestic abuse; the different forms domestic abuse may take; and the impact of domestic abuse on children and young people. This should cover both domestic abuse within family settings, as well as abuse in children and young people's own intimate relationships.³⁵

Trained professionals in schools must **provide consistent, early and age-appropriate education** to children and young people about healthy relationships and how to access support – including around harmful behaviour. Schools should **work in a joined-up way** with other key safeguarding agencies, including Police Scotland, NHS Boards and local authorities, as well as voluntary sector DA, VAWG and children's organisations offering community-based support.

All Higher Education providers should have robust policies and procedures in place to address domestic abuse, including a transparent complaints process, support services for students, and **policies that hold perpetrators to account**.

4. Other key organisations

Suggestions included:

- **Scottish Fire Service;**
- **Scottish Prison Service;**
- **Banks and financial institutions** (e.g. mortgage providers) should have trained, specialist units set up to meet the needs of people experiencing abuse, offer safe advice and use bespoke resources to find effective solutions to short- and long- term barriers to leaving;
- **Youth services and youth workers;**
- **Citizen's Advice Scotland;**
- **Estate agents;**
- **Retailers** such as **supermarkets and pharmacies**^{iv},
- **Other service providers such as hairdressers, transport providers, beauticians, vets, private dentists**, etc. should have knowledge of how to identify domestic abuse, ask the right questions, and refer/signpost to support services;
- **Night-time economy organisations**, including nightclubs, pubs and taxis;
- **Trade unions** should publish guidance and training/change programmes around how to respond to domestic abuse experienced by employees, especially responding to identified perpetrators;
- **All employers** in third/public/private sector.

^{iv} For example, please see the Ask for ANI (Assistance Needed Immediately) codeword scheme in England and Wales, developed by the Home Office in partnership with SafeLives and other organisations in the DA and VAWG sector, and other partners, to create a lifeline for victims in pharmacies during the pandemic: [https://www.gov.uk/guidance/ask-for-ani-domestic-abuse-codeword-information-for-pharmacies#:~:text=Ask%20for%20ANI%20\(Action%20Needed,pharmacy%20associations%20and%20the%20p%20lice](https://www.gov.uk/guidance/ask-for-ani-domestic-abuse-codeword-information-for-pharmacies#:~:text=Ask%20for%20ANI%20(Action%20Needed,pharmacy%20associations%20and%20the%20p%20lice).



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- **Other key local strategic partnerships**, such as VAW Partnerships, Health and Social Care Partnerships, Alcohol and Drug Partnerships, Community Justice Partnerships, Child Protection Committees, Adult Support and Protection Committees, and Children Service Planning Partnerships.

4. Services holding perpetrators to account

As stated earlier in this consultation response, a widespread integrated perpetrator response, encompassing both criminal justice and non-court mandated programmes, is essential to ensuring victim safety is front and centre of any intervention, and that abusers are held to account for their actions. Scotland's Caledonian System, as a court-mandated programme, should sit alongside a set of quality-assured perpetrator interventions. Programmes such as Drive are proven to reduce abuse and the risk perpetrators pose.³⁶ Rather than diverting funds away from services supporting VAWG victims/survivors directly, these interventions should be funded alongside VAWG services, to prevent serial perpetration and protect victims, as part of a holistic system-wide approach

“Detaching [perpetrator response] from [VAWG services] is only a way to keep embedding a sense that those services are somehow separate from each other, and distinct, rather than all part together of the solution.”

-Authentic Voice Panel member

Question 5.1: Should access to services for those experiencing VAWG be a right in law for any woman who needs them e.g. like child/adult protection?

Yes, with some caveats.

Question 5.2: Please give reasons for your answer

Overall, there was consensus that service provision **does need to be placed on a statutory footing** to drive the change that is needed to end VAWG. However, rather than enshrining a right to access services in law, it should be a **statutory obligation for local authorities to provide services addressing VAWG**, in line with levels of need in their local area and duties under the Public Sector Equality Duty. This would avoid unintended consequences of enforcing access, which may remove choice from women, girls, children and young people, leading to feelings of disempowerment and fear, or even system-generated risk where the perpetrator becomes aware of the access and therefore the risk of harm increases. Women are best placed to decide what is the safest course of action for themselves and their family. We must avoid situations where women are caught in an impossible place between the person causing harm and the expectations of systems around them, however well-intentioned. It is also important that women are not labelled as 'reluctant' if they choose not to access the support available to them, whatever the reason.

“We need to destigmatise the need women have to be protected from domestic abuse, and bring it into the open. We wouldn't think twice about referring a child we had concerns about. It should be same for someone who is being abused by a partner.”



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- SafeLives Scotland practitioner

It should also specify that these services must be **specialist VAWG services** that uphold **gender-sensitive, age-appropriate and trauma-informed** principles, and offer a range of services as identified in Question 2 of this response. There is a risk that without specifying the type of services local authorities must provide, smaller specialist services will be edged out by larger, generic providers - which may not always hold the necessary expertise to deliver effective support to women and girls, particularly those from marginalised and minoritised communities.

Any statutory obligation must be accompanied by an **adequate and sustainable funding model**, as well as an independent and informed body to oversee service provision and identify and share good practice. To ensure services are having impact, commissioners should set key performance indicators to ensure objectives are met and agencies are properly aligned. Smaller services should be supported in terms of governance and data collection, with second tier organisations potentially playing a partner role to support and enable this crucial function. As stated in relation to Question 14, **funding application processes should maintain high scrutiny, but be made less extensive and onerous**, and proportionate to the size of the funds in order to be inclusive of smaller, specialist services. Reporting requirements during the funding cycle should be **consistent across different funds where possible**, and key performance indicators should be rooted in a **strong understanding of the service**, and flexible to services adapting to changing need.

"We talk about the need for change. Why shouldn't we be ambitious and imagine something that is protected and safeguarded through both legislation and the standards of what local authorities should provide?"

-Safer, Sooner Domestic Abuse Network

Recommendation: The Scottish Government should introduce a **statutory obligation for local authorities to provide a sufficient range of specialist services addressing domestic abuse and VAWG**, with minimum provision standards which include Marac and Idaa.

Question 6.1: Should access to services for those experiencing VAWG be a right in law for any child or young person who needs them e.g. like child/adult protection?

Yes

Question 6.2: Please give reasons for your answer.

Girls, children and young people are particularly under-served in terms of available support for experiences of domestic abuse and VAWG.

As above, we recommend a **statutory obligation for local authorities to provide services addressing VAWG**, including appropriate specialist services for girls, children and young people - with adequate funding attached. A statutory duty to provide support services to children would end the 'postcode lottery' for support.



Question 7: How can barriers to services for women, children and young people experiencing VAWG be removed across Scotland?

Recommendation: Before the Scottish Government can effectively remove barriers to support services, it should **commission research to fully identify existing barriers for different groups of DA and VAWG survivors**, including consulting with the full range of organisations who are in contact with the most marginalised and minoritised survivors, such as specialist ‘by and for’ services, as well as survivors themselves.

“We can’t presume barriers. We know what each of our own barriers are, but how do we really find out what all the barriers are?”

- Authentic Voice Panel member

The following barriers have been identified through evidence from the [Whole Lives Scotland](#) report, and consultation with stakeholders, including the Authentic Voice Panel around this review:

Barrier	Recommendations: How to remove barriers
<p>‘Postcode lottery’ and regional inequalities: There is wide variation between local areas in the response to domestic abuse.</p>	<p>Scottish Government should introduce a statutory obligation for local authorities to provide specialist services addressing VAWG, with minimum standards of provision for each local area, which includes Marac.</p> <p><i>“The Cedar programme is amazing, but it’s a bit of a postcode lottery. Because I lived on the right side of the river, I could do it.”</i></p> <p>- Authentic Voice Panel member</p>
<p>Sustainability of services: Another key barrier is funding, which is generally precarious, with a lot of services unsure of how they will be funded beyond the next 6 -12 months.</p>	<p>Scottish Government to develop a sustainable funding model for VAWG services, with minimum funding cycles of 5 years. There must be funding for crisis services as well as those providing prevention, early intervention and long-term recovery support.</p>
<p>Lack of awareness and understanding of domestic abuse and available services in the community: Survivors highlight that women being abused are often not aware that what they are experiencing is domestic abuse, and are not</p>	<p>Continuing to raise awareness of all forms of domestic abuse was the standout theme from survivors’ responses to the National Survivor Survey for example through national awareness-raising activities that speak to friends, families, and communities, highlighting the power of ‘reaching in’.</p>

<p>informed that there are services that can help.</p> <p><i>“I didn’t go to Women’s Aid, because at the time I didn’t recognise that I was experiencing abuse.”</i> - Authentic Voice Panel member</p>	<p>It is also important to ensure the available services are visible, for example through creation of a live comprehensive Scotland-wide directory of services to give survivors, professionals, and bystanders alike accessible information on what is available to get support sooner.^v</p>
<p>Lack of awareness and understanding of domestic abuse in public services and workplaces: Survivors report that the right questions are not being asked, and even when survivors do bravely disclose, it often means disclosing to multiple professionals before they receive any support. Two thirds (67%) of survivors responding to SafeLives National Survivor Survey had never accessed a specialist domestic abuse service, despite disclosing to an average of three people or agencies.³⁷</p>	<p>Mandate cultural change programmes to train frontline public services staff and staff in workplaces to identify and respond appropriately to domestic abuse and other types of VAWG – especially among mainstream services such as health (GPs and dentists), education, adult protection, fire service, police; and private sector agencies such as banks, chemists, hairdressers, taxis, supermarkets.</p> <p>This programme should incorporate a variety of learning methods for both frontline staff and senior leaders, supported by tailored resources and tools, clear and accountable systems for action, and a system of internal Domestic Abuse Champions to embed learning and promote best practice. Understanding of non-physical forms of abuse, including psychological and economic, and how to identify them, is key.</p> <p>There should be widespread creation of organisational domestic abuse policies and guidance addressing both the needs of service users and employees, as well as the actions of perpetrators. Workplace policies should prioritise victim support, advocacy and have protocols in place for referrals and signposting to services, as well as protected work time to engage with services.</p>
<p>Lack of joined-up working: A siloed approach to tackling domestic abuse can mean survivors are bounced between services without getting the support they need. This can prolong the abuse and trauma they</p>	<p>Multi-agency partners in a local area should work together to develop well-established and communicated pathways to support services.</p> <p>Multi-Agency Risk Assessment Conferences should be placed on a statutory footing, with an accompanying quality assurance programme to</p>

^v This work was initiated as part of SafeLives’ [DAART \(Domestic Abuse Awareness Raising Tool\)](#), however it was not funded by the Scottish Government beyond 2020, and therefore could not be updated or promoted.

<p>experience, and reduce women and girls' faith in the system.</p> <p><i>"Everything needs to shift so that the nature, effects and impacts can be seen, understood and shared much earlier on"</i> - Survivor, Whole Lives Scotland National Survivor Survey, 2020</p>	<p>ensure that appropriate caseloads are being considered, that cases reflect victim diversity in the local population, that multi-agency professionals have a good understanding of domestic abuse and that outcomes for victims and survivors are improving. This should take place alongside a more comprehensive roll out of the Dash risk checklist to enable a shared understanding of risk and consistency across and between organisations.</p> <p>Other approaches to reduce siloed ways of working should be explored, such as co-located and integrated services e.g. children's services being integrated within schools and DA Champion models being embedded across key sectors.</p>
<p>Perpetrators not held to account: The perpetrator's violent and abusive behaviour is the main barrier to women and girls accessing services.</p>	<p>As part of the statutory minimum standards for service provision in local areas, a varied range of accredited perpetrator interventions should be included.</p>
<p>Mental health and complex needs: Survivors in Scotland with mental health needs are much more likely to experience barriers to service access compared to those without. They are three times as likely to say that professionals had not asked them about the abuse, four times as likely not to feel safe to access support, and more than twice as likely to say they did not think they would be believed.³⁸</p>	<p>There should be funding for specialist mental health domestic abuse workers within domestic abuse services, as well as specialist domestic abuse workers in mental health services. These workers should be equipped to support victims and survivors of domestic abuse with complex needs (such as having a dual diagnosis of mental health and substance use issues). Our report from our work in Renfrewshire gives a snapshot of the issue and suggests possible solutions.</p>
<p>Fear of child removal: Many women, including mums, do not access services for fear this will be used against them by social work or in family court.</p>	<p>Children and Families social work should apply strengths-based approaches, such as that promoted through the Safe and Together model, that enable mothers to draw on their strengths, make safe plans for their children, and allow decision-making about a child's welfare based on a proper understanding of the family context.³⁹</p> <p><i>"For me, there's always that worry as a mum, that if you seek help or show your vulnerabilities...there is that real worry that it may be used against you in the family court."</i> - Authentic Voice Panel member</p>

<p>Criminal justice system barriers: One in ten (12%) comments in the National Survivor Survey discussed the lack of appropriate court and justice responses to domestic abuse. For many, this was specifically about safe child contact and the family courts.</p>	<p>There should be greater crossover between criminal justice and civil law systems, to dovetail court responses and provide a more informed approach.</p> <p>Courts and judiciary to roll out a cultural change programme designed and delivered in partnership with VAWG and domestic abuse specialists (similar to the successful Domestic Abuse Matters training programme for Police Scotland) for everyone involved in the criminal and civil court process, including the judiciary, lawyers, and court staff.</p> <p>Funding for court-based Idaas to advocate for the victim/survivor during the criminal justice proceedings.</p> <p>Implement the new national standards for domestic abuse court advocacy services, currently in development by SafeLives and ASSIST, funded by the Scottish Government.</p>
<p>Time and money: Women and girls living in rural and remote areas may not have the time or money to travel. Women who are mothers may not be able to afford the costs of childcare while they attend services.</p>	<p>Accessible travel funds for victims/children to access services, or travel services/passes for public transport to travel to services.</p> <p>Accessible childcare funds for mothers to access services / in-house creche.</p> <p>Ring-fenced funding for services to develop tech/digital improvements to allow remote engagement.</p> <p><i>“If they hadn’t funded childcare and provided transport, a lot of the mums couldn’t have come. The financial aspect of attending services is a big thing.”</i> - Authentic Voice Panel member</p>
<p>Digital poverty / safety issues: Many women and girls cannot afford the costs of IT, Wifi and data – all of which may be essential to access support. It may also not be safe for survivors who are living with perpetrators to access support online or on their personal mobile phone.</p>	<p>Funding for specialist services to distribute mobile phone devices to facilitate safe contact with victims and survivors. Our partnership with Vodafone last year was a good example of the value of such initiatives.</p> <p><i>“Many thanks for all at SafeLives and Vodafone Techbank for an amazing project that not only helped families at a very difficult and dangerous</i></p>



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	<p><i>time but also helped the staff of DAISY to feel that we were able to make a REAL difference."</i></p> <p>-The DAISY Project, Glasgow</p>
<p>Lack of specialist ‘by and for’ support: One in ten (12%) comments in the National Survivor Survey highlighted the need for services to understand and respond to the diverse identities and lives of victims and survivors. Survivors with intersecting marginalised and minoritised identities face distinct and often disproportionate barriers to support, because of the ways services are designed. For example:</p> <p>> Disabled survivors in Scotland experience abuse for nearly twice as long as survivors with no disabilities (9 years vs 5 years).⁴⁰ Scotland Marac data from the period between April 2021 and March 2022 shows that referrals for disabled victims continued to decrease in this period (from 5.9% to 4.1%) and are still far below the recommended level.⁴¹</p> <p>> Black, Asian and racially minoritised survivors are under-represented at Marac. The same Marac data shows that referrals for Black, Asian and racially minoritised victims have decreased in this period to 6.4% from 7.2% in the same period the previous year. This is below population levels at 9%.⁴²</p> <p>> LGBT+ survivors are also flying under the radar of support services. The same Marac data shows that the proportion of LGBT+ cases is 0.8%, which is smaller than that seen during the same period last year (1.4%), and below recommended levels.⁴³</p>	<p>There must be greater awareness and understanding of intersectional experiences of domestic abuse and barriers to support, through consultation with specialist services led ‘by and for’ the communities they serve and survivors. Cultural competency training should be designed and delivered in partnership with these specialist organisations.</p> <p>Specialist ‘by and for’ services must be adequately funded, with ring-fenced funding in VAWG budgets. The Scottish Government could enhance its communications for Equally Safe to make sure that everyone at risk from abuse feels seen, heard, visible, and supported.</p>



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Question 8: How can a consistent quality of services for women, children and young people experiencing VAWG be ensured across Scotland? Please include examples/ideas/minimum standards you are aware of.

Question 9.1: Should services and providers for women, children and young people experiencing VAWG be based on need in their local area?

Question 9.2: Please give reasons for your answer.

Question 10.1: Should services and providers for women, children and young people experiencing VAWG be the same in every local area?

Question 10.2: Please give reasons for your answer.

Question 11: What action should be taken to ensure unmet need is met and regional disparities are addressed?

Questions 8-11 have been grouped together to reflect the way in which they were discussed with stakeholders, with all questions broadly relating to the issue of the current 'postcode lottery' of VAWG services in Scotland (see Question 7 for more information on this).

Members of the Authentic Voice Panel, SafeLives Scotland practitioners, and members of the *Safer, Sooner Domestic Abuse Network* were all clear that **driving greater consistency of services supporting victims and survivors of VAWG across Scotland need not come at the cost of providing tailored support** which reflects local need and demographics.

"In each area there should be a minimum provision to avoid postcode lottery, but there should also be flexibility to respond to each area's local needs. Inner city areas will have different needs to rural areas."

- SafeLives Scotland practitioner

"It's a false dichotomy that you either have consistency or responsiveness to local need."

- SafeLives Scotland practitioner

The very first thing that needs to happen before consistency can be achieved is to look **at what already exists**. Although we created a visual service map in the [DAART](#) tool which was launched in 2020, funding has not been available to update, expand and promote this since. Currently, to our knowledge, there is no up-to-date, simplified, complete list of VAWG services available that includes the full range of providers and service-type across all parts of Scotland. As well as the obvious benefit of making the pathway into services easier for both referrers and victims, this activity would enable crucial analysis to **identify where the gaps are at local and national level**.

"The salient point is that services need to be consistent, uniform and available to all. We can't have a postcode lottery of services. We need to make sure everyone is included"

- Authentic Voice Panel member

To create greater consistency, and address the 'postcode lottery' of services and regional inequalities, we heard a broad consensus that the Scottish Government should **develop statutory minimum provision standards for each local authority** for services supporting women, girls, children and young people with experience of VAWG. Examples of what this



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might look like in practice include mandating a minimum provision of refuge, outreach, specialist services supporting minoritised and marginalised victims/survivors, court advocacy, Idaas and Marac, and perpetrator interventions in a local area; and developing standardised referral pathways. Standardising the breadth of services that should be available and referral pathways in a local area **should not stretch into being overly prescriptive** with the types of organisations that can receive funding. These national standards should be developed in consultation with survivors, and specialist services supporting survivors of VAWG, including those run 'by and for' the communities they serve - building on work to date.^{vi} Our Embedding Lived Experience programme, set out in the Equally Safe Short-Life Delivery Plan 22/23 and described in Question 12, will provide a framework and toolkit to facilitate such a process.

"We should be able to replicate good practice. The Government need to work out what 'good' looks like"

- **Authentic Voice Panel member**

"Out of this review, there should at least be an acceptable level of 'what's ok' across the country."

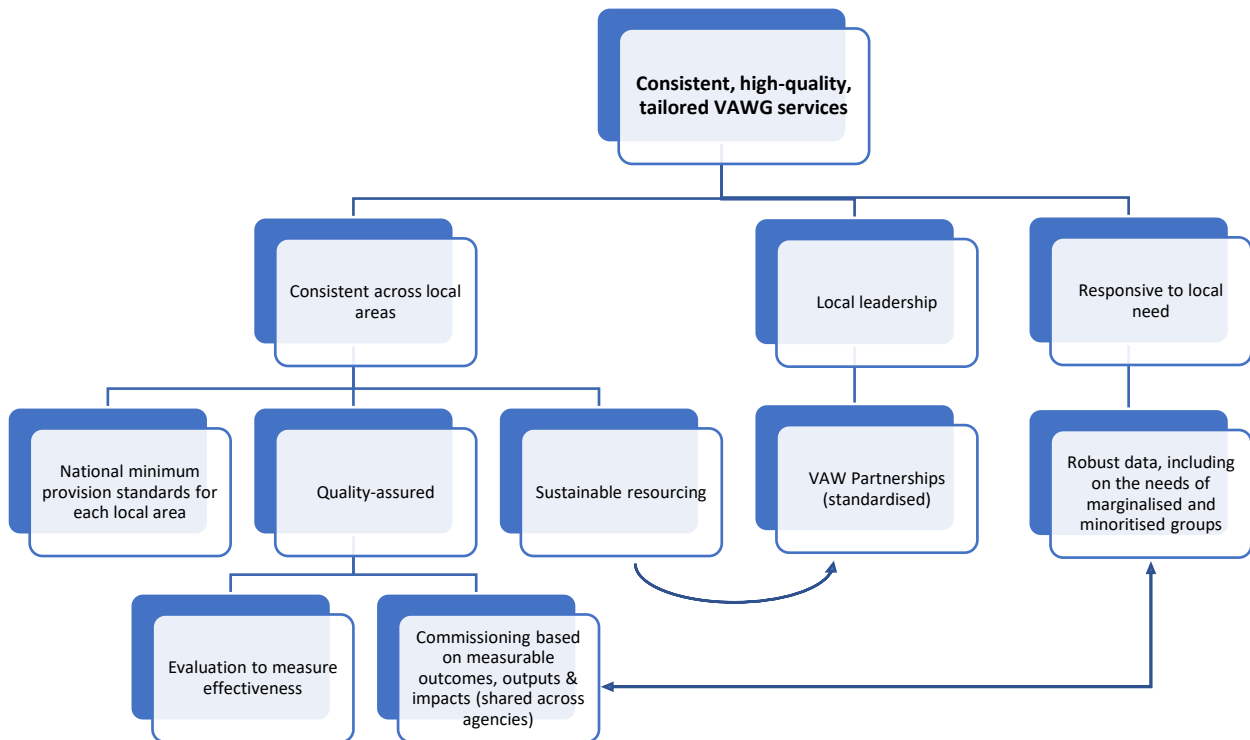
-**Safer, Sooner Domestic Abuse Network**

To ensure these standards are being upheld, commissioners need to design agreements around **measurable outcomes, outputs and impact** which are, as far as possible, commonly **shared across agencies**. These key indicators of performance should reflect the nature of the work, which often focuses on longer-term recovery, and also be developed in partnership with specialist services and survivors. Funding should adequately support quality assurance and data capture, monitoring and evaluation by services themselves, or with second-tier support.

When commissioning domestic abuse services, it is important **to measure the effectiveness of the service being delivered to victims and their families**. Developing agreements which robustly evaluate this, including **ensuring that under-represented groups have access to appropriate services**, will help ensure good value in public funding and that service users are accessing good quality services which help them get safe, stay safe, and rebuild their lives. The continued and more widespread use of case management and impact measurement systems can help to achieve both a more granular picture of local work and outcomes, and also a more robust national picture.

^{vi} For example, please see:

- SafeLives' Leading Lights standards:
<https://safelives.org.uk/sites/default/files/resources/Leading%20Lights%20Standards.pdf>
- Sector Sustainability Shared Standards: Shared values that apply across the VAWG sector
<https://safelives.org.uk/sites/default/files/resources/Shared%20Standards%20Whole%20Document%20FINAL.pdf>



With regards to which local bodies should lead work to ensure there is comprehensive provision of high-quality VAWG services that address local need, **VAW Partnerships** (VAWPs) are ideally placed as a starting point. It is essential that for greater consistency across boundaries, there is local leadership driving improved multi-agency working across the system and the VAWP model has been positive for driving change at local level across Scotland. It is also important that local authorities are held accountable to a high standard of quality assurance. However, despite the *Equally Safe Quality Standards and Performance Framework* and valuable support from a National VAW Coordinator, the ways in which the **VAW partnerships operate can vary across Scotland**, so these partnerships also need **adequate resourcing and support to create a level of standardisation** (for example by setting a requirement on the level of seniority of meeting Chairs, and funding VAWG administrators to create a profile of their local area). Fundamentally, the VAWPs also need **active buy-in from their local partners and stakeholders**, and this highlights the value of the right culture, vision and strategy underpinning local approaches to ensure the VAWPs have adequate support and collaboration.

For all of this to be possible, a **sustainable and consistent funding model** for VAWG services, including roles to support multi-agency working and effective data collection which identifies hidden need, is critical. The range of different funding mechanisms for domestic abuse services across Scotland runs the risk of further exacerbating geographically variable access to quality services. **Most funding is short-term** which impacts on services' confidence and ability to provide continuous high-quality provision. It can also stifle opportunities for brave and innovative approaches.

"What is missing is the guarantee of resources to deliver support in the best way for that local area."

-Safer, Sooner Domestic Abuse Network



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More opportunities should be offered at a national level to enable the different VAWG services across Scotland to **connect and support each other**, and to **share good practice and ideas**. During the pandemic we set up the Safe At Home in Scotland network, open to all DA services in Scotland. Members told us that they **really valued** the opportunity to be informed about national developments, as well hearing from practitioners in different parts of Scotland. The success of this model prompted us to replicate it beyond the early pandemic phase, by establishing the **Safer, Sooner Domestic Abuse Network**, which has over sixty members.

“It has been so useful and I would love to see it continue. It helps you realise you’re not alone in dealing with the demands that are put upon you. Capturing trends and sharing information has helped us develop.”

- Safe At Home in Scotland DA Network member

Recommendations:

- The **Scottish Government** should undertake a **full gap analysis** of VAWG service provision across all areas of Scotland.
- In partnership with a diverse range of VAWG services and survivors, the **Scottish Government** should **develop statutory minimum provision standards** for each local authority for services supporting women, girls, children and young people with experience of VAWG.
- **Commissioners need to design agreements around measurable outcomes**, outputs and impact which are, as far as possible, commonly shared across agencies, reflecting robust local VAWG data and the authentic voice of survivors.
- When commissioning domestic abuse services, **commissioners** need to be able to **measure the effectiveness** of the service being delivered to victims and their families. Developing agreements which robustly evaluate this, including ensuring that under-represented groups are accessing services, will help ensure good value in public funding and that service users are accessing good quality services.
- **Support, resources and networking opportunities** should be available to services around the country to enable them to connect and learn from each other

Question 12: How can women, children and young people who have experienced VAWG be meaningfully included in the co-design/evaluation of services? Please provide examples of good practice.

To truly transform the response to domestic abuse **we must place survivor voice and lived experience at the heart and start of service design and delivery**. This should be done on a local level, so that services reflect the needs of its service-users. Whilst participation methods have long been established in Scottish VAWG services, the recent [Discovery Report](#) from our partnership work with Improvement Service and Resilience Learning Partnership **identified inconsistencies** in how lived experience was being gathered and used.

Meaningful co-design and evaluation of services should:

- **Be inclusive**



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- Opportunities to be involved in co-production work should be widely advertised and meet a **range of accessibility needs**, to reach as many survivors as possible.
- Local areas should consider other **innovative ways to best reach under-represented groups**, including through attending local community groups and small, specialist services.
- **Be trauma-informed**
 - There must be **support for survivors pre-and post-engagement**, in recognition of the difficult and potentially re-traumatising nature of work which draws on lived experience. Organisations facilitating lived experience engagement should be **funded to deliver this important support**.
 - Any co-production work should be underpinned by **robust risk assessment and safeguarding** processes, with **consent** forms for women which clearly set out their rights and the remit of the work in accessible language and formats.
 - There is work to be done on **creating trauma-informed funding applications**, in recognition that many organisations are run by and for people with lived experience.
- **Be age-appropriate**
 - Engagement work with children is a distinct area of expertise, involving its own risks and safeguarding processes.
 - When engaging with children, the Government should be **supported by specialist children's services**.
- **Be survivor-led where possible**
 - Experts by experience should be given the **skills and opportunities** to deliver their own services and evaluation models.
- **Be engaging and transparent**
 - Survivor panels, while an incredibly useful forum when supported and consulted in the right way, are not a panacea and only one of many ways that lived experience can be embedded across service provision and policy. Meaningful co-production **should be evident from the beginning of projects**, with a **range of methods of engagement**. Services must demonstrate exactly how they are listening to survivors as well as being clear about 'the why'.
 - Following engagement, services should **keep survivors up-to-date** with progress implementing change, and provide reasons for why any changes suggested by survivors have not been adopted.
- **Be strategic**
 - While decisions about operations certainly benefit from the wisdom of lived experience of those services, survivor voice should not be limited to operational matters.
 - It is vital that lived experience and survivor voice is embedded at **strategic and governance level**. Currently there is an under-representation of experts by experience at this level, and yet we know that the **authentic voice of survivors is key to influencing real change in how we end VAWG**.



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- **Recognise and value lived experience**
 - Lived experience should be given **parity of esteem** to learned experience, and remunerated accordingly.
 - Additional funds should be made available to **cover costs involved in participation**, such as childcare, travel and lunch costs as well as any post involvement support (i.e. therapeutic interventions).

Good practice: SafeLives' Authentic Voice

SafeLives launched its Authentic Voice strategy in 2017, to set out our commitment to centring the unmediated voice of those with lived experience through all our research, projects, and practice. This is a priority across the organisation and in Scotland it has led to the creation of:

- **Authentic Voice Panel**
- [Authentic Voice: Embedding Lived Experience project](#) in conjunction with our partners in the Improvement Service and Resilience Learning Partnership.

Co-facilitated by a domestic abuse expert with extensive experience working in the VAWG sector, our 10-woman strong Authentic Voice Panel represents the breadth of diversity and experience of Scottish survivors. The Panel brings insight spanning topics such as service access, mental health, rurality, children and culture. In the short time since its inception, the **Authentic Voice Panel has actively contributed to a wide range of work**, including supporting both SafeLives and external organisations to review their policies, procedures and outputs through a survivor lens, ensuring victims' voices are heard and listened to. Agencies who have consulted with the AV Panel include Social Security Scotland, Police Scotland, the Improvement Service, the Scottish Government, and Inspiring Scotland.

"I wanted to become a part of the Authentic Voice Panel as I feel that no one is better equipped than someone with experience of domestic abuse, to be able to give a real-life point of view on things that survivors experience during and after leaving an abusive relationship. By taking part and being involved in this panel I am helping to make our voice heard and if my voice can help change things for others, I know that my struggle was not in vain."

- Authentic Voice Panel member

As well as having the direct oversight from the panel, the Embedding Lived Experience aim is to help ensure that local authorities and other community planning organisations have the knowledge, confidence, and tools they need to **embed survivor voice into local system and service design** processes in a robust, trauma-informed and meaningful way. It will do this by:

- Supporting women with experience of domestic abuse and other forms of complex trauma to use their experiences to help shape the pathways to support and service delivery.
- Enabling professionals working across a wide range of policy areas to embed survivor voice and lived experience into system and service design processes in a high quality, sustainable and trauma-informed way.



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- Helping decision-makers to see how meaningful change can be achieved, and compelled to act, through seeing living examples, having access to evidence and hearing diverse voices of people with lived experience.

Question 13.1: For services receiving funding, what would be the optimum length of funding period to ensure they are able to continue to provide services effectively for women, children and young people experiencing VAWG?

5 years

Question 13.2: Please give reasons for your answer.

There was broad consensus that three years is not long enough, and ten years is too long:

“A lot can change in ten years. Five years gives security but allows for change and progression.”

-SafeLives Scotland practitioner

“Ten years can bring complacency, depending on how the service is set up. But three years is absolutely useless, in terms of recruiting staff and developing a service, and providing outcomes for that service. You can’t do much in three years, especially when funding is reviewed every year, and can at any time it can be reduced or taken [away].”

- Safer, Sooner Domestic Abuse Network

Currently, some organisations are working on an even more short-term basis than three-year funding pots, meaning services are unable to plan for the future, staff are frequently at risk of redundancy, and organisations are at risk of closure due to lack of secure funding.

“We have had 11% cut to our budget. We are out of contract, so I don’t know if I’m working for 6 months or 6 years, I don’t know if I’m paying my staff in the coming months, or if we can even keep our doors open so women facing domestic abuse have somewhere to go.”

- Safer, Sooner Domestic Abuse Network

Commissioners’ and funders’ focus on ‘innovative projects’ can mean organisations struggle to secure funding to cover core costs, including overheads. On the flipside, a lack of creative and sustainable funding streams can limit services’ ability to be brave and innovative. Smaller specialist services often do not have the resource for fundraising support, which can further disadvantage them in funding applications.

“It’s the competitiveness of the funding bids – you can’t just ask for funding for core costs. It’s also the skill base of people who don’t have bid-writers. You have to constantly think of imaginative ways to talk about core business. There’s a lot of pressure – people’s livelihoods depend on these applications.”

- Safer, Sooner Domestic Abuse Network



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"[Ideally it would be] 5 years of no interference, but with clear accountability that allows services to build up credibility."

- Safer, Sooner Domestic Abuse Network

Recommendation: Funding cycles for organisations should be a **minimum of five years and must include funding for core costs** (including data collection and monitoring, as well as vital staff-wellbeing resources) as well as **allowing for innovation**.

Question 14: Should funding application processes remain 'lighter touch' as was the case at the height of the COVID-19 pandemic, or revert to a higher level of scrutiny as previously?

Funding applications should be subject to **high levels of scrutiny** but **needn't be such extensive processes**. For funding applications to be accessible to and inclusive of smaller organisations, including specialist 'by and for' services, a 'lighter touch' process is preferable, and does not need to compromise scrutiny. Considering these organisations are often competing for relatively small pots of funding, the 'degrees of touch' in application processes should be proportionate.

"Everyone is competing for this really small pot of money. You are playing top trumps with your projects. Does that competitive funding actually help make a difference to women, children and young people experiencing VAWG?"

- Safer, Sooner Domestic Abuse Network

As well as funding applications, there must be consideration for the exclusionary nature of **onerous reporting requirements**. A balance must be struck between creating mechanisms for accountability and quality assurance, and not eating into organisations already stretched capacity with overly involved data collection and reporting requirements. Smaller organisations competing for relatively small pots of money often reach the conclusion that overall it is not worth their time applying. Funding should support appropriate data collection and monitoring so smaller organisations have this capacity.

"There should be a focus on minimum standards and simple data monitoring of provision to make the access of funding simpler and less bureaucratic."

- SafeLives Scotland practitioner

"There needs to be a consistent way that we collect and report on data, that stops the process being so onerous for specialist services."

- SafeLives Scotland practitioner

Outcomes and key performance indicators need to be developed and evaluated with a **strong understanding of the service**, and what good looks like in a particular context. There should also be some **flexibility to adjust outcomes** over the five-year period, to reflect changing priorities.



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“Accountability is crucial, but it would be really great if people understood what they were funding (and what good looks like). An example of good practice is a Trust we are funded by. We are accountable to them, we report to them, but we are not left feeling like we are doing something wrong or under-handed.”

- Safer, Sooner Domestic Abuse Network

“With any longer-term funding, as well as quality checks, there needs to be a level of flexibility. If need changes, they should not be locked into outcomes that don’t reflect the climate or work that they are doing.”

-SafeLives Scotland practitioner

Recommendation: There should be **adequate scrutiny** of funding applications, but the processes should be made **less extensive and onerous**, and proportionate to the size of the funds. Reporting requirements during the funding cycle should **be consistent across different funds** where possible, and key performance indicators should be **rooted in a strong understanding of the service**, and flexible to the evolution of services adapting to changing need. Funding should allow for **data collection and monitoring**, as well as **‘core’ costs** to sustain a well-supported staff team.

Question 15: What is the single most important thing that can be done to reduce/mitigate the impact of VAWG?

1. Invest to end abuse

The cost of domestic abuse in England and Wales is estimated by the Home Office to be £66 billion.⁴⁴ While an equivalent up-to-date, accurate figure is not available for Scotland, there is little doubt that the Scottish Government is also spending into the billions to tackle the impacts of domestic abuse, including on police time, healthcare, housing and social work resource. Long-term, **sustainable investment in the full range of quality-assured community-based domestic abuse and VAWG services, including specialist ‘by and for’ support, as well as statutory services** which regularly come into contact with survivors, is not only **cost-effective**, but **essential to ending VAWG for everyone, for good**. This **cannot be delivered in isolation** of work to stop perpetrators and perpetration in the first place. Otherwise, we simply accept that VAWG is inevitable. Therefore, we strongly urge the Scottish Government **not to hold work on perpetrators and perpetration separate to victim response services**; they must be part of an integrated whole to stop the problem as early as possible.

2. Ending male violence must involve holding perpetrators to account

VAWG will not end unless decision-makers within **governments invest in behaviour change and offender management programmes** for domestic abuse perpetrators. Mitigating the impact of VAWG must involve preventative measures to identify and address the risk posed by perpetrators of violence long before the victim presents at a service or reports to police at crisis point.



3. VAWG is ‘everybody’s business’

We must ensure that everybody – across our workplaces, schools and communities - is given the **knowledge and skills to spot the signs of abuse and respond appropriately**.

Employers within the private, public and charitable sectors must be **trained to identify and respond to domestic abuse**, including recognising the impact of VAWG and **adopting policies that hold perpetrators to account**. If an employee is convicted of domestic abuse offences, there should be robust measures in place to assess the risk posed and respond accordingly. When someone presents with an experience of VAWG, as an employee or a service-user, everyone around them should be adequately **equipped to respond in a safe and effective way**, at the very least by signposting to a visible and accessible set of VAWG service options.

There must also be **consistent and safe early education** in schools about healthy relationships and how to access support.

For further information, please contact:

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- ⁴¹ SafeLives (2022) Scotland Marac Data Key Findings April 2021–March 2022
- ⁴² SafeLives (2022) Scotland Marac Data Key Findings April 2021–March 2022
- ⁴³ SafeLives (2022) Scotland Marac Data Key Findings April 2021–March 2022
- ⁴⁴ Home Office (2019) The economic and social costs of domestic abuse <https://www.gov.uk/government/publications/the-economic-and-social-costs-of-domestic-abuse>